

Workshops

ABCT's workshops provide participants with up-to-date integration of theoretical, empirical, and clinical knowledge about specific issues or themes. Participants in these courses can earn 3 hours of continuing education credits per workshop.

Friday 9:00 a.m. – 12:00 p.m.

Workshop 1

Motivational Interviewing: Promoting Healthy Behaviors

Daniel W. McNeil, West Virginia University

Moderate level of familiarity with the material

Motivational Interviewing (MI) is a client-centered, evidence-based, and semistructured method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. This intermediate-level workshop, provided by a trainer who is a member of the Motivational Interviewing Network of Trainers, is designed for health professionals, including those involved in mental health care and trainees who are interested in learning additional MI skills to increase patients' motivation to engage in healthy behavior change. Participants will learn and practice methods to assist patients regarding the promotion of healthy lifestyle behaviors (e.g., diet and exercise, diabetes self-management, tobacco cessation, oral health) in health care settings, including primary care. The workshop will review the conceptual model for understanding MI, identify the key principles of MI, provide an operational definition of "MI spirit," and describe the evidence base for the use of MI for changing health behaviors. Using demonstrations and role-play, the application of specific techniques to increase patient motivation will be covered, as will strategies for responding productively to resistance. As "change talk" (in contrast to "sustain talk" and avoidance) in sessions has been demonstrated to be associated with future behavior change, methods will be described to elicit, identify, and reinforce it. The workshop will include experiential components in which participants work in dyads and small groups, and with the trainer, to practice skills in a comfortable, interactive, and supportive learning

environment. Integrating MI in primary care and other health care settings will be addressed, including how to utilize very brief interventions.

You will learn:

- Conceptualization of the MI model and the evidence base for the use of MI in behavior change with patients in health care settings
- Key principles of MI and the application of specific methods to increase patient motivation for behavior change, including brief interventions
- How to utilize MI in primary care and other health care settings in working with adult, adolescent, and older adult patients

Recommended Readings: Martins, R. K., & McNeil, D. W. (2009). Review of Motivational Interviewing in promoting health behaviors. *Clinical Psychology Review, 29*, 283-293. Miller, W. R., & Rose, G. S. (2009). Toward a theory of Motivational Interviewing. *American Psychologist, 64*, 527-537. Rollnick, S., Miller, W. R., & Butler, C. C. *Motivational Interviewing in health care: Helping patients change behavior*. New York: Guilford.

Friday 9:00 a.m. – 12:00 p.m.

Workshop 2

Mastering the Art of Behavioral Chain Analyses in Dialectical Behavior Therapy

Shireen L. Rizvi, Rutgers University

Lorie Ritschel, Emory University

Moderate level of familiarity with the material

Dialectical Behavior Therapy (DBT) is an evidence-based treatment used for individuals with borderline personality disorder (BPD) and other difficulties with emotion dysregulation. At its core, DBT is a behavioral treatment that relies heavily on careful, precise behavioral assessment. The primary method for behavioral assessment in DBT is the “chain analysis”—a moment-by-moment assessment of the events leading up to and following a target behavior (e.g., self-injury).

For myriad reasons, many clinicians have trouble conducting chain analyses. Clients may find them aversive, may respond in a nonlinear fashion, or may fail to remember important components of the chain. Additionally, therapists may have trouble formulating relevant questions, staying on target, and being behaviorally specific. Furthermore, therapists may miss important elements of the chain (e.g., reinforcers) that may explain the repetitive nature of ineffective behaviors. Increasing one’s skill in conducting chain analyses will likely lead to the generation of more effective solutions and, therefore, improved clinical outcomes.

In this workshop, didactic material, clinical examples, and experiential learning exercises will be utilized to help audience members refine their approach to chain analyses. The presenters have extensive experience with adult and adolescent populations and the workshop will be geared toward working with both groups. A focus on solutions for problems that arise within the context of conducting chain analyses will be emphasized and ways to minimize these problems from re-occurring will be offered.

This workshop is designed for clinicians with some direct clinical experience conducting DBT; basic DBT principles will not be reviewed.

