

## **Clinical Intervention Training 1**

### **A Day of Mindful Practice to Enhance Your Clinical Practice**

*Zindel V. Segal*, University of Toronto–Scarborough

*Basic level of familiarity with the material*

As a general operating principle, mindfulness-based clinical interventions require a capacity for self-observation, usually gained through sustained meditative practice, that informs a therapist's work with his or her clients. This Day of Mindful Practice is intended as an introduction to the formal and systematic practice of mindfulness of the body, the breath, thoughts, and emotions—the same foci of experience that clients are asked to attend to when learning how to regulate difficult affects. Conducted as a mini-retreat, the day will feature periods of silence with alternating sitting meditation, mindful walking and mindful movement, structured to enable participants to experience the cumulative effects of back-to-back practice. The final portion of the day will be devoted to guided inquiry and discussion so that participants can integrate their experiential learning with the particular treatment model that defines their clinical practice.

#### **You will learn:**

The difference between two types of attentional focus: concentrated attention and open monitoring

How to respond to obstacles such as boredom, fatigue, or skepticism that often accompany the practice of mindfulness

How to recognize the desire for special states or experiences that one hopes to achieve through this practice

To recognize the paradoxical effects on attention and focus of devoting a good part of a day in the service of nondoing

## **Clinical Intervention Training 2**

### **Acceptance and Commitment Therapy: A Radically Different yet Remarkably Familiar Approach to Behavior Change**

*James Herbert, Drexel University*

*All levels of familiarity with the material*

As part of the broad CBT family, Acceptance and Commitment Therapy (ACT) is a psychotherapy model that will be very familiar to cognitive behavior therapists in many respects. Yet it breaks sharply with traditional models of CBT in other ways. The model is part of a larger scientific program known as contextual behavioral science (CBS). ACT suggests new insights into the treatment of particularly difficult or refractory conditions. In this training we will briefly explore the philosophical and theoretical roots of ACT and its similarities and differences from standard CBT. A brief overview of the empirical literature on ACT will be discussed. We will then explore the ACT model, including both general strategies and specific clinical techniques, through a combination of presentations, discussions, and role-played demonstrations.

#### **You will learn:**

1. How to describe the ACT model of psychopathology, as well as intervention strategies that target key factors within the model
2. How to identify similarities and differences between ACT and traditional forms of CBT
3. The scientific status of ACT, including directions for future research

#### **Recommended Readings**

Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual behavioral science: Creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science, 1*, 1-16.

Herbert, J. D., & Forman, E. M. (2011). The evolution of cognitive behavior therapy: The rise of psychological acceptance and mindfulness. In J. D. Herbert & E. M. Forman (Eds.), *Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies* (pp. 3-25). Hoboken, NJ: Wiley.

Hayes, S. C., & Lillis, J. (2012). *Acceptance and commitment therapy*. Washington, DC: American Psychological Association.

Hayes, S. C., Stroschal, K., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The process and practice of mindful change* (2nd ed). New York: Guilford.

### **Clinical Intervention Training 3**

#### **Cognitive Behavior Therapy for Personality Disorders**

*Judith S. Beck*, Beck Institute for Cognitive Behavior Therapy

*Moderate level of familiarity with the material*

Why do Axis II patients sometimes pose such a challenge in treatment? Why do they miss sessions, criticize the therapist, blame others, display hopelessness about change, fail to do homework, engage in self-harm, use substances, and engage in other kinds of dysfunctional behavior? Part of the answer lies in their negative, rigid, overgeneralized ideas (core beliefs) about themselves, their worlds, and other people, which they developed as a result of the meaning they ascribed to early adverse experiences. Once these beliefs become entrenched, patients begin to view their subsequent experiences through the lens of these powerfully negative ideas and they develop certain behavioral tendencies, or coping strategies, to get along in life.

When Axis II patients enter treatment, they often view their therapy experience through the lens of their core beliefs and employ their usual coping strategies, which can interfere with “standard” treatment.

In this Clinical Intervention Training, participants will learn the specific set of beliefs and coping strategies that characterize the various personality disorders in order to conceptualize the individual patient. They will learn how to use the conceptualization to plan treatment and solve therapeutic problems. They will also learn how to use specialized strategies to develop and maintain a strong therapeutic alliance, set goals, structure sessions, and help patients to focus on solving problems, learning skills, and completing homework. In addition, therapists will learn how to educate patients about their core beliefs, help them cope with schema activation, modify their core beliefs at both an intellectual and emotional level, and develop alternate beliefs, often using experiential techniques.

These skills will be demonstrated through discussion, role-play, video, and question/answer.

**You will learn:**

1. How to use a cognitive conceptualization to guide treatment
2. How to conceptualize and solve therapeutic relationship problems
3. How to modify core beliefs

**Recommended Readings:**

Beck, A.T., Freeman, A., Davis, D., & Associates. (2004). *Cognitive therapy of personality Disorders*. New York: Guilford.

Beck, J.S. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't work*. New York: Guilford.

Beck, J.S. (2011). *Cognitive behavior therapy: Basics and beyond* (2<sup>nd</sup> ed.). New York: Guilford.