Institute 1

Mindfulness-Based Cognitive Therapy for Depression (2nd Ed.): A Clinical and Research Update

Zindel V. Segal, University of Toronto

Mark A. Lau, University of British Columbia

All levels of familiarity with the material

This 1-day Institute will be an interactive learning experience combining didactic instruction with experiential exercises to teach the key aspects of mindfulness-based cognitive therapy (MBCT). MBCT, originally developed as a group intervention, integrates techniques from mindfulness-based stress reduction with cognitive therapy for depression to teach individuals who have recovered from depression new skills to help prevent future relapses. Key themes include experiential learning and the development of an open and acceptant mode of response, in which one intentionally faces behavioral difficulties and affective discomfort. Increased mindfulness allows early detection of relapse-related patterns of negative thinking, feelings, and body sensations, allowing them to be nipped in the bud at a stage when this may be much easier than if such warning signs are not noticed or are ignored. Formulation of specific relapse/recurrence prevention strategies are included in the later stages of treatment.

Mindfulness Based Cognitive Therapy for Depression (Segal, Williams, & Teasdale, 2013) describes new developments in both the theory and practice of MBCT. New material from the second edition of the treatment manual will be highlighted, including the increased emphasis on compassion in the MBCT curriculum, the 3 Minute Breathing Space, and key principles of the Inquiry process.

MBCT is recommended in the United Kingdom's National Institute of Clinical Excellence (NICE) Guidelines for prevention of recurrent depression and has also been shown to be effective in treating acute symptoms of depression and anxiety. Finally, preliminary data on the feasibility of delivering MBCT in an individual format will be presented.

You will learn about:

• The link between a model of cognitive vulnerability to depression and the development of MBCT to prevent recurrent depression

• Research to date supporting the use of MBCT in mood and anxiety disorders and why MBCT works

• The core therapeutic tasks that accompany each of the MBCT group sessions

Recommended Readings:

Farb, N.A., Segal, Z.V., & Anderson, A.K. (2013). Mindfulness meditation training alters cortical representations of interoceptive attention. *Social, Cognitive & Affective Neuroscience*, *8*,15-26.

Segal, Z.V., Bieling, P., Young, T. MacQueen, G., Cooke, R., Martin, L., Bloch, R., & Levitan, R. (2010). Antidepressant monotherapy versus sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*, *67*, 1256-1264.

Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2013). *Mindfulness based cognitive therapy for depression* (2nd ed.). New York: Guilford Press.

Williams, J.M.G., Teasdale, J.D., Segal, Z.V., & Kabat-Zinn. J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. New York: Guilford Press.

Institute 2

Evidence-Based Assessment and Treatment of Bipolar Disorder in Children and Adolescents

Eric A. Youngstrom, Ph.D., University of North Carolina at Chapel Hill
Mary A. Fristad, Ph.D., ABPP, The Ohio State University

Moderate level of familiarity with the material

Until recently, bipolar disorder was rarely diagnosed in youths. Now diagnostic rates have exploded more than 40-fold in the last 15 years, and “bipolar” is the most common diagnosis for psychiatrically hospitalized youths. There is concern that bipolar disorder is being overdiagnosed and overmedicated in children. Fortunately, there has been a surge of evidence about the validity of carefully diagnosed bipolar in youths, along with better evidence-based tools for assessment and treatment. This Institute discusses key issues, including the

following: how bipolar disorder manifests clinically; presentation similarities and differences in children versus adults; how to use self-report and parent-report measures to aid diagnosis and treatment; and specific treatment strategies. We summarize the available biological interventions, emphasizing what nonprescribing clinicians need to know about these treatments. We then concentrate on how to implement therapeutic techniques used in individual-family and multi-family psychoeducational psychotherapy (PEP), one of the most promising evidence-based approaches to managing mood disorders in youths. Treatment skills include learning about the disorder and its treatment, differentiating the child from the disorder, building emotion-regulation "tool kits," CBT fundamentals, problem solving, verbal and nonverbal skill enhancement, improving "healthy habits" (sleep hygiene, diet and exercise), navigating the mental health and school systems to build more effective treatment teams, changing maladaptive family patterns, and specific symptom management strategies. This program will utilize lecture format, case presentations, demonstrations, role-plays, and question-and-answer periods. Often challenging conventional wisdom, the Institute presents new evidence from NIMH grants that can be applied immediately in practice.