You will learn:

- How to identify obstacles that interfere with problem definition and procedures in chain analyses
- How to conceptualize and define antecedents and consequences associated with ineffective behaviors (e.g., self-injury) from a behavioral standpoint
- How to generate and implement solution analyses to remediate ineffective behaviors

Recommended Readings: Linehan, M.M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press. Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford. Yoman, J. (2008). A primer on functional analysis. *Cognitive and Behavioral Practice*, 15, 325-340.

Friday 1:30 – 4:30 p.m.

Workshop 3

Imagery Rehearsal Therapy for Nightmares

Anne Germain, University of Pittsburgh School of Medicine

Shelby Harris, Montefiore Medical Center & Albert Einstein College of Medicine

Christi S. Ulmer, Durham VA & Duke Medical Centers

Basic level of familiarity with the material

Clinicians are likely to encounter clients who present with nightmares as one of their primary complaints. Yet, many clinicians are likely to feel unequipped to address these concerns due to the limited opportunities available for training in nightmare-specific interventions. Although chronic nightmares are commonly reported in patients with a trauma history or in combat-exposed military personnel, they are also seen in 5% to 8% of the general population. In addition to their impact on sleep quality, chronic nightmares may represent a primary sleep disorder rather than a symptom of a psychiatric disorder. In some patients, directly targeting nightmares has been shown to reduce the severity of comorbid psychiatric symptoms, including PTSD, anxiety, and depression. CBT for nightmares has received the most empirical support for nightmare treatment, with Imagery Rehearsal Therapy (IRT) and its variants being the most researched of all interventions. IRT is a relatively simple and short-term treatment, commonly recommended in the sleep literature as a first-line or adjunctive therapy for nightmares. This SIG-sponsored, practical workshop will provide information on recognizing and assessing

chronic trauma-related or idiopathic nightmares, with detailed, step-by-step training in application of IRT. Clinicians will gain the necessary training to implement this relatively straightforward intervention along with knowledge about nightmares' relationship to other psychiatric and sleep disorders. Through the use of case examples and didactic presentations, this workshop will equip clinicians to use IRT with their clients across various populations in both uncomplicated and challenging patients, including those with comorbid psychiatric conditions.

You will learn:

- How chronic nightmares can fuel comorbid psychiatric disorders, becoming a separate disorder of their own that requires treatment
- The nuts and bolts of how to apply IRT
- How IRT can be used as an adjunctive therapy with all age ranges and in civilian and military populations, including those with comorbid psychiatric disorders

Recommended Readings: Krakow, B., Hollifield, M., Johnston, L., Koss, M., Schrader, R., Warner, T.D., . . . Prince, H. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder: a randomized controlled trial. *JAMA*, 286, 537-545. Krakow, B., & Zadra, A. (2006). Clinical management of chronic nightmares: Imagery rehearsal therapy. *Behavioral Sleep Medicine*, 4, 45-70. St-Onge M., Mercier, P., De Konick, J. (2009). Imagery Rehearsal Therapy for frequent nightmares in children. *Behavioral Sleep Medicine*, 7, 81-98.

Friday 1:30 – 4:30 p.m.

Workshop 4

Enhancing Functional Analysis for Substance Use Assessment and Treatment Planning With a Focus on Basic Behavioral Principles

Carl W. Lejuez, University of Maryland, College Park

Jessica F. Magidson, University of Maryland, College Park

Kevin C. Young, George Mason University

Basic level of familiarity with the material

In line with this year's theme of behavioral principles that guide assessment and intervention, the current workshop focuses on training clinicians in how to utilize a functional analysis (FA) for substance use across a range of clinical settings. An FA is an individualized assessment that aims to identify clear and reliable relationships between the natural environment and observable behavior, with a particular focus on contextual variables maintaining the behavior that can be modified or manipulated. The proposed workshop will provide a detailed yet straightforward hands-on guide for clinicians at varying levels of training and theoretical perspectives on how to conduct an FA. The workshop will utilize a broader conceptualization of FA that takes into account individual-level variables such as thoughts, feelings, and learning history (i.e., using the Stimulus-Organism-Response-Consequence model). The goal is to provide a framework for FA that is accessible and useful across a range of theoretical perspectives, including more strict cognitive or behavioral orientations, by incorporating a full array of overt behavior and more organismic variables that some may not view as causal but still consider very relevant. The workshop will provide an overview of core behavioral principles relevant to an FA (i.e., shaping, fading, matching, behavioral momentum, delay discounting), the key components of an FA, and how to conduct an FA in real-world clinical settings for substance use assessment and treatment planning. Clinical examples will demonstrate an easy-to-use approach for conducting an FA that is easily modifiable for other disorders.

