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.

Workshop 1

Cognitive-Behavioral Treatment of Chronic Pain in Children and Adolescents

Gerard A. Banez, Ph.D., Cleveland Clinic Children's Hospital, Shaker Campus

Cindy Harbeck Weber, Ph.D., Mayo Clinic

Tonya M. Palermo, Ph.D., University of Washington and Seattle Children's Research Institute

Basic to Moderate level of familiarity with the material

Pain is a part of every child's life experience. Unfortunately, for many children (approximately 25%), pain is chronic in nature, and can have a significant impact on normal development. Chronic pain is often challenging to treat. Many disciplines are involved in the care of children with chronic pain, and interdisciplinary treatment, including psychological treatment, is considered key. Specifically, CBT have now acquired a large evidence base, demonstrating excellent efficacy in treating children and adolescents with different chronic pain conditions. CBT is used to help children and their parents learn ways of thinking and behaving to minimize pain and the negative effects of having chronic pain. In this Workshop, the presenters will focus on building skills in pain management to use in interdisciplinary treatment settings for the child/pediatric psychologist who understands CBT principles but does not have specialized training in pain. The session will include instruction in methods for conducting a thorough psychosocial assessment, developing a treatment plan, and setting treatment goals with children and their parents. Building from the psychosocial assessment, training in three psychological techniques for chronic pain management will be

presented. These techniques include relaxation training, parent interventions, and sleep and lifestyle interventions. Case vignettes will be used to highlight principles in assessment and interventions with youth with chronic pain. Audience participation and discussion will be encouraged to enhance learning.

You will learn:

1. To develop a comprehensive assessment plan to guide the treatment for children and adolescents with chronic pain
2. Effective strategies to help children and adolescents cope with chronic pain and reduce associated disability
3. Effective behavioral management skills for parents of children and adolescents with chronic pain

Recommended Reading:

Palermo, T. M. (2012). *Cognitive-behavioral therapy for chronic pain in children and adolescents*. New York: Oxford University Press.

Workshop 2

Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy

Andrew Christensen, Ph.D., 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 Couple 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.

Workshop 3

Real-World Cognitive-Behavioral Insomnia Therapy for Those With Co-Occurring Conditions

Jack D. Edinger, PhD, National Jewish Medical Center

Colleen E. Carney, PhD, Ryerson University

Moderate level of familiarity with the material

"How do I encourage my client with anhedonia to get out of bed in the morning?" "Can I really ask my client with chronic pain to spend less time resting?" "My client's sleep anxiety is debilitating, how can I convince him to spend less time in bed?" "My client suffers from hot flashes. Is there anything she can do to sleep better?" Virtually all clinicians encounter insomnia complaints in their practice, and many face adherence issues that can lead to less-than-optimal treatment response with cognitive behavior therapy (CBT-I). The DSM-5 eliminates the distinction between primary and comorbid insomnia, but those with comorbid conditions often have unique circumstances

that may require adaptation or increased focus on adherence strategies to CBT-I (e.g., those with panic disorder are more susceptible to panic attacks if the time spent in bed is too rigorously restricted in CBT-I). Knowing how to deliver CBT for insomnia in those with complex problems can improve adherence to CBT-I; improve sleep; and often, improve the treatment response for the nonsleep condition. This Workshop will provide step-by-step cognitive-behavioral strategies for insomnia with special consideration for clients facing problems that require adaptations to CBT-I, namely, those with pain, anxiety, or depression. The Workshop will use didactic presentation, experiential exercises, as well as live and video clinical demonstrations from two leading experts in insomnia.

You will learn:

How to convincingly present sleep regulation as a rationale for treatment recommendations in those with co-occurring conditions

A step-by-step guide for delivering CBT for insomnia

How to troubleshoot common problems in those with pain, anxiety, depression, and/or those on medication

Recommended Readings:

Carney, C.E., & Manber, R. (2009). *Quiet your mind and get to sleep: Solutions to insomnia for those with depression, anxiety or chronic pain.* Oakland, CA: New Harbinger.

