

## **Master Clinician Seminars**

Throughout the Convention attend these useful sessions where the most skilled clinicians explain their methods and show recordings of clients' sessions.

### **Master Clinical Seminar 1**

#### **Optimizing Long-Term Outcomes for OCD Using an Inhibitory Learning Approach**

*Jonathan S. Abramowitz, PhD, ABPP*

*Basic to Moderate level of familiarity with the material*

Although CBT for OCD is often very effective, especially in the short term, symptom relapse over time can be a problem. The recently proposed inhibitory learning perspective on exposure-based therapy, however, provides a new and promising way of understanding why this might occur and what clinicians can do to optimize longer-term outcomes. In this Master Clinician Seminar, we will focus on strategies derived from the inhibitory learning model that can be used to help prevent relapse following CBT with OCD clients. After describing a client with OCD who relapses following a full course of exposure-based CBT, we will discuss possible reasons for the treatment's failure from the point of view of inhibitory learning. We will then describe and illustrate strategies based on this perspective, and derived from research on learning and memory, for improving long-term outcome. Specifically, we will illustrate how therapists can (a) optimize the development of nonthreat associations, and (b) enhance the accessibility and retrieval of nonthreat associations by attending to contextual and temporal factors. Suggestions and recommendations will primarily focus on enhancing the exposure and response prevention

(ERP) components of CBT, but will also include ways of enhancing the psychoeducational and cognitive therapy components.

**You will learn:**

- The inhibitory learning approach to exposure-based CBT
- To identify mechanisms of relapse following successful exposure therapy for OCD
- The implications of the inhibitory learning approach and the relapse mechanisms for implementing CBT for OCD

**Recommended Readings:**

Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). *Exposure therapy for anxiety: Principles and practice*. New York: Guilford Press.

Bouton, M. E. (2002). Context, ambiguity, and unlearning: Sources of relapse after behavioral extinction. *Biological Psychiatry*, 52, 976-986.

Craske, M., G., Kitcanski, K., Zelokowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behavior Research and Therapy*, 46, 5-27.

**Master Clinical Seminar 2**

**Comprehensive CBT for OCD to Maximize Gains**

*Lata K. McGinn, PhD*, Ferkauf Graduate School of Psychology, Yeshiva University

*Basic level of familiarity with the material*



This Master Clinician Seminar will offer clinicians the knowledge and skills to effectively treat OCD using a comprehensive CBT approach to maximize gains. Clinicians will learn how to functionally target, assess, and monitor the different symptoms that become the focus of treatment, and will learn how the different strategies, including psychoeducation, cognitive restructuring, exposure, and response prevention, are implemented. Emphasis will be placed on (a) how cognitive strategies can be used to maximize gains and increase client willingness to engage in exposure; (b) how to systematically create both overall and operational exposure hierarchies; (c) how and when to use only imaginal exposure or only in-vivo exposure, or both, based on differing symptom presentations and; (d) how to design and implement response prevention to block rituals, as well as how to use specific strategies to help patients comply with response prevention. A case vignette will be used to illustrate techniques in a hands-on fashion. Slides will be presented and handouts (outlines, assessment and treatment forms, readings for clients and professionals) will be provided so that clinicians may apply what they learn in the workshop. Clinicians are encouraged to ask questions and bring in treatment cases to ensure maximal learning.

**You will learn:**

- How to functionally target, assess, and monitor the different symptoms that become the focus of treatment
- How different treatment strategies can be used to maximize gains and increase client willingness to engage in exposure
- How and when to use only imaginal exposure or only in-vivo exposure, or both, based on differing presentations

### **Recommended Readings:**

Leahy, R.L., Holland, S., & McGinn, L.K. (2011). *Treatment plans and interventions for anxiety and depressive disorders* (2<sup>nd</sup> ed.). New York: Guilford Press.

McGinn, L.K., & Sanderson, W.C. (1999). *Treatment of obsessive compulsive disorder*. New York: Jason Aronson.

### **Master Clinical Seminar 3**

#### **Integrating CBT Strategies Into Ongoing Clinical Practice**

*Michael W. Otto, Ph.D.*, Boston University

*Basic level of familiarity with the material*



Designed for clinicians who are new to CBT and seeking to integrate CBT strategies into their clinical practice, this seminar will emphasize the principles of change that underlie cognitive-behavioral interventions. Rather than relying on a prescribed session-by-session format, the focus of this presentation is on elements of CBT that can be used by clinicians from a variety of training perspectives (e.g., interpersonal, psychopharmacologic, dynamic, supportive, etc.) in whatever session time they have to devote to these interventions. The seminar is balanced between discussion of the philosophy behind interventions and the variety of techniques that can be used to realize these principles of change, with review of useful metaphors for communicating therapeutic principles. The result is an especially user-friendly seminar for clinicians seeking to enhance their CBT skills, with a focus on the anxiety and mood disorders that are most common in clinical practice.