You will learn:

- Behavioral principles relevant to functional analysis (shaping, fading, matching, behavioral momentum, delay discounting)

- How to utilize this behavioral assessment approach in a manner that can accommodate and complement other theoretical perspectives (e.g., thoughts and feelings within a cognitive perspective and the importance of historical variables in dynamic approaches)
- Practical strategies applying these basic principles in a simple yet powerful functional analysis framework for assessment and treatment planning for substance use

Friday 1:30 – 4:30 p.m.

Workshop 5

Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy

Andrew Christensen, UCLA

Moderate level of familiarity with the material

In an effort to improve the outcome of couples therapy, Andrew Christensen of UCLA and the late Neil Jacobson of the University of Washington developed Integrative Behavioral Couples Therapy (IBCT), which integrates strategies for promoting acceptance in couples with the traditional behavioral strategies for promoting change in couples. “Acceptance work” focuses on turning problems into vehicles for promoting intimacy and increasing couples’ tolerance for what they see as each other’s negative behavior. As couples let go of the struggle to change one another, change often occurs in response to natural contingencies. Several clinical trials have demonstrated the efficacy of IBCT. The most recent study showed that IBCT led to significantly greater improvement in couple satisfaction than traditional behavioral couple therapy for 2 years posttreatment (Christensen, Atkins, Baucom, & Yi, 2010). IBCT has recently been adopted by the Veteran’s Administration as one of their empirically supported treatments; extensive efforts to train VA therapists in IBCT are under way.

This workshop will outline the theoretical foundation of IBCT and provide an overview of the assessment methods, clinical formulation, feedback session, and treatment strategies of

IBCT. Treatment strategies will be illustrated with video clips from treatment sessions of couples in one of the outcome studies or in Christensen's own work with couples.

You will learn:

- The theoretical and empirical basis for IBCT
- The assessment methods, clinical formulation, and feedback techniques in IBCT
- The treatment strategies of IBCT

Recommended Readings: Christensen, A., Atkins, D. C., Baucom, B., & Yi, J. (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus Integrative Behavioral Couple Therapy. *Journal of Consulting and Clinical Psychology*, 78, 225-235. Christensen, A., & Jacobson, N. S. (2000). *Reconcilable differences*. New York: Guilford. Jacobson, N. S., & Christensen, A. (1996). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships*. New York: Norton.

Friday 1:30 – 4:30 p.m.

Workshop 6

CBT for Depressed Adolescents

Mark A. Reinecke, Northwestern University

John F. Curry, Duke University

Moderate level of familiarity with the material

Major depression during adolescence is an important public health concern. Evidence indicates that CBT can be effective for treating depressed youth and for reducing suicidal risk. In this workshop, the “modular” CBT protocol developed for the Treatment of Adolescents With Depression Study (TADS) will be described. Based upon conceptual work by Aaron Beck, Peter

Lewinsohn, and David Brent, and incorporating evidence-based cognitive and behavioral strategies, the TADS CBT protocol was designed to reflect a "best practices" approach to psychotherapy. In addition to standard cognitive and behavioral interventions (including mood monitoring, rational disputation, relaxation training, problem solving, mastery and pleasurable events scheduling, and social skills training), it includes modules to address insecure attachment, parent-child conflict, and affect regulation—areas rarely addressed in child CBT protocols. The CBT protocol can be tailored based upon the needs of the individual patient, and so may be viewed as an "individualized" or "prescriptive" approach to evidence-based treatment. The Socio-Cognitive Model of vulnerability for depression will be reviewed, in addition to how the TADS CBT protocol fits within a broader biopsychosocial approach to the treatment of depression. We will conclude with a brief review of findings from the TADS project, including research on the efficacy of CBT, predictors and moderators of acute treatment response, functional improvement, suicidality, and maintenance of gains over time. Our goal is practical—to provide participants with an understanding of a cutting-edge, empirically supported CBT treatment protocol for depressed youth and familiarize them with empirical evidence in support of its utility.