You will learn:

The similarities and differences between the typical presentation of bipolar disorder in children and the classic adult presentation

Evidence-based assessment methods that aid in differential diagnosis and measuring treatment response, and specific therapeutic techniques to treat youth with bipolar disorder

Which symptoms and risk factors are helpful in recognizing bipolar disorder and which may be "red herrings"

Recommended Readings:

Fristad, M.A. (2006). Psychoeducational treatment for school-aged children with bipolar disorder. *Development and Psychopathology, 18,* 1289-1306.

Fristad, M.A., Goldberg, J.S., & Leffler, J. (2011). *Psychotherapy for children with bipolar and depressive disorders*. New York: Guilford Press.

Fristad, M.A., Verducci, J.S., Walters, K. & Young, M.E. (2009). The impact of multi-family psychoeducational psychotherapy in treating children aged 8-12 with mood disorders. *Archives of General Psychiatry, 66,* 1013-1021.

Youngstrom, E., Van Meter, A., & Algorta, G. P. (2010). The bipolar spectrum: Myth or reality? *Current Psychiatry Reports*, *12*, 479-489.

Institute 3

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Core Treatment Strategies and Recent Developments

James F. Boswell, Ph.D., Boston University

Shannon E. Sauer-Zavala, Ph.D., Boston University

Todd J. Farchione, Ph.D., Boston University

Matthew W. Gallagher, Ph.D., Boston University

Johanna Thompson-Hollands, M.A., Boston University

Jenna R. Carl, M.A., Boston University

Jacqueline R. Bullis, M.A., Boston University

Kate H. Bentley, M.A., Boston University

David H. Barlow, Ph.D., Boston University

The proliferation of specific treatment manuals for specific disorders has created unintended barriers for implementation and dissemination of evidence-based psychological treatments. Research emerging from the field of emotion science suggests that individuals suffering from anxiety and mood disorders experience negative affect more frequently and more intensely than healthy individuals, and that they tend to view these experiences as more aversive. Deficits in emotion regulation, emerging out of unsuccessful efforts to avoid or dampen the intensity of uncomfortable emotions, have been found to cut across the emotional disorders and have become a core target for therapeutic change. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Barlow et al., 2011) is a transdiagnostic, emotion-focused cognitive-behavioral treatment (CBT) that targets deficits in emotion regulation that occur across the neurotic spectrum. This Institute will review evidence supporting the development of such transdiagnostic interventions, followed by a description and demonstration of how to apply core UP treatment modules, along with recent developments, including similarities and differences between the UP and traditional CBT for anxiety and mood disorders.

Audiovisual and role-play illustrations of core treatment interventions (e.g., mindful awareness, emotion exposures) will be presented, along with detailed case examples involving complex comorbidity. Attendees will be invited to participate in exercises as part of these demonstrations.

You will learn:

- How to develop a unified, transdiagnostic case conceptualization for patients presenting with comorbid emotional disorders
- How to apply emotion-focused treatment concepts and strategies (e.g., objective monitoring, emotional awareness training, cognitive reappraisal, reduction of emotional avoidance and maladaptive emotion driven behaviors) to patients presenting with comorbid emotional disorders
- How to create and implement effective and cohesive emotion exposures, including the latest developments in administering the UP for mood disorders and complex comorbidities

Recommended Readings:

Barlow, D.H., Farchione, T.J., Fairholme, C.P., Ellard, K.K., Boisseau, C.L., Allen, L.B., & Ehrenreich-May, J. (2011). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist guide.* New York: Oxford University Press.