Edinger, J.D., & Carney, C.E. (2008). *Insomnia: A cognitive behavioral insomnia approach—Therapist guide*. New York: Oxford University Press.

Edinger, J.D., Olsen, M.K., Stechuchak, K.M., Means, M.K., Lineberger, M.K., Kirby, A., & Carney, C.E. (2009). Cognitive behavioral therapy with primary and comorbid insomnia: A randomized clinical trial. *Sleep*. 32(4), 499-510.

Workshop 4

An Interactive Training in the Unified Protocol for the Treatment of Emotional Disorders in Children

Jill Ehrenreich-May, Ph.D., University of Miami

Emily Bilek, M.S., University of Miami

All level of familiarity with the material

The Unified Protocol for the Treatment of Emotional Disorders in Children: Emotion Detectives (UP-C: ED) is a transdiagnostic treatment protocol that was developed as a downward extension of the existing Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP). The UP-C: ED incorporates emotion-focused CBT principles and skills into an engaging group treatment atmosphere for families with children (ages 6–13) with anxiety and/or depression. Initial evidence for the UP-C: ED indicates that it is associated with reductions in clinical severity of principal anxiety disorders, as well as comorbid emotional and behavioral disorders, and may also be useful in a prevention context. This Workshop will provide an introduction to the UP-C: ED, incorporating both multimedia and hands-on training techniques. Specifically, during the first 2 hours of the Workshop, the engaging and interactive nature of the protocol will be highlighted via didactic training and video demonstration. The final hour of the workshop will be reserved for role-playing allowing the audience to participate in practice groups.

You will learn:

A working knowledge of the nature of emotional disorders such as anxiety and depression in youth

The rationale for transdiagnostic treatment protocols for emotional disorders among children

Core treatment components of the UP-C: ED

Workshop 5

The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy

John P. Forsyth, Ph.D., University at Albany, SUNY

Basic to Moderate level of familiarity with the material

Acceptance and Commitment Therapy (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:

1. How to conceptualize and apply exposure-based strategies in a traditional sense (CBT), and then in the context of ACT
2. How to frame exposure exercises within ACT (i.e., fostering willingness)
3. 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.

Workshop 6

Acceptance-Based Emotion Regulation Group Therapy for Deliberate Self-Harm Among Women With Borderline Personality Pathology

Kim L. Gratz, PhD, University of Mississippi Medical Center

Matthew T. Tull, PhD, University of Mississippi Medical Center

Basic level of familiarity with the material

Despite the clinical importance of deliberate self-harm (DSH) within borderline personality disorder (BPD), there are few empirically supported treatments for this behavior among individuals with BPD, and those that do exist are difficult to implement in many clinical settings due to their duration and intensity. Thus, Gratz and colleagues developed a 14-week, adjunctive emotion regulation group therapy (ERGT) for DSH among women with BPD, designed to augment the usual treatment provided in the community by directly targeting both DSH and its underlying mechanism: emotion dysregulation. Specifically, based on the theory that DSH functions to avoid or escape emotional distress, ERGT draws heavily on two acceptance-based behavioral therapies (Acceptance and Commitment Therapy and Dialectical Behavior Therapy). This Workshop will review the conceptual and empirical underpinnings of ERGT, as well as current empirical support for this treatment (including results of a study examining emotion regulation as the mechanism of change). The benefits of an acceptance-based approach to targeting emotion regulation in the treatment of DSH within BPD will also be reviewed. The remainder of the Workshop will focus on teaching attendees specific strategies for targeting emotion regulation within ERGT, including strategies for helping clients: (a) identify the functions of DSH and other self-destructive behaviors; (b) increase emotional acceptance and willingness; (c) increase emotional awareness and understanding; (d) develop skills for modulating emotional arousal and controlling behaviors when distressed; and (e) engage in valued actions. Case examples and demonstrations will be used to illustrate these strategies and active participation from attendees will be encouraged.