You will learn:

- The required and elective treatment modules of the TADS CBT protocol
- Evidence-based assessment and treatment techniques for depressed adolescents
- Evidence for the effectiveness of of CBT with depressed youth

Recommended Readings: Reinecke, M., Curry, J., & March, J. (2009). Findings from the Treatment for Adolescents with Depression Study (TADS): What have we learned? What do we need to know? *Journal of Clinical Child and Adolescent Psychology*, 38, 761-767. Reinecke, M., & Ginsburg, G. (2007). Cognitive-behavioral treatment of depression during childhood and adolescence. In J. Abela & B. Hankin (Eds.), *Handbook of depression in children and adolescents* (pp.179-206). New York: Guilford. Spence, S., & Reinecke, M. (2003). Cognitive

approaches to understanding, preventing, and treating child and adolescent depression. In M. Reinecke & D. Clark (Eds.), *Cognitive therapy across the lifespan: Evidence and practice*. Cambridge, UK: Cambridge University Press.

Friday 1:30 – 4:30 p.m.

Workshop 7

Cold Case Analysis: Refining Cognitive and Behavioral Strategies for Treatment-Resistant Anxiety

David A. Clark, University of New Brunswick

Jon Abramowitz, University of North Carolina at Chapel Hill

Moderate level of familiarity with the material

Although exposure and response prevention (ERP), cognitive restructuring (CR), and behavioral experimentation (BE) are key therapeutic ingredients in cognitive behavior therapy (CBT) for anxiety, one third to one half of treatment seekers fail to achieve a satisfactory treatment response. This workshop will focus on five factors commonly responsible for nonresponse to CBT: (a) disagreement with the therapeutic model (i.e., treatment rationale), (b) failure to collaborate in goal setting, (c) nonadherence to behavioral exercises, (d) low anxiety/distress tolerance, and (e) low expectations for treatment success. We will conduct a “therapy autopsy” on five past treatment failures, drawn from our clinical practices, that exemplify each of the treatment engagement problems, including how the problem was expressed in treatment and the consequences on outcome. More importantly, the workshop will address why standard clinical interventions failed and present innovations in cognitive and behavioral strategies that could more effectively address the five elements of treatment resistance. Most of the workshop will consist of the five case presentations, with a special emphasis on how to “tweak” intervention strategies in light of recent refinements to ERP, CT and BE. Attendees will be encouraged to share their clinical experience and insights into treatment resistance. The workshop objectives are (a) to improve attendees’ ability to more readily identify early signs of treatment

disengagement, and (b) to offer the best innovations in cognitive and behavioral strategies that could improve therapy engagement in the most reluctant patient.

You will learn:

- How to identify early warning signs of emerging resistance to cognitive and behavioral interventions
- How to utilize collaborative empiricism and other therapy process variables to derive a case formulation of the client's reluctance to engage in cognitive and behavioral interventions
- How to refine and modify cognitive restructuring and ERP to deal with client resistance
- How to enhance client tolerance for negative and unwanted emotional states

Recommended Readings: Abramowitz, J.S., Deacon, B.J., & Whiteside, S.P.H. (2011). *Exposure therapy for anxiety: Principles and practice*. New York: Guilford Press. Clark, D. A., & Beck, A. T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York: Guilford Press. McKay, D., Abramowitz, J., S., & Taylor, S. (Eds.). (2009). *Cognitive-behavioral therapy for refractory cases: Turning failure into success*. Washington, DC: American Psychological Association.

Saturday 9:00 a.m. – 12:00 p.m.

Workshop 8

Cognitive-Behavior Therapy for Children and Adolescents With Obsessive-Compulsive Disorder

Dean McKay, Fordham University

Stephen Whiteside, Mayo Clinic

Eric Storch, University of South Florida

Moderate level of familiarity with the material

CBT for OCD is a well-established efficacious treatment package. However, child and adolescent presentations of the disorder vary considerably from adult presentations. As a result, treatment for childhood OCD differs in a number of important ways, including manner of conducting exposure with response prevention exercises, involvement of parents/guardians in therapy, and confronting resistance to treatment. Finally, OCD in general and childhood presentations of the disorder in particular, often require intensive intervention. These variants present unique challenges to clinicians who are outside usual practice when treating adults with OCD, or children with other psychiatric disturbances.