Boswell, J.F. (in press). Intervention strategies and clinical process in transdiagnostic cognitive-behavioral therapy. *Psychotherapy.*

Farchione, T.J., Fairholme, C.P., Ellard, K.K., Boisseau, C.L., Thompson-Hollands, J., Carl, J.R., Gallagher, M. & Barlow, D. H. (2012).The unified protocol for the transdiagnostic treatment of emotional disorders: A randomized controlled trial. *Behavior Therapy, 43,* 666-678.

Institute 4

Psychotherapy for the Interrupted Life: An Evidence-Based Treatment for Adult Survivors of Childhood Abuse

Tamar Gordon, Ph.D., NYU School of Medicine

Christie Jackson, Ph.D., NYU School of Medicine

Susan Trachtenberg Paula, Ph.D., Martha K. Selig Educational Institute

Moderate level of familiarity with the material

This Institute will present Marylene Cloitre's Skills Training in Affective and Interpersonal Regulation/Narrative Story Telling (STAIR/NST), a type of cognitive-behavior therapy specifically developed for individuals with complex PTSD. Participants will learn and practice new interventions for teaching skills that are often particularly comprised in individuals with multiple traumas, notably difficulties with emotional and interpersonal functioning. Training will also include the use of exposure therapy for treating PTSD in this population, and ways in which exposure may differ when dealing with complex trauma versus single-incident traumas, such as a motor vehicle accident. A basic familiarity with the impact of trauma on functioning is recommended, as well as knowledge of CBT. Teaching modalities will include PowerPoint, role-plays, and other experiential exercises, as well as case presentations.

You will learn:

• The theoretical foundations and research supporting an evidence-based treatment for complex PTSD
• Trauma-sensitive techniques for improving clients' emotion regulation and interpersonal skills.
• To integrate schema formulations into exposure therapy to treat complex PTSD

Recommended readings (optional):

Cloitre, M., Cohen, L.R., & Koenen, K.C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. New York: Guilford Press.

Cloitre, M., Stovall-McClough, K.C., Nooner, K., Zorbas, P., Cherry, S., Jackson, C., & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *American Journal of Psychiatry*, *167*, 915-924.

Jackson, C., Cloitre, M., & Nissenson, K. (2009). Cognitive behavioral treatment of complex traumatic stress disorders. In C. A. Courtois & J. D. Ford (Eds.), *Complex traumatic stress disorders: An evidence-based clinician's guide*. New York: Guilford Press.Retrieved December 30, 2011, from http://www..ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm.

Institute 5

Parent-Child Interaction Therapy

Cheryl B. McNeil, Ph.D., West Virginia University

Basic to Moderate level of familiarity with the material

This Institute describes Parent-Child Interaction Therapy (PCIT), an evidence-based behavioral treatment for families of young children with disruptive behavior disorders. PCIT is based on Baumrind's developmental theory, which holds that authoritative parenting—a combination of nurturance, good communication, and firm limits—produces optimal child mental health outcomes. In PCIT, parents learn authoritative parenting skills through direct therapist coaching of parent-child interactions, guided by observational data collected in each session. Parents receive immediate guidance and feedback on their use of techniques such as differential social attention and consistency as they practice new relationship enhancement and behavioral management skills. Videotape review, slides, handouts, and experiential exercises will be used to teach participants the basic interaction skills and therapist coding and coaching skills used during treatment sessions. Applications of PCIT within physically abusive families and other special populations will be discussed.

You will learn:

- The theoretical framework and assessment procedures used in PCIT
- The child-directed and parent-directed interaction components of PCIT
- Skills for coaching parents as they interact with their child in treatment sessions

Recommended Readings:

** Go to www.pcit.org for a list of the PCIT literature, as well as the treatment integrity manual for conducting PCIT.

Eyberg, S.M. (2005). Tailoring and adapting parent-child interaction therapy for new populations. *Education and Treatment of Children, 28,* 197-201.

Hood, K.K., & Eyberg, S.M. (2003). Outcomes of parent-child interaction therapy: Mothers' reports on maintenance three to six years after treatment. *Journal of Clinical Child and Adolescent Psychology, 32,* 419-429.

McNeil, C.B., & Hembree-Kigin, T. (2010). *Parent-Child Interaction Therapy: Second Edition.* New York: Springer.