**You will learn:**

1. The core elements of CBT for mood and anxiety disorders
2. Several strategies for promoting emotional acceptance
3. Metaphors for promoting self-observation and cognitive restructuring

**Recommended Readings:**

Otto, M. W. (2000). Stories and metaphors in cognitive-behavior therapy. *Cognitive and Behavioral Practice*, 7, 166-172.

Otto, M. W., Simon, N. M., Olatunji, B. O., Sung, S. C., & Pollack, M. H. (2011). *10-Minute CBT: Integrating cognitive-behavioral strategies into your practice*. New York: Oxford University Press.

Otto, M. W., Tolin, D. F., Nations, K. R., Utschig, A. C., Rothbaum, B. O., Hofmann, S. G., & Smits, J. A. J. (2012). Five sessions and counting: Considering ultra-brief treatment for panic disorder. *Depression and Anxiety*, 29, 465-470.

**Master Clinical Seminar 4****Assessment and CBT of Body Dysmorphic Disorder**

*Fugen Neziroglu*, Bio-Behavioral Institute

*Dean McKay*, Fordham University

*Moderate level of familiarity with the material*



Body Dysmorphic Disorder (BDD) is a serious and debilitating condition marked by extreme concerns with perceived bodily defects, or excessive concerns with real physical irregularities. Research on the nature of BDD has shown common features to OCD, which has allowed for advances in CBT. While the treatment for BDD resembles that employed for OCD, specifically exposure with response prevention (ERP) and cognitive therapy, there are significant differences in implementation. For example, ERP for this disorder evokes a wider range of emotional reactions than observed in other disorders, including depression and anger, necessitating additional interventions to manage postexposure reactions.

Developing an effective treatment program for BDD that involves exposure and cognitive therapy requires careful planning, particularly given the special affective components of the disorder. Therefore, this Master Clinician Seminar has three primary aims. First, attendees will learn how to diagnose BDD and to differentially diagnose the condition from other closely related disorders. Second, attendees will learn how to develop a treatment plan based on the presenting symptoms of the disorder. And third, attendees will learn how to implement a comprehensive CBT program for this disorder, with special attention given to emotional responses provoked in therapy implementation.

**You will learn:**

- How to diagnose BDD and to differentially diagnose the condition from other closely related disorders
- How to develop a treatment plan based on the presenting symptoms of the disorder

- How to implement a comprehensive CBT program for this disorder, with special attention given to emotional responses provoked in therapy implementation

**Recommended readings:**

Khemlani-Patel, S., Neziroglu, F., & Mancusi, L. (2011). Cognitive behavioral therapy for body dysmorphic disorder: A comparative investigation. *International Journal of Cognitive Therapy*, 4, 363-380.

Neziroglu, F., Khemlani-Patel, S., & Santos, M. (2012). *Overcoming body dysmorphic disorder: A cognitive behavioral approach to reclaiming your life*. Oakland, CA: New Harbinger.

Veale, D., & Neziroglu, F. (2010). *Body dysmorphic disorder: A treatment manual*. Chichester: Wiley-Blackwell.

## Master Clinical Seminar 5

### CBT for Children and Adolescents With OCD: Incorporating Parents in Treatment and Managing Complex Symptoms

*Stephen Whiteside, Mayo Clinic*

*Eric A. 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. This includes 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 interventions.

These variants present unique challenges to clinicians who are outside usual practice when treating adults with OCD or children with other psychiatric disturbances.

This Master Clinician Seminar, aimed at professionals with a previous background in CBT for OCD and in treating childhood anxiety disorders, is a natural extension of previous workshops we have offered at ABCT. Specifically, this seminar aims to (a) provide methods of developing exposure with response prevention exercises for atypical and complex presentations of the disorder; (b) cover methods for involving parents in treatment, with specific reference to reducing accommodation and relieving ancillary parental psychopathology that may interfere



with child functioning; and (c) discuss treatment of special populations of OCD, such as adolescents and those with additional treatment needs (e.g., emotion-regulation skill training).

**You will learn:**

- Methods of developing exposure with response prevention exercises for atypical and complex presentations of the disorder
- Methods for involving parents in treatment, with specific reference to reducing accommodation and relieving ancillary parental psychopathology that may interfere with child functioning
- How to manage special populations of OCD, such as adolescents and those with additional treatment needs

**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.

Piacentini, J., Langley, A., & Roblek, T. (2007). *Cognitive-behavioral treatment of childhood OCD: Therapist guide*. Oxford University Press.

Whiteside, S.P., & Jacobsen, A.B. (2010). An uncontrolled examination of a 5-day intensive treatment for pediatric OCD. *Behavior Therapy*, 41, 414-422.