This workshop is aimed at professionals with a previous background in CBT for OCD and in treating childhood anxiety disorders. Attendees will learn (a) how to develop cognitive-behavioral treatment plans that meet the specific modifications necessary for childhood OCD; (b) ways to intervene for children who either lack motivation for treatment or are only motivated to address a subset of their symptoms of the disorder; (c) ways of integrating family members into treatment; and (d) how to provide treatment to families with geographical barriers to care providers, such as through intensive approaches to the disorder. In addition to a focus on adapting exposure and response prevention to children and adolescents, special attention will be paid to other aspects of treatment such as evaluation and treatment via videophone, parent involvement, and developing emotional regulation skills.

You will learn:

- How to develop cognitive-behavioral treatment plans that meet the specific modifications necessary for childhood OCD
- Ways to intervene for children who either lack motivation for treatment or are only motivated to address a subset of their symptoms of the disorder;
- Ways of integrating family members into treatment
- How to provide treatment to families with geographical barriers to care providers

Recommended Readings: McKay, D., Storch, E.A., Nelson, B., Morales, M., & Moretz, M.W. (2009). Obsessive-compulsive disorder in children and adolescents: Treating difficult cases. In D. McKay & E.A. Storch (Eds.), *Cognitive-behavior therapy for children and adolescents: Treating difficult cases* (pp. 81-114). New York: Springer. Rahman, O., Reid, J., Parks, A., McKay, D., & Storch, E.A. (2011). Obsessive-compulsive disorder in children and adolescents. In D. McKay & E.A. Storch (Eds.), *Handbook of child and adolescent anxiety disorders*. Boston: Springer-Verlag. Whiteside, S.P., & Jacobsen, A.B. (2010). An uncontrolled examination of a 5-day intensive treatment for pediatric OCD. *Behavior Therapy*, *41*, 414-422.

Saturday 9:00 a.m. – 12:00 p.m.

Workshop 9

Beyond the Basics: Cognitive-Behavioral Treatment for Social Anxiety Disorder

Debra A. Hope, University of Nebraska-Lincoln

Richard G. Heimberg, Temple University

Moderate level of familiarity with the material

Social anxiety disorder is one of the most frequently occurring mental disorders. Increased public awareness means more individuals are seeking both psychosocial and pharmacological treatments. Fortunately, effective treatments are available. The best evidence suggests that CBT, including cognitive restructuring and therapeutic exposure, is a first-line treatment. This workshop will focus on case formulation and intervention with complex cases, including problem solving when treatment is not going well. It will cover how to stage more challenging exposures and working with clients with comorbid conditions including personality disorders, substance abuse, depression, panic, and psychotic disorders. When and how to coordinate CBT with medication and intervention for very severe cases will be addressed. Also, adaptations for sexual minorities and for individuals who do not share the same primary language and culture as the therapist will be covered. The workshop will emphasize case examples and demonstrations with some didactics. Basic familiarity with CBT for anxiety disorders and the treatment

procedures in Hope, Heimberg, and Turk (2010) will be assumed. Participants should have treated or supervised multiple clients with social anxiety disorder using cognitive-behavioral procedures.

You will learn:

- How to problem-solve difficulties that may arise in treatment of social anxiety disorder
- How to adapt treatment for clients with comorbid conditions
- How to adapt treatment for clients who do not share the same primary language as the therapist and for clients who identify as gay, lesbian, or bisexual

Recommended Readings: Brozovich, F. A., & Heimberg, R. G. (2011). A treatment refractory case of social anxiety disorder: Lessons learned from a failed course of cognitive-behavioral therapy. *Cognitive and Behavioral Practice, 18*, 316-325. Hope, D. A., Heimberg, R. G., & Turk, C. (2010). *Therapist guide for managing social anxiety: A Cognitive-behavioral therapy approach* (2nd ed.). Oxford University Press: New York. Walsh, K., & Hope, D.A. (2010). LGB affirmative cognitive behavioral treatment for social anxiety: A case study applying evidence-based practice principles. *Cognitive and Behavioral Practice, 17*, 56-65.

Saturday 9:00 a.m. – 12:00 p.m.