Institute 6

Introduction to Motivational Interviewing

Daniel W. McNeil, Ph.D., West Virginia University

Basic 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 beginning-level Institute is designed for mental health professionals and trainees who are interested in learning ways to increase their clients' motivation to engage in behavior change, and is provided by a trainer who is a member of the Motivational Interviewing Network of Trainers (MINT). Participants will learn and practice methods to assist clients with behavior change. Specifically, using didactic approaches, the Institute will provide participants a conceptual model for understanding MI, will identify the key principles of MI, will provide an operational definition of "MI spirit," and will describe the evidence base for the use of MI for behavior change. Using demonstrations and role-play, the application of specific techniques to increase client 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 change talk. This session will include experiential components in which participants work with one another in dyads and small groups, and with the trainer, to practice skills in a comfortable, interactive, and supportive learning environment. Integrating MI with cognitive-behavioral and behavioral treatment approaches will be addressed, as will how MI can be applied at critical junctures in treatment.

You will learn:

• Conceptualization of the MI model and the evidence base for the use of MI in behavior change with clients

• Key principles of MI and the application of specific methods to increase client motivation for behavior change

• Integrating MI with cognitive-behavioral therapeutic approaches in initial and later parts of evidence-based treatments

Recommended Readings:

Miller, W. R., & Rollnick, S. (2013). *Motivational Interviewing: Helping people change* (3rd ed.). New York: Guilford.

Miller, W. R., & Rose, G. S. (2009). Toward a theory of Motivational Interviewing. *American Psychologist*, 64, 527-537.

Rosengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook.* New York: Guilford.

Institute 7

Empirically Based CBT Supervision: Making Supervision More Effective for Novice Trainees

Robert Reiser, Ph.D., University of San Francisco

Donna M. Sudak, M.D., Drexel University

Moderate level of familiarity with the material

How can CBT supervisors use empirically supported practices to enhance the professional development of novice trainees? What are some of the typical problems encountered in early stages of training and how can they be effectively managed? Surveys of actual supervisory practices indicate that in the "real world," supervisors are not consistently adherent to recommended guidelines. What enhancements to supervision such as the use of multiple learning modalities (symbolic, iconic, and enactive methods) or an emphasis on behavioral experiments and experiential learning (role-play, rehearsal, and modeling of interventions) are particularly effective? This Institute will provide

opportunities for participants to identify and enact enhancements to CBT supervision based on a review of best practices and empirical evidence in the literature. An updated review of the supervision literature with a focus on specific supervision competencies will provide an empirical basis for continued reflection and improvements in practice. A combination of didactic, observational (video and role-play), and experiential methods will be utilized and participants will have opportunities to practice key skills. Many of the extant supervision competency sets (UK-IAPT; Roth & Pilling, 2008) can be utilized to help us understand how to modify supervision in developmentally appropriate ways for our novice trainees. This is a fascinating and challenging task and in this Institute there will be a focus on the developmental aspects of supervision: how to target specific learning issues and management of especially challenging trainees.

You will learn:

• Specific techniques and strategies for making CBT supervision more effective with novice trainees

• Appreciation for the evidence-base for making supervision more effective

• To recognize the need for modifications of supervision in the "real world" to address developmental training issues and specific challenges provided by problematic supervisees

Recommended Readings (optional): maximum 3- please use APA format

Milne, D.L. (2008). *Evidence-based Clinical Supervision*. Chichester: Wiley/Blackwell.

Reiser, R., & Milne, D.L. (2012). Supervising cognitive-behavioral psychotherapy: Pressing needs, impressing possibilities. *Journal of Contemporary Psychotherapy*. [Advance on-line publication.] doi: 10.1007/s10879-011-9200-6.

Roth, A., & Pilling, S. (2008). *A competence framework for the supervision of psychological therapies.* Retrieved December 30, 2011, from http://www..ucl.ac.uk/clinicalpsychology/CORE/supervision_framework.htm.