You will learn:

- How to conceptualize emotion regulation from an acceptance-based behavioral perspective, and the benefits of such an approach to targeting emotion regulation in treatment
- The current empirical support for an emotion regulation group therapy (ERGT) for women with self-harm and borderline personality disorder
- Specific strategies for improving emotion regulation among women with self-harm and borderline personality disorder

Recommended readings:

Gratz, K. L. (2007). Targeting emotion dysregulation in the treatment of self-injury. *Journal of Clinical Psychology: In Session, 63,* 1091-1103.

Gratz, K. L., & Gunderson, J. G. (2006). Preliminary data on an acceptance-based emotion regulation group intervention for deliberate self-harm among women with borderline personality disorder. *Behavior Therapy, 37*, 25-35. doi:10.1016/j.beth.2005.03.002

Gratz, K. L., Levy, R., & Tull, M. T. (2012). Emotion regulation as a mechanism of change in an acceptance-based emotion regulation group therapy for deliberate self-harm among women with borderline personality pathology. *Journal of Cognitive Psychotherapy, 26*, 365-380.

Workshop 7

A Group Cognitive Behavioral Program for Preventing Depression in Adolescents

Judy Garber, PhD, Vanderbilt University

*Steven D. Hollon, PhD,*Vanderbilt University

Tracy R.G. Gladstone, PhD, Wellesley College

Basic level of familiarity with the material

This Workshop has the following aims. First, the current literature on the prevention of depression in youth will be reviewed. This review will present the empirical evidence of the efficacy of interventions aimed at preventing depression in adolescents, discuss the strengths and limitations of existing studies, report sex

differences in the effect sizes of various preventive interventions, and suggest directions for future research. The second aim is to describe the design and structure of a recent randomized controlled trial testing the efficacy of a group cognitive behavioral (CB) program for preventing depression in at-risk adolescents. Risk was defined here as having a parent with current or prior depression during the child's lifetime, and the youth having a history of a depressive disorder or current subsyndromal levels of depressive symptoms. Third, specific intervention techniques will be presented including those used during the 8 weekly acute sessions (e.g., mood monitoring; identifying negative thoughts; disputing negative thoughts; problem-solving; managing worry) and in the six monthly continuation sessions (e.g., behavioral activation; relaxation; assertiveness). In addition, the two parent sessions will be described. The format of this Workshop will be both didactic and interactive (e.g., role-plays of the specific techniques). Portions of the intervention manual will be distributed. Participants will be encouraged to practice the skills with each other and will receive feedback from the workshop leaders. Participants will be encouraged to ask questions throughout the session.

You will learn:

1. The current literature on the prevention of depression in youth
2. Specific techniques used in the acute phase of the group CB program for preventing depression in adolescents
3. Other aspects of the CB prevention program, including the skills taught in the continuation phase and the parent sessions

Recommended readings:

Garber, J., Clarke, G., Weersing, V.R., Beardslee, W.R., Brent, D., Gladstone, T., . . . Iyengar, S. (2009). Prevention of depression in at-risk adolescents: A randomized controlled trial. *Journal of the American Medical Association.* 301(21), 2215-2224.

Hollon, S. D. (2011). Cognitive and behavior therapy in the treatment and prevention of depression. *Depression and Anxiety, 28,* 263-266.

Workshop 8

Treatment of OCD With Exposure and Response Prevention: Beyond Manualized Treatment

Jonathan Grayson, Ph.D., Anxiety & OCD Treatment Ctr of Philadelphia

Basic level of familiarity with the material

Exposure and response prevention (ERP) is the accepted treatment of choice for OCD. Although the concepts of ERP are straightforward and simple, its application is not. This introductory presentation will discuss the OCD sufferer's core problem, intolerance of uncertainty, and how every step of the treatment process revolves around this issue. The presentation will address this issue in each stage of treatment, including (a) helping sufferers to understand their OCD; (b) convincing sufferers that ERP makes both logical and emotional sense as their treatment of choice; (c) assessing OCD; (d) designing and implementing ERP with some attention to the different manifestations of OCD; and (e) using therapeutic scripts to support both exposure and response preventions during and after treatment.