Workshop 10

Cognitive Behavioral Therapy for Women With Alcohol Use Disorders: Individual and Group Modalities

Elizabeth Epstein, Rutgers University

Barbara S. McCrady, University of New Mexico

Moderate level of familiarity with the material

The most currently available treatments for alcohol use disorders were developed and tested on male samples and then simply applied to female populations, despite gender differences in alcohol metabolism, consequences, patterns of alcohol use, self-esteem, comorbid psychiatric problems, and

lifespan developmental challenges. This workshop introduces an integrated, evidence-based treatment model to address alcohol use disorder and associated problems in weekly, outpatient, CBT designed to target content and themes particularly relevant to women. The seminar provides: (a) an overview of unique aspects of alcohol use disorders in women; (b) introduction to the female-specific CBT individual modality treatment model and major techniques using both didactic and role-play demonstration and use of a case study to illustrate, and (c) adaptation of the model for use in a group therapy modality. Female-specific content, such as dealing with heavy drinkers in the social network, assertiveness training, managing anxiety, depression, and anger, and connecting with supportive people, will be covered. Female-specific themes such as self-care and emotional autonomy are integrated into the treatment approach. These contents and themes will also be integrated into CBT interventions such as self-recording, behavior chains, and self-management planning.

You will learn:

- Unique aspects of alcohol disorders in women and how treatment can be tailored for this population in both individual and group therapy modalities
- General understanding of assessment, case conceptualization, and treatment planning for female patients with alcohol use disorder using a CBT approach
- How to use specific CBT techniques in the integrated female-specific treatment protocol

Recommended Readings: Epstein, E.E., & McCrady, B.S. (2009). *Treatments that work: Individual cognitive behavioral therapy for alcohol use problems—Therapist manual*. New York: Oxford University Press. Epstein, E.E., & McCrady, B.S. (2009a). *Treatments that work: Patient workbook for individual cognitive behavioral therapy for alcohol use problems*. New York: Oxford University Press. Epstein, E.E., & Menges, D. (2012). Women and alcohol and substance use disorders. In B.S. McCrady & E.E. Epstein (Eds.), *Addictions: A Comprehensive Guidebook*. New York: Oxford University Press.

Saturday 9:00 a.m. – 12:00 p.m.

Workshop 11

Beyond Habituation: Emotional Processing of Trauma-Related Shame, Guilt, and Grief

Elizabeth A. Hembree, University of Pennsylvania

Aaron P. Brinen, University of Pennsylvania, Aaron T. Beck Psychopathology Research Center

Moderate level of familiarity with the material

Prolonged Exposure (PE) for PTSD is rooted in emotional processing theory, which has provided a framework for understanding the representation and modification of pathological or excessive fear. Exposure is a potent vehicle for accessing or activating these representations while also providing opportunity for incorporation of “corrective information” that serves to modify their unrealistic elements. In its application with PTSD, years of research and clinical work have yielded a rich understanding of emotional processing of traumatic memories via imaginal and in vivo exposure. While PTSD has been conceptualized and codified as an anxiety disorder, clinicians and researchers alike have long been aware that trauma survivors with PTSD often present with trauma narratives and current experience dominated by emotions other than or in addition to fear: shame, guilt, grief, anger, and sadness. This workshop will focus on the utility and potency of exposure procedures to help the PTSD sufferer to access and process these “non-fear” emotions, and also to (a) integrate all of the salient information—events, emotions, thoughts, behaviors, environment—within the trauma memory, (b) contextualize and understand their own reactions and experience of the trauma and its aftermath, and (c) achieve a realistic perspective on the traumatic event and their behavior during the event, as well as the impact it has had and will have in the future. Case presentations will be used to illustrate the efficacy of imaginal exposure in reducing guilt, shame, and grief.

You will learn:

- How to describe the range of emotions commonly reported during imaginal exposure to traumatic memories
- How prolonged exposure therapy procedures (i.e., imaginal and in vivo exposure) are used to facilitate the processing of non-fear emotions
- The outcomes achieved in emotional processing of trauma memories that are dominated by non-fear emotions

Recommended Reading: Foa, E. B., Hembree, E. A., & Rothbaum, B.O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. New York: Oxford University Press.

Saturday 1:30 – 4:30 p.m.