## Master Clinical Seminar 6

### Treating Military and Veteran Couples: Clinical Approaches and Treatment Considerations

*Steven L. Sayers, Ph.D.*, Philadelphia VA Medical Center, University of Pennsylvania

*Basic level of familiarity with the material*



A key component of the mental health treatment of veterans and their family members is the contribution of community providers. There are several challenges community providers face in providing treatment to veterans and their spouses, including high rates of comorbidity of marital distress with medical and psychiatric conditions, complicated reintegration issues overlaying medical and psychiatric issues, and unfamiliarity with military culture. Often veterans and their spouses present for couples therapy because of the influence of individual problems, such as posttraumatic stress disorder and substance abuse issues, when individual treatments may be more appropriate as first-line approaches.

Individual and couples interventions likely to be useful for the treatment of veterans who present with marital conflict will be reviewed. Pre-therapy evaluation and triage methods will be presented, using clinical examples. The range of special challenges of these couples will be discussed, as well as ways to conceptualize and plan treatment, taking military culture into account. Integrative Behavior Couples Therapy and other interventions will be described that

may be useful for veterans and their spouses. Various resources will be discussed, including additional trainings on military culture and peer-based support services for veterans.

**You will learn:**

- Pre-therapy evaluation and triage methods for veterans and their spouses
- The range of special challenges faced by military/veteran couples, as well as ways to conceptualize and plan treatment
- Interventions useful for the treatment of veterans who present with marital conflict

**Master Clinical Seminar 7**

**Detecting Assimilation in Cognitive Processing Therapy for PTSD**

*Patricia A. Resick, Ph.D. ABPP*, National Center for PTSD, VA Boston Healthcare System and  
Boston University

All levels of familiarity with the material



Cognitive processing therapy (CPT) is a cognitive therapy protocol for PTSD that focuses the first half of treatment on clients' distortions about their trauma(s) to maintain a sense of "a just world" or control over future events. Therapists use Socratic dialogue and teach clients to question their own beliefs and notice how their emotions change as a result. Distortions may be about how one could have prevented the event or could be focused on someone who did not cause the event but was in proximity to the victim (erroneous other-blame). A common error in CPT is for the therapist to challenge overaccommodated stuck points early in therapy and not focus on the clients' beliefs and emotions about

the index trauma first. These overgeneralized beliefs about safety, trust, and control are more easily modified once clients have resolved their beliefs about the trauma(s). The purpose of this Master Clinician Seminar is to (a) review what assimilation is in the context of PTSD, (b) demonstrate how to pull assimilated stuck points from an impact statement and transform them into more workable forms, and (c) assist clients in identifying when stuck points reflect schemas and to help clients recognize and challenge them effectively.

**You will learn:**

- To understand assimilation in the context of PTSD
- How to pull assimilated stuck points from an impact statement and transform them into more workable forms
- To assist clients in identifying when stuck points reflect schemas and to help clients recognize and challenge them effectively

## Master Clinical Seminar 8

### Supercharging CBT With Functional Analytic Psychotherapy: Maximizing Therapeutic Impact by Using the Client-Therapist Relationship

*Mavis Tsai*, Independent Practice and University of Washington

*Robert J. Kohlenberg*, University of Washington

*Basic level of familiarity with the material*



The emotional intensity, interpersonal focus, and impact of your CBT can be increased by the guidelines of Functional Analytic Psychotherapy (FAP). FAP uses functional analysis, awareness, courage, and therapeutic love (behaviorally defined) to create deep, meaningful, and healing therapeutic relationships. Innovations in therapeutic rationales and treatment planning can lead clients to go beyond presenting symptoms and into their purpose and passion for living. FAP can be applied to a wide range of clinical problems, including depression, anxiety, intimacy issues, personality disorders, problems of the self, and OCD. This seminar will include videotaped therapy segments, experiential exercises, demonstrations, and client handouts. Considered one of the third-wave cognitive-behavioral therapies, FAP is integrative and provides a conceptual and practical framework that will help supercharge your next therapy session.

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

How to make clients' learning experiences more powerful by addressing the subtle ways their daily life problems are brought into the session

Five therapeutic rules to guide treatment, plus concrete exercises to increase connection, intensity, and the effectiveness of your interventions

When commonly used interventions can be inadvertently countertherapeutic

#### **Recommended Readings:**

Tsai, M., Callaghan, G., & Kohlenberg, R. (in press). The use of awareness, courage, therapeutic love, and behavioral interpretation in functional analytic psychotherapy. *Psychotherapy: Special Issue on Clinical Process*.

Tsai, M., Kohlenberg, R., Kanter, J., Holman, G., & Plummer Loudon, M. (2012). *Functional analytic therapy: Distinctive features*. London: Routledge.

Tsai, M., Kohlenberg, R., Kanter, J., Kohlenberg, B., Follette, W., & Callaghan, G. (Eds.). (2009). *A guide to functional analytic psychotherapy: Awareness, courage, love and behaviorism*. New York: Springer.

Kohlenberg, R. J. & Tsai, M. (1991). *Functional Analytic Psychotherapy: A guide for creating intense and curative therapeutic relationships*. New York: Plenum.