You will learn:

• To design a basic program of ERP for OCD
• The right and wrong ways to use other CBT and ACT techniques for the treatment of OCD

• How to devise therapeutic scripts to support the treatment process

Recommended Reading:

Grayson, J.B. (2003). *Freedom from Obsessive Compulsive Disorder: A personalized recovery program for living with uncertainty*. New York. Tarcher Penguin..

Workshop 9

Integrated Group CBT for Depression and Substance Abuse

Kimberly Hepner, PhD, RAND Corporation

Basic level of familiarity with the material

Despite calls for integrated treatment for patients with co-occurring mental health and substance use disorders, clinicians need better tools and treatments to more easily implement high-quality, integrated approaches for these patients. BRIGHT (Building Recovery by Improving Goals, Habits, and Thoughts) is an engaging group CBT targeting depression in patients with co-occurring alcohol and drug problems. Adapted from an empirically supported depression intervention, BRIGHT has demonstrated effectiveness in improving both depression and substance abuse outcomes. This hands-on, interactive Workshop will provide participants with an overview of BRIGHT, including review of the published treatment manual, companion group member workbook, supporting group implementation tools, and newly released online training options. Practical strategies for screening group members, implementing BRIGHT, and troubleshooting clinical challenges that can arise during the course of group CBT will be reviewed. The unique needs of patients with co-occurring mental health and substance use disorders will be highlighted, with an emphasis on how this impacts delivery of CBT. The

Workshop will provide a discussion of how BRIGHT can be adapted for use in a variety of settings, including substance abuse or mental health settings and as an individual treatment.

You will learn:

How BRIGHT addresses the relationship between mood and substance use in an integrated treatment

How to adapt basic CBT strategies to meet the unique needs of patients with co-occurring mental health and substance use disorders

Strategies for implementing BRIGHT in your clinical and/or research setting

Recommended readings (optional):

Hepner, K.A., Miranda, J., Woo, S., Watkins, K.E., Lagomasino, I., Wiseman, S.H., & Muñoz, R.F. (2011). *Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT): A group cognitive behavioral therapy for depression in clients with co-occurring alcohol and drug use problems — Group leader's manual.* Santa Monica, CA: RAND. http://www.rand.org/pubs/technical_reports/TR977z1

Hepner, K.A., Miranda, J., Woo, S., Watkins, K.E., Lagomasino, I., Wiseman, S.H., & Muñoz, R.F. (2011). *Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT): A group cognitive behavioral therapy for depression in clients with co-occurring alcohol and drug use problems — Group member's workbook.* Santa Monica, CA: RAND. http://www.rand.org/pubs/technical_reports/TR977z2

Watkins, K.E., Hunter, S.B., Hepner, K.A., Paddock, S.M., de la Cruz, E., Zhou, A.J., & Gilmore, J. (2011). An effectiveness trial of group cognitive behavioral therapy for patients with persistent depressive symptoms in substance abuse treatment. *Archives of General Psychiatry*, *68*(6), 577-584.

Workshop 10

Mastering the Art of Behavioral Chain Analyses in Dialectical Behavior Therapy

Shireen L. Rizvi, Ph.D., Rutgers University

Lorie Ritschel, Ph.D., 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.