Workshop 12

Adjunctive Mobile Technologies for Cognitive Behavioral Therapies

Frederick Muench, Columbia University College of Physicians and Surgeons and Mobile Health Interventions

Edwin D. Boudreaux, University of Massachusetts Medical School

Ryan Hasen, Ohio State University

Basic level of familiarity with the material

This workshop will provide an introduction to mobile technologies that can be used as adjunctive therapy tools to enhance outcomes and provide more efficient care. The workshop is designed to offer practitioners a base understanding of the available options and to provide real-world examples using both a range of available therapy/monitoring-specific applications as well as the features inherent in most smartphones as adjunctive tools. The core of this workshop will focus on the specific tools available to practitioners to enhance their existing therapeutic techniques. For example, many cognitive behavioral therapists use self-monitoring to track patient progress using paper diaries, but there are hundreds of self-monitoring mobile phone apps that incorporate features such as tracking progress and summary scores. Specifically, the workshop will address (a) the current research on mobile interventions, including the strengths and limitations; (b) privacy rules and ethical practices when integrating mobile technologies into care; (c) the features inherent in smartphones that can be used to enhance services and available programs to utilize these features; (d) the broad classes of available mobile applications that are general or disorder specific, including those that target screening and feedback, self-monitoring and daily

diary, psychophysiological and behavioral monitoring, mindfulness and meditation, cognitive restructuring, as well multitarget specialty applications (e.g., self-harm) and; (e) future developments and directions in mobile health. This workshop is a collaboration of members from the Technology and Behavior Change SIG.

You will learn:

- Privacy and ethical regulations when using mobile phone applications for therapy
- Smartphone features that can enhance current therapeutic techniques
- How a variety of mobile applications can improve your practice

Recommended Readings: Abrams, L., Padmanabhan, T., Thaweethai, L., & Phillips, T. (2011). iPhone apps for smoking cessation: A content analysis. *American Journal of Preventive Medicine, 40*, 279-285. Boschen, M.J. (2009). Mobile telephones and psychotherapy: I. Capability and applicability. *the Behavior Therapist, 32*, 168-175. Riley, W., Rivera, D., Atienza, A., Nilsen, W., Alison, H., & Mermelstei, R. (2011). Health behavior models in the age of mobile interventions: are our theories up to the task? *Translational Behavioral Medicine, 1*, 53–71.

Saturday 1:30 – 4:30 p.m.

Workshop 13

Introduction to Cognitive Behavioral Analysis System of Psychotherapy (CBASP): Techniques, Mechanisms of Action, and Ethics

J. Kim Penberthy, Ph.D., University of Virginia School of Medicine

James P. McCullough, Jr., Ph.D., Virginia Commonwealth University

Liliane Sayegh, Ph.D., Douglas Mental Health University Institute

Basic level of familiarity with the material

We will provide an introduction to the theory and practice of the Cognitive Behavioral Analysis System of Psychotherapy, an evidenced-based treatment for chronic depression. We will review how CBASP is designed to address interpersonal avoidance and teach coping skills by promoting felt safety with the therapist and an acquisition of “perceived functionality” – that is, the patient’s ability to be mindful of and begin to change the consequences of their behavior. CBASP is effective in reducing depression and is more effective than antidepressant monotherapy in chronic depressives with a confirmed history of childhood trauma and early adversity. We will present the CBASP empirical methodology to facilitate and measure exactly what and how much is being learned during the course of therapy. Major strategies of CBASP will be presented and include a structured developmental history, Situational Analysis [SA] and two techniques using therapist disciplined personal involvement [DPI]. SA is a problem-solving algorithm taught to patients demonstrating that the interpersonal dilemmas patients report in therapy are self-productions that can be resolved. Personal involvement methodologies are used to heal developmental trauma and are employed in a contingent manner to modify pathological interpersonal behavior. DPI will be reviewed to demonstrate how these approaches are *ethically* used to modify patient behavior. Findings regarding mechanisms of action including: ability to stay mindfully in the interpersonal situation; effectively problem solve interpersonal dilemmas; and learn interpersonal discrimination will be presented along with fMRI evidence for neural changes associated with improved emotional regulation and increased perceived functionality learned via CBASP.

You will learn:

- The rationale for and basic methodology of CBASP.
- New applications of CBASP in the form of modifications for group administration and to treat chronically depressed alcoholics.
- Hypothesized psychological and neurophysiological mechanisms of action of CBASP.

Recommended readings:

Neudeck, P., Schoepf, D., **Penberthy, J.K.** (2010). Learning theory aspects of the interpersonal discrimination exercise (IDE) in Cognitive Behavioral Analysis System of Psychotherapy (CBASP). *The Behavior Therapist*, 33 (3): 58-63.