Institute 8

The Mindful Way Through Anxiety: An Acceptance-Based Behavioral Therapy for GAD and Comorbid Disorders

Lizabeth Roemer, University of Massachusetts, Boston

Susan M. Orsillo, Suffolk University

Basic to Moderate familiarity with the material

Acceptance-based behavioral therapies (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy) have demonstrated efficacy in both reducing symptoms and promoting quality of life for clients suffering from a wide range of clinical disorders. Principles and strategies from these approaches have been adapted to develop an acceptance-based behavior therapy (ABBT) for generalized anxiety disorder (GAD), which has demonstrated efficacy in reducing GAD, worry, depressive symptoms, and comorbid diagnoses, while also increasing quality of life. The Institute will begin with the presentation of an evidence-based conceptual model that can be used to understand GAD and comorbid disorders and to guide the flexible delivery of treatment. A range of clinical strategies that can be used to target the central elements of this model (a critical, entangled relationship with internal experiences, experiential avoidance, and restricted engagement in meaningful aspects of one's life) will be presented. This will include a progression of mindfulness exercises that help clients learn to pay attention in the present moment with compassion toward their internal experiences. Methods to help clients clarify what matters to them and more fully engage in their lives will also be demonstrated. Case examples will be used to illustrate these strategies and facilitate their flexible use in clinical practice. Potential barriers to implementation of ABBT will be discussed, as well as strategies to overcome these barriers. Outcome and process data from our ongoing research in this area will be presented briefly.

You will learn how to:

• Conceptualize GAD using the ABBT model

• Describe strategies that can be used to decrease avoidance and increase engagement in valued areas of life
• Identify one or more barriers that can arise in the implementation of ABBT, as well as the strategies used to overcome these barriers

Recommended Readings:

Orsillo, S.M., & Roemer, L. (2011). *The mindful way through anxiety.* New York: Guilford.

Roemer, L., & Orsillo, S.M. (2009). *Mindfulness and acceptance-based behavioral therapy in practice.* New York: Guilford.

Roemer, L., Orsillo, S.M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, *6,* 1083-1089.

Institute 9

Neurocognitive and Translational Interventions

Greg Siegle, University of Pittsburgh

Rudi De Raedt, Ghent University

Rebecca Price, University of Pittsburgh

Thilo Deckersbach, Harvard University

Jan Mohlman, William Patterson University

Basic level of familiarity with the material

This Institute will be a soup-to-nuts introduction to the emerging field of neurocognitive/translational interventions, including (a) the use of cognitive testing and

biomarkers to understand individual differences in targetable mechanisms of psychological disorders, (b) the use of interventions that target neural mechanisms, which include behavioral, cognitive, neural stimulation, and neurofeedback approaches, (c) considerations involved in implementing these techniques in real-world clinical practices, and (d) considerations on dissemination of novel neurocognitive/translational interventions. The material will be a mix of hands-on demonstrations, how-to guides, data presentations, and talks. All presenters will emphasize the manner in which multidisciplinary, translational approaches can be applied to advance clinical care. This Institute will highlight, via neurocognitive interventions, ways in which clinical, treatment-oriented research and fields such as neuroscience, psychophysiology, and cognitive science, can synergistically inform one another.

You will learn:

- Techniques useful for assessing individual differences in cognitive and neural mechanisms of psychological disorder
- Nonpharmacological techniques for targeting specific cognitive and neural mechanisms
- How to think about doing research on, and disseminating, novel neurocognitive interventions

Recommended Readings:

Bar-Haim, Y. (2010). Research review: Attention bias modification (ABM): A novel treatment for anxiety disorders. *Journal of Child Psychology and Psychiatry, 51*, 859-870.

Floel, A., & Cohen, L.G. (2006). Translational studies in neurorehabilitation: From bench to bedside. *Cognitive and Behavioral Neurology,* 19, 1-10.

Siegle, G.J., Ghinassi, F., & Thase, M.E. (2007). Neurobehavioral therapies in the 21st century: Summary of an emerging field and an extended example of Cognitive Control Training for depression. *Cognitive Therapy & Research, 31*, 235-262.