Workshop 11

An Introduction to Mindfulness-Based Eating Awareness Therapy (MB-EAT): Theory, Research, and Practice

Jean L. Kristeller, Ph.D., Indiana State University

Basic level of familiarity with the material

This Workshop will introduce the conceptual background, research evidence, and treatment components of MB-EAT that have been investigated in three NIH-funded randomized clinical trials, with two other NIH-funded trials in progress. In the first trial, MB-EAT reduced binge eating and related symptoms; improvement, including weight loss, was significantly correlated with amount of meditation practice. A second trial, with more focus on weight loss, has extended these results to nonbingers with moderate to morbid obesity. A third trial (co-PI: Carla Miller, Ohio State) extended the application to overweight individuals with diabetes. Many elements of mindful eating are compatible with other cognitive-behavioral approaches to treating eating disorder issues and to weight management.

The Workshop will include an overview of the conceptual framework of this intervention approach, both in regard to mindfulness and self-regulation theory, and in regard to application to binge-eating disorder (BED) and obesity. The components of the 12-session group treatment approach will be covered. Experiential work will include presentations of some of the mindful eating and related meditations. Clinical material, including a videotape of exercise elements and participant interviews, will be shared. Discussion of application in different treatment settings will be encouraged.

You will learn:

The conceptual basis for using mindfulness meditation-based techniques with BED and obesity

The empirical support for this approach

Four techniques that can be used in helping individuals recognize experiences of hunger and satiation, and manage triggers for overeating

Recommended readings:

Kristeller, J.L., & Wolever, R.Q. (2011). Mindfulness-Based Eating Awareness Training for treating binge eating disorder: The conceptual foundation. *Eating Disorders, 19,* 49-61.

Kristeller, J.L. (2007). Mindfulness meditation. In P. Lehrer, R.L. Woolfolk, & W.E. Simes (Eds.), *Principles and practice of stress management* (2nd ed.). New York: Guilford Press.

Kristeller, J., Wolever, R.Q., & Sheets, V. (2013). Mindfulness-Based Eating Awareness Treatment (MB-EAT) for binge eating disorder: A randomized clinical trial. *Mindfulness*.

Workshop 12

Adjunctive Mobile Technologies for Cognitive Behavioral Therapies

Frederick Muench, Columbia University College of Physicians and Surgeons

Edwin D. Boudreaux, University of Massachusetts Medical School

Ryan Hasen, Ohio State University

Basic level of familiarity with the material

This Workshop will provide ABCT members with an introduction to mobile technologies, which 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 educate attendees on (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) 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 (e.g., daily diary and progress tracking)

Recommended Readings:

Aguilera, A., & Muench, F. (2012). There's an app for that: Information technology applications for cognitive behavioral practitioners. *the Behavior Therapist*, *35*(4), 65-73.

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(1), 53–71.

Workshop 13

Understanding and Treating Hoarding Disorder: Sorting It Out

Jordana Muroff, PhD, Boston University School of Social Work

Gail Steketee, PhD, Boston University School of Social Work

Moderate level of familiarity with the material

Hoarding disorder is characterized by difficulty discarding, clutter that interferes with use of space, and often excessive acquiring that results in marked impairment and distress for the individual with hoarding and those living with or near them. Hallmark conditions are disorganization, difficulty making decisions, excessive attachment to possessions, and both strong negative and strong positive emotions. Insight into the severity of the problem is often limited. Presenters will review the definition and features of hoarding, and describe and illustrate the cognitive behavioral conceptualization, assessments, and treatment to address this complex problem. The main treatment strategies include motivational enhancement; establishing clients' personal goals and values that guide treatment; skills training for organizing, problem solving, and decision making; restructuring problematic beliefs; and practice exposures to sorting, parting with possessions, and reducing acquiring. Presenters will incorporate case examples, role-play selected treatment methods, and respond to questions about attendees' cases. Research on individual, group, web-based, and self-help treatments for hoarding will be summarized.

You will learn:

- To identify typical cognitive, emotional and behavioral features of hoarding
- To employ standard assessment strategies to identify and measure critical hoarding features

• To utilize basic interventions such as motivational interviewing, setting goals, training skills for organizing and decision-making, cognitive therapy for problematic beliefs, and behavioral practice to improve discarding and reduce acquiring

Workshop 14

Behavioral Activation for Depression: Extension to Coexistent Psychiatric and Medical Problems

Derek R. Hopko, The University of Tennessee

C.W. Lejuez, The University of Maryland, College Park

Moderate level of familiarity with the material

A number of meta-analyses have supported the efficacy and effectiveness of behavioral activation interventions for depression. This Workshop will provide training in the theory, principles, and research supporting behavioral activation, followed by clinical training on how to implement brief behavioral activation treatment for depression (BATD; BATD-R: Lejuez et al., 2011). Applications of BATD with depressed clinical patients will be examined in the context of both outpatient and inpatient settings. As it is well known that the vast majority of depressed patients present with more complex clinical presentations that include coexistent psychiatric and medical problems, a primary objective of the Workshop will be to discuss how behavioral activation therapy can be extended to effectively address such complexities. Specifically, depression often is complicated by comorbid physical (e.g., obesity, cancer, HIV infection, diabetes) and psychological (anxiety, substance use, smoking, personality disorders) conditions. BATD will be presented as both as a stand-alone treatment and as an adjunctive intervention that has much to

offer toward attenuation of symptoms associated with such coexistent and often chronic conditions.

You will learn:

About behavioral models of depression and the importance of avoidant behavior patterns in conceptualizing mental health and medical problems

How to effectively apply BATD with patients presenting with coexistent psychiatric and medical problems

How to implement such interventions in various settings (e.g., outpatient, inpatient, medical)

Recommended Readings (optional):

Hopko, D. R., Armento, M. E. A., Robertson, S. M. C., Carvalho, J. P., Ryba, M., Johanson, L., . . . Lejuez, C. W. (2011). Behavior activation and problem-solving therapy for depressed breast cancer patients: Randomized trial. *Journal of Consulting and Clinical Psychology, 79,* 834-849.

Lejuez, C. W., Hopko, D. R., Acierno, R., Daughters, S. B., & Pagoto, S. (2011). Ten year revision of the Brief Behavioral Activation Treatment for Depression: Revised treatment manual. *Behavior Modification, 35,* 111-161.

MacPherson, L., Tull, M. T., Matusiewicz, A. K., Rodman, S., Strong, D. R., Kahler, C. W., . . . Lejuez, C. W. (2010). Randomized controlled trial of behavioral activation smoking cessation treatment for smokers with elevated depressive symptoms. *Journal of Consulting and Clinical Psychology, 78,* 55-61.

Workshop 15

Imagined Ugliness: Understanding and Treating Body Dysmorphic Disorder

Sabine Wilhelm, Harvard Medical School

Basic level of familiarity with the material

Body dysmorphic disorder (BDD) is a severe body image disorder characterized by a preoccupation with an imagined or slight defect in appearance. The most common appearance preoccupations involve the face or head (e.g., skin, hair), but any body part can be the focus of concern. BDD is a relatively common and often disabling illness with high suicide rates. The purpose of this Workshop is to provide information on empirically validated cognitive behavioral interventions designed to help individuals with BDD. The presenter will first describe how to correctly recognize, diagnose, and conceptualize individuals with BDD. Participants will then learn a range of therapeutic techniques, including cognitive strategies for delusional and nondelusional BDD, metaphors and mindfulness exercises, strategies to address low self-esteem and overimportance of appearance, novel strategies to reduce common BDD behaviors (e.g., body checking, comparing themselves with others, avoidance behaviors), mirror retraining, and strategies for involving patients' families. In addition, motivational strategies for helping patients overcome resistance to treatment will be presented.

You will learn:

- How to recognize, diagnose, assess and conceptualize BDD
- How to engage a patient in CBT for BDD

- How to design various CBT strategies, which will allow the patient to develop new ways of thinking as well as new ways of behaving

Recommended Reading:

Wilhelm, S., Phillips, K.A., & Steketee, G. (2013). *A cognitive behavioral treatment manual for body dysmorphic disorder*. New York: Guilford Press.