McCullough, Jr., J.P & **Penberthy, J.K.** (2010). CBASP and the Treatment of Early-onset Chronic Depression: A Case Application Illustrated and Discussed. In Christopher Beevers & David Springer (Eds.): *“Treatment of Depression in Adolescents and Adults: Clinician’s Guide to Evidence-Based Practice.”* New York: John Wiley & Sons. (in press).

McCullough, Jr., J.P. (2006). *Treating Chronic Depression with Disciplined Personal Involvement, Cognitive Behavioral Analysis System of Psychotherapy.* Springer.

Saturday 1:30 – 4:30 p.m.

Workshop 14

Cognitive Behavioral Therapy for Bulimia Nervosa

Rene D. Zweig, Union Square Cognitive Therapy, New York

Basic level of familiarity with the material

This workshop will provide clinicians with an up-to-date understanding of evidence-based treatment for bulimia nervosa. Through lecture, case presentations, role-plays, and question-and-answer, workshop participants will be guided through a session-by-session overview of cognitive behavioral treatment interventions. First, workshop participants will learn to conduct a thorough clinical assessment of eating disorders, including diagnosis, common comorbid disorders, and differential diagnosis. Next, participants will learn the cognitive behavioral model of eating disorders, which describes the thoughts and behaviors that maintain binge eating, purging, and restrictive dieting. Workshop participants will then learn to conduct a functional analysis of eating disorder symptoms. Behavioral change strategies for bingeing and purging will be described in detail. Finally, workshop participants will learn cognitive restructuring interventions used to adapt a patient’s destructive thought patterns, perfectionism, and distorted body image.

Throughout the workshop, the presenter will explain strategies to increase patient motivation and handle common treatment setbacks.

You will learn:

- Cognitive behavioral case conceptualization for bulimia nervosa
- Session-by-session therapeutic techniques for bulimia nervosa
- Specific treatment techniques to increase motivation and handle treatment setbacks

Recommended Reading: Zweig, R. D., & Leahy, R. L. (2012). *Treatment plans and interventions for bulimia and binge-eating disorder*. New York: Guilford Press.

Saturday 1:30 – 4:30 p.m.

Workshop 15

The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy

John P. Forsyth, University at Albany, SUNY

Basic to Moderate level of familiarity with the material

ACT balances mindfulness and acceptance processes with commitment and behavior change processes to (a) weaken the influence of unhelpful thoughts and emotional avoidance, while (b) promoting greater experiential and psychological flexibility in the service of valued ends. This work can be challenging for both therapists and clients alike, for much of ACT work involves contacting difficult and painful psychological content without defense and for a purpose other than psychological relief. Thus, understanding the application and integration of exposure-based strategies within an ACT approach is essential for effective ACT work.

This workshop will cover traditional CBT interoceptive and exteroceptive exposure strategies, and then show how they are modified, framed, and applied within ACT. Thus, this workshop will go more deeply into the nuanced application of exposure-based interventions within ACT and its use in helping those suffering from anxiety, depression, and other related clinical concerns.

This workshop will use a combination of didactic and experiential activities. The exercises will highlight a gentle and compassionate stance when using exposure strategies in the context of mindfulness, acceptance, and values work. Participants will be encouraged (but never forced or coerced) to engage the material at a personal level, as it applies to their own lives, and then also in the context of their clinical work. Worksheets and other practical tools will be provided.

You will learn:

- How to conceptualize and apply exposure-based strategies in a traditional sense (CBT), and then in the context of ACT
- How to frame exposure exercises within ACT (i.e., fostering willingness)
- How acceptance, mindfulness, and defusion strategies can be intermingled with exposure to enhance psychological flexibility in the service of helping clients move in the direction of their chosen values and life goals

Recommended Readings: Eifert, G. H., & Forsyth, J. P. (2005) *Acceptance and Commitment Therapy for anxiety disorders: A practitioner's treatment guide to using mindfulness, acceptance, and values-based behavior change strategies*. Oakland, CA: New Harbinger.

Forsyth, J. P., & Eifert, G. H. (2008). *The mindfulness and acceptance workbook for anxiety: A guide to breaking free from anxiety, phobias, and worry using Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger.