50th Annual Convention

ABCT 50

HONORING the past | ENVISIONING the future

Thursday
October 27

October 27–30, 2016
ABCT | New York City
Marriott Marquis

Clinical Intervention Training 1

ticket

Process-Focused ACT: An Intermediate ACT Workshop

Wednesday, 8:30 a.m. – 5:00 p.m.
Thursday, 8:30 a.m. – 5:00 p.m.
Marquis Ballroom A & B, Floor 9

Steven C. Hayes, Ph.D., University of Nevada, Reno

Earn 7 continuing education credits

Moderate to high level of familiarity with the material

Primary Category: ACT

Key Words: *Treatment-ACT, Transdiagnostic*

STEVEN C. HAYES

Evidence-based practice is moving from a protocols-for-syndromes era to the use of evidence-based processes linked to evidence-based procedures that address problems and promote prosperity in people. ACT has always been a process-based therapy, but this CIT will explore the clinical flexibility that approach provides. This training assumes that attendees are reasonably familiar with mid-level ACT terms, in particular the six core psychological flexibility processes (acceptance, defusion, flexible attention to the now, perspective taking sense of self, values, and commitment). Anyone who has tried to apply the model clinically, or who has had at least a day-long beginning-level ACT workshop, can benefit. This session will focus on ACT micro-skills—reading, targeting, and moving psychological flexibility processes—and will help you to see psychological flexibility processes in flight, targeting these processes at will within the therapeutic relationship. The goal is to be able, at any moment, in any session, to go in any flexibility direction you wish. This degree of flexibility and fluency changes ACT as an evidence-based therapy from a kind of march into a fluid psychotherapeutic dance that can fit the demands of your setting, client, and time restrictions. The style of the CIT will be interactive. Just as you can't learn to dance solely through verbal instructions, this skills-building intensive creates more fluid and flexible ACT abilities by creatively breaking ACT down into a manageable set of skills and fostering these skills with practice and feedback. Instead of being primarily instructional, we will rely on seeing, doing, and getting feedback in round after round of targeted experiences.

You will learn:

- Six processes that underlie psychological flexibility.
- How each flexibility process applies to the therapeutic relationship.
- At least two ways of reading flexible attention to the now as is shows up in session.
- At least two ways of reading perspective-taking processes as they show up in session.
- At least two ways of reading values processes as they show up in session.

Recommended Readings: Hayes, S. C., Strosahl, K., & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The process and practice of mindful change (2nd edition). New York: Guilford Press. Really this is virtually an essential read for an intermediate ACT workshop.

8:30 a.m. – 12:30 p.m.

Lyceum & Carnegie, Floor 5

ticket **AMASS 1**

Dyadic Data Analysis: An Introduction to the Actor-Partner Interdependence Model

Robert A. Ackerman, Ph.D., University of Texas at Dallas

Basic to Moderate level of familiarity with the material

Key Words: *Statistics*

This AMASS will provide an introduction to the Actor-Partner Interdependence Model (APIM). Attendants will learn about basic terminology in dyadic data analysis (e.g., distinguish ability) and different types of dyadic designs (e.g., the standard dyadic design, social relations model). After learning these basics, attendees will learn how to restructure their data into formats that are appropriate for the analysis of cross-sectional dyadic data in multilevel modeling or structural equation modeling. The remainder of the session will focus on how to utilize multilevel modeling to estimate the APIM for indistinguishable and distinguishable members.

You will learn:

- To gain familiarity with basic terminology in dyadic data analysis.
- To be able to restructure cross-sectional dyadic data into formats appropriate for multilevel modeling or structural equation modeling.
- To be able to estimate the Actor-Partner Interdependence Model for indistinguishable and distinguishable dyads using multilevel modeling.

Recommended Readings: Kashy, D. A. & Donnellan, M. B. (2012). Conceptual and methodological issues in the analysis of data from dyads and groups. In K. Deaux & M. Snyder (Eds.), The Oxford handbook of personality and social psychology. New York: Oxford University Press. Kenny, D. A., & Kashy, D. A. (2011). Dyadic data analysis using multilevel modeling. In J. Hox & J. K. Roberts (Eds.), Handbook of advanced multilevel analysis. New York: Routledge.

Participants in this course can earn 4 continuing education credits.

Marquis Ballroom C, Floor 9

ticket **Institute 1**

The Mindful Way Through Anxiety: Helping Clients to Worry Less and Live More

Susan M. Orsillo, Ph.D., Suffolk University

Lizabeth Roemer, Ph.D., University of Massachusetts - Boston

Moderate level of familiarity with the material

Primary Category: Adult Anxiety

Key Words: *Mindfulness, ACT (Acceptance & Commitment Therapy), Acceptance*

Acceptance-based behavioral therapies (ABBTs) have demonstrated efficacy in both reducing symptoms and promoting quality of life for clients suffering from a wide range of clinical disorders. Helping clients to distinguish between clear and muddy emotions, change their response to their emotions, and articulate and take actions consistent with what they value are all are core strategies that can be used to decrease the intensity and chronicity of distress and enhance behavioral flexibility. However, there are a number of common stuck points that can arise over the course of therapy that make this work challenging. The goal of the current Institute is to help therapists to identify commonly encountered obstacles and to provide an overview of various clinical strategies that can be used to overcome these barriers. Drawing from both the presenters' clinical experience and their program of research developing and testing the efficacy of an ABBT for GAD, the presenters will share clinical strategies, describe case examples, and provide handouts and exercises that participants can use in their own clinical practice.

You will learn:

- To conceptualize a case from a ABBT perspective.
- To list assessment strategies that can be used to identify behaviors that contribute to the development and maintenance of muddy emotions, experiential avoidance and values inaction.
- To identify informal and formal mindfulness practices that can be used to reduce worry and associated distress and enhance engagement in valued actions.
- To describe methods that can assist clients in the articulation of their values.
- To list strategies that can be used to address common stuck points that arise with mindfulness practice and values articulation.

Recommended Readings: Orsillo, S.M., & Roemer, L. (2011). The mindful way through anxiety. New York: Guilford. Orsillo, S.M., & Roemer, L. (2016). Worry less, live more. The mindful way through anxiety workbook. New York: Guilford. Roemer, L., & Orsillo, S.M. (2009). Mindfulness and acceptance-based behavioral therapy in practice. New York: Guilford.

Participants in this course can earn 7 continuing education credits.

8:30 a.m. – 5:00 p.m.

Juilliard & Imperial, Floor 5

ticket **Institute 2**

Neuroscience-Informed Behavioral Interventions: From CBT to Cognitive Training

Sheila A. M. Rauch, Ph.D., ABPP, Emory University School of Medicine and Atlanta VA Medical Center

Martin Paulus, M.D., Laureate Institute for Brain Research

Kevin Pelphrey, Ph.D., Yale Child Study Center

Denis Sukhodolsky, Ph.D., Yale University

Rebecca Price, Ph.D., University of Pittsburgh

Greg J. Siegle, Ph.D., University of Pittsburgh

Rudi De Raedt, Ph.D., Ghent University

Basic to Moderate level of familiarity with the material

Primary Category: 2016 Program Theme - Neuroscience and Psychological Treatment

Key Words: *Neuroscience, Cognitive Processes, Behavior Analysis*

This Institute will focus on the ways in which neuroscience findings can be used to inform and improve behavioral interventions, from enhancing traditional CBT techniques to developing novel brain-based interventions, such as cognitive training. Expert clinicians and researchers will present techniques at the forefront of a groundbreaking movement towards clinical integration of cross-disciplinary neuroscience and cognitive science findings. Topics will include: (a) the use of neuroscience findings to fine-tune the timing and delivery of traditional CBT methods, (b) augmenting traditional CBT with novel behavioral and synergistic pharmacological techniques based on neuroscience findings, (c) integrating translational and technological innovations into the assessment and treatment of patients in clinical settings, and (d) new directions for novel mechanistic interventions that target neurocognitive patterns. The material will be a mix of hands-on demonstrations, how-to guides, data presentations, and talks. Diverse patient populations will be covered, including anxiety, depression, PTSD, and autism. This Institute will highlight ways in which CBT's strong foundation is being pushed further through the incorporation of technological and scientific advances. All presenters will emphasize the manner in which multidisciplinary, translational, integrative approaches can be directly applied in clinical settings to advance clinical care.

You will learn:

- Neuroscience findings that can be harnessed to improve the way CBT is delivered.
- Novel behavioral techniques and synergistic treatment combinations designed to target neurocognitive mechanisms more precisely.
- Where and how to access technologies that allow for integrating biological and neurocognitive approaches into clinical work.
- To apply a neuroscience framework to clinical treatment planning and assessment/intervention selection.

- Future directions for how neuroscience will be increasingly informative in behavioral treatment.

Recommended Readings: Mohlman, J., Deckersbach, T., & Weissman, A. S. (Eds.). (2015). From symptom to synapse: A neurocognitive perspective on clinical psychology. New York: Routledge.

Participants in this course can earn 7 continuing education credits.

Clinical Intervention Training 2

ticket Child and Adolescent Anxiety Disorders: A Developmental and Family-Based CBT Model

Thursday, 8:30 a.m. – 5:30 p.m.
Broadhurst & Belasco, Floor 5

Anne Marie Albano, Ph.D., Columbia University Medical Center

Earn 7 continuing education credits
Moderate level of familiarity with the material

Primary Category: Child / Adolescent - Anxiety
Key Words: *Anxiety*

Anne Marie Albano

Anxiety disorders run a chronic, stable course to adulthood, are associated with high comorbidity and broad impairment in functioning, and are common but sorely under recognized and undertreated. Cognitive behavioral therapy is efficacious for youth anxiety, and yet research suggests some 40% of youth do not improve, and almost 50% of responders to CBT with or without concomitant medication relapse over time (see Ginsburg et al., 2014). To enhance outcomes, this CIT presents a developmental and contextual frame for CBT. Steeped in research, the model uses ecologically valid contexts for CBT within the frame of development. Key to treatment is addressing age-appropriate developmental milestones and anxiety through contextually rich exposure tasks. Also critical for treating youth ages 7 to 17 is changing parental beliefs and practices that become entwined in youth anxiety. Dr. Albano will present the developmental and contextual model in detail, address family and environmental factors, and outline intervention strategies. Clinical case examples will illustrate ways to assess developmental tasks, engage parents and youth in collaborating in treatment, and enhance exposure therapy. The question of medication will be addressed. Participants will be encouraged to engage in active learning through role-play and exercises throughout the CIT.

You will learn:

- A review of the phenomenology of anxiety and latest epidemiological findings related to youth
- Up-to-date information on the evidence supporting CBT for the treatment of anxiety in youth ages 7 through 17, as well as to recognize areas for further investigation.
- To recognize the tasks of development that are critical for ensuring healthy physical and emotional functioning, and how these tasks interact with anxiety across the ages.
- A model for integrating development and family context into the practice of CBT and defining individualized treatment plans guided by assessment and case formulation.
- Guidance in working collaboratively with psychiatrists when medication is indicated.

Recommended Readings: Albano, A.M., with Pepper, L. (2013). You and your anxious Child: Free your child from fears and worries and create a joyful family life. New York: Avery/Penguin Press. Blossom, J. B., Ginsburg, G. S., Birmaher, B., Walkup, J. T., Kendall, P. C., Keeton, C. P., ... Albano, A. M. (2013). Parental and family factors as predictors of threat bias in anxious youth. Cognitive Therapy and Research, 37, 812-819. Ginsburg, G. S., Becker, E. M., Keeton, C. P., Sakolsky, D., Piacentini, J., Albano, A. M., ... Kendall, P. C. (2014). Naturalistic follow-up of youths treated for pediatric anxiety disorders, JAMA Psychiatry, 3, 310-318. Puliafico, A.C., Comer, J.S., & Albano, A.M. (2013). Coaching approach behavior and leading by modeling: Rationale, principles, and a case illustration of the CALM Program for anxious preschoolers. Cognitive and Behavioral Practice, 20, 517-528.

Clinical Intervention Training 3

ticket

The Primary Care Behavioral Health Model: An Effective Platform for Behavior Therapy

Thursday, 8:30 a.m. – 5:30 p.m.
Hudson & Empire, Floor 7

Patricia J. Robinson, Ph.D., Mountainview Consulting Group, Inc.

Kirk D. Strosahl, Ph.D., Central Washington Family Medicine

Earn 7 continuing education credits.
Basic to Moderate level of familiarity with the material

Primary Category: Primary Care
Key Words: *Primary Care, Behavioral Medicine*

PATRICIA J. ROBINSON

KIRK D. STROSAHL

This presentation will provide participants with an overview of the Primary Care Behavioral Health (PCBH) model, a group of specific strategies for bringing behavioral health services into primary care. The PCBH model aligns well with the central components of the Patient Centered Medical Home and creates new opportunities for efficient delivery of preventive, acute and chronic care services. In this approach, a Behavioral Health Consultant (BHC) works as a generalist providing evidence-based brief interventions to patients of all ages and for all types of problems. Most often, patients see the BHC on the same-day of their medical visit. In this presentation, participants will use a core competency tool specific to their discipline to identify learning targets and then practice new skills. While PCMH teams, including behavioral and medical provider, are encouraged to attend and work together in developing greater mastery of skills fundamental to addressing behaviorally influenced problems among primary care patients, behavioral health providers attending without medical providers will learn skills they can teach forward to team members.

You will learn:

- Describe the core features of the PCBH model, using the GATHER mnemonic.
- List the six domains of competence for primary care and behavioral health providers practicing in the PCBH model.
- Demonstrate components of 15- and 30-minute brief, focused, contextual interviews.
- Demonstrate inter-professional collaboration skills.
- Identify targets for improving skills fundamental to PCBH practice.

Recommended Readings: Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. (2009). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. Washington, DC: American Psychological Association. Robinson, P. J., Gould, D., & Strosahl, K. D. (2010). Real Behavior Change in Primary Care. Strategies and Tools for Improving Outcomes and Increasing Job Satisfaction. Oakland: New Harbinger. Robinson, P. J. & Reiter, J. T. (2015). Behavioral Consultation and Primary Care: A Guide to Integrating Services, 2nd Edition. NY: Springer. Robinson, P. J. & Reiter, J. T. (2007). Behavioral Consultation and Primary Care: A Guide to Integrating Services, 2nd Edition. NY: Springer.

1:00 p.m. – 5:00 p.m.

Lyceum & Carnegie, Floor 5

ticket **AMASS 2**

Intensive Longitudinal Methods: An Introduction to Diary and Experience Sampling Research

Niall Bolger, Ph.D., Columbia University
Jean-Philippe Laurenceau, Ph.D., University of Delaware

Basic level of familiarity with the material

Primary Category: Assessment

Key Words: *Assessment, Methods*

Intensive longitudinal methods, often called experience sampling, daily diary, or ecological momentary assessment methods, allow researchers to study people's thoughts, emotions, and behaviors in their natural contexts. Typically they involve self-reports from individuals, dyads, families, or other small groups over the course of hours, days, and weeks. Such data can reveal life as it is actually lived and provide insights that are not possible using conventional experimental or survey research methods. Intensive longitudinal data, however, present data-analytic challenges stemming from the multiple levels of analysis and temporal dependencies in the data. The goal of this seminar is to present a short introduction to the benefits to be gained from using these methods to study emotional and interpersonal processes in daily life.

You will learn:

- The types of research questions that can be addressed using intensive longitudinal methods.
- How to run basic longitudinal models using SPSS Mixed.
- How complex topics such as psychometrics, mediation, dyadic and power analyses can be handled using Mplus.

Recommended Readings: Bolger, N., & Laurenceau, J-P. (2013) Intensive longitudinal methods: An introduction to diary and experience sampling research. New York: Guilford. [See website with data sets and syntax for analyses: www.intensivelongitudinal.com]

Participants in this course can earn 4 continuing education credits.

Alvin, Edison, & Booth, Floor 5

ticket **Institute 3**

Treatment of Complex Obsessive-Compulsive Symptoms

Dean McKay, Ph.D., Fordham University
Fugen Neziroglu, Ph.D., ABPP, Bio-Behavioral Institute

Moderate level of familiarity with the material

Primary Category: Adult Anxiety

Key Words: *OCD (Obsessive Compulsive Disorder), Exposure, Case Conceptualization / Formulation*

Cognitive-behavioral therapy for obsessive-compulsive disorder (OCD) and related problems has become the primary treatment modality for this complex and heterogeneous class of disorders. Many clinicians are familiar with the basic tenets of CBT for these conditions, when the clinical presentation follows expected patterns, such as those depicted in introductory trainings. However, frequently clinical presentations are complex in nature, and are not initially as amenable to CBT, specifically exposure and response prevention, as originally conceptualized for OCD and related disorders. For example, some common symptoms of OCD involve obsessions whereby the feared consequences are long after any exposure treatment ends (i.e., concerns with blasphemy). Another common complication involves comorbid psychiatric disturbance (i.e., OCD symptoms due to trauma). Across all symptoms, whether typical (i.e., contamination, checking) or complex, some individuals exhibit overvalued ideas (OVI) that once again complicates treatment. Although OVI in the DSM is referred to as low insight, it is composed of many more important and complicating variables (e.g., attribution of others' beliefs, fluctuation in the conviction of the belief and can take on delusional quality).

Accordingly, this Institute has two broad aims. One aim is to describe methods for conceptualizing cognitive-behavioral treatment plans for common complex obsessive-compulsive problems. These include symptoms where the feared consequence is long after the exposure, and symptoms associated with, or a consequence of, other forms of psychopathology (i.e., trauma). The second aim is to address the complex problem of overvalued ideation, including how to assess for this symptom, and to develop an evidence-based course of intervention.

You will learn:

- How to conceptualize exposure exercises for complex obsessive-compulsive symptoms.
- Methods for creatively engaging clients in exposure for complex symptoms.
- Methods for assessing for overvalued ideation, and how to develop a treatment plan for individuals with OC symptoms complicated by overvalued ideas.
- How to apply interventions for emotional components of OCD (such as disgust or anger).
- How to plan and apply treatments for comorbid problems associated with OCD, such as trauma.

Recommended Readings: Craske, M.G., Treanor, M., Conway, C.C., Zbozniak, T., Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23. McKay, D., & Moretz, M.W. (2009). The intersection of disgust and contamination fear. In B.O. Olatunji & D.McKay (Eds.), Disgust and its disorders: Theory, assessment, and treatment implications (pp. 211-227). Washington, D.C.: American Psychological Association Press. McKay, D., Sookman, D., Neziroglu, F., Wilhelm, S., Stein, D., Kyrios, M., Mathews, K., & Veale, D. (2015). Efficacy of cognitive-behavior therapy for obsessive-compulsive disorder. Psychiatry Research, 225, 236-246. Neziroglu, F., Stevens,K., McKay, D., & Yaryura-Tobias, J.A. ((2001). Predictive value of the overvalued ideas scale: outcome in obsessive-compulsive and body dysmorphic disorders. Behaviour Research Therapy, 39, 745-756. Neziroglu, F., Slavin- Mashaal, J. & Mancusi, L. (2013). Assessment of insight and overvalued ideation. In D. McKay & E.A. Storch (Eds.), Handbook of assessing variants and complications in anxiety disorders (pp. 217-230). New York: Springer Sciences. Veale, D. & Neziroglu, F. (2010). Body dysmorphic disorder: A treatment manual. London: Wiley Blackwell

Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

Wilder, Floor 4

ticket **Institute 4**

Emotion Regulation Therapy

Douglas S. Mennin, Ph.D., City University of New York - Hunter College

David M. Fresco, Ph.D., Kent State University

Basic level of familiarity with the material

Primary Category: Treatment - Mindfulness

Key Words: *Anxiety, Depression, Emotion Regulation*

Despite the success of cognitive behavioral therapies (CBT), a sizable subgroup of individuals remains refractory to standardly efficacious treatments. In particular, those with "distress disorders" including generalized anxiety disorder and major depressive disorder, especially when they co-occur, fail to make sufficient treatment gains, thereby prolonging their deficits in life functioning and satisfaction. These patients have been found to often display temperamental features reflecting heightened sensitivity to underlying motivational systems related to threat/safety and reward/loss as well as perseveration (i.e., worry, ruminate) as a way to manage this motivationally relevant distress, yet often to the detriment of engaging new contextual learning. Using this hypothesized profile as a framework, Emotion Regulation Therapy (ERT) was developed as a theoretically derived, evidence-based treatment integrating principles from traditional and contemporary CBT with basic and translational findings from affect science to offer a blueprint for improving intervention by focusing on the motivational responses and corresponding regulatory characteristics of individuals with distress disorders. Initial ERT findings demonstrate considerable evidence for the efficacy as well as for the underlying proposed mechanisms. In this Institute, attendees will learn to help clients to (a) expand their understanding of anxiety and depression using a motivational and emotion regulation perspective; (b) cultivate mindful awareness and acceptance of sensations, bodily, responses, and conflicting emotions; (c) develop emotion regulation skills that promote a distanced and reframed meta-cognitive perspective; (d) apply these skills during emotion-based exposure to meaningful behavioral

actions and associated internal conflicts to taking these actions; and (e) build a plan to maintain gains and take bolder action despite the ending of the therapeutic relationship.

You will learn:

- The role of dysfunctional self-referential processing in treatment-resistant presentations of anxiety and depression
- How a motivational and emotion regulation perspective can be utilized to improve understanding and treatment of these resistant cases
- Attention regulation skills to promote flexible shifting and sustaining of awareness on emotional responses
- Meta-cognitive regulation skills to promote a distanced, decentered, and reframed perspective on emotions
- How these skills can be used during emotion-based exposure to meaningful behavioral actions and associated internal conflicts to taking these actions

Recommended Readings: Fresco, D. M., Mennin, D. S., Heimberg, R. G., & Ritter, M. R. (2013). Emotion regulation therapy for generalized anxiety disorder. Cognitive and Behavioral Practice, 20, 282-300. doi:10.1016/j.cbpra.2013.02.00 Mennin, D. S. & Fresco, D. M. (2014). Emotion Regulation Therapy. In J. J. Gross (Ed.), Handbook of emotion regulation (2nd ed., pp. 469-490). New York: Guilford Press. Mennin, D. S., Fresco, D. M., Heimberg, R. G., & Ritter, M. (2015). An open trial of Emotion Regulation Therapy for generalized anxiety disorder and co-occurring depression. Depression & Anxiety, 32, 614-623. Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

Odets, Floor 4

ticket **Institute 5**

Adapted Parent-Child Interaction Therapy for Early Childhood Anxiety

Anthony C. Puliafico, Ph.D., Columbia University Medical Center

Jonathan S. Comer, Ph.D., Florida International University

Jami M. Furr, Ph.D., Florida International University

Donna B. Pincus, Ph.D., Boston University

Moderate level of familiarity with the material

Primary Category: Child / Adolescent - Anxiety

Key Words: *PCIT (Parent Child Interaction Therapy), Anxiety, Child*

In recent years, Parent-Child Interaction Therapy (PCIT), which is commonly used to treat young children with disruptive behavior disorders, has been adapted to treat early childhood anxiety (ages 3-8) and has garnered increasing evidence (e.g., Carpenter et al., 2014; Comer, et al., 2012; Puliafico, Comer, & Pincus, 2012). In this adaptation, caregivers learn skills to more effectively guide and reinforce their child in approaching anxiety-provoking situations and to extinguish avoidance patterns via selective attention, modeling, and effective instruction given in parent-only "teach" sessions. During "coach" sessions, caregivers receive live, in-session coaching in the application of these skills while leading their child through graded exposure exercises. As in standard PCIT, therapists conduct live coaching unobtrusively, often from behind a one-way mirror, which facilitates

generalization to other settings. Coaching sessions continue until caregivers exhibit skill mastery and exposure goals are consistently met.

This Institute is intended to familiarize attendees with PCIT for early childhood anxiety, and to teach specific treatment skills. The rationale for PCIT for early childhood anxiety and supporting research for this treatment will be reviewed. A session-by-session description of the treatment will be provided. Key treatment components will be demonstrated and role-played, including live bug-in-the-ear parent coaching of child exposures. In addition, recent advances in the use of videoconferencing to deliver real-time PCIT for early anxiety in families' own homes will be reviewed.

You will learn:

- The rationale for adapting PCIT to the treatment of anxiety in young children.
- To apply PCIT-based strategies to treat elevated anxiety in young children.
- To conduct exposure-based treatment for early childhood anxiety via live parent coaching of child exposures.
- To use strategies for implementing PCIT for early childhood anxiety using videoconferencing technology.

Recommended Readings: Carpenter, A. L., Puliafico, A. C., Kurtz, S. M., Pincus, D. B., & Comer, J. S. (2014). Extending parent–child interaction therapy for early childhood internalizing problems: New advances for an overlooked population. Clinical Child and Family Psychology Review, 17(4), 340-356. doi:10.1007/s10567-014-0172-4 Comer, J. S., Puliafico, A. C., Aschenbrand, S. G., Mcknight, K., Robin, J. A., Goldfine, M. E., & Albano, A. M. (2012). A pilot feasibility evaluation of the CALM Program for anxiety disorders in early childhood. Journal of Anxiety Disorders, 26(1), 40-49. doi:10.1016/j.janxdis.2011.08.011 Puliafico, A. C., Comer, J. S., & Albano, A. M. (2013). Coaching approach behavior and leading by modeling: Rationale, principles, and a session-by-session description of the CALM Program for Early Childhood Anxiety. Cognitive and Behavioral Practice, 20(4), 517-528. doi:10.1016/j.cbpra.2012.05.002 Puliafico, A. C., Comer, J. S., & Pincus, D. B. (2012). Adapting Parent-Child Interaction Therapy to treat anxiety disorders in young children. Child and Adolescent Psychiatric Clinics of North America, 21(3), 607-619. doi:10.1016/j.chc.2012.05.005.

Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

Ziegfeld, Floor 4

ticket **Institute 6**

A Manualized CBT Group for Treating Diverse Addictive Behaviors

Bruce S. Liese, Ph.D., ABPP, University of Kansas

Basic level of familiarity with the material

Primary Category: Addictive Behaviors

Key Words: *Substance Abuse, Addictive Behaviors*

An increasing amount of research has focused on behavioral addictions and in 2013 the American Psychiatric Association introduced the term "behavioral addictions" into its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Individual and group

cognitive-behavioral therapies continue to be the most empirically supported treatments for addictive behaviors, and group therapy continues to be the most common modality used to treat addictive behaviors, likely due to its cost effectiveness.

The cognitive-behavioral therapy addictions group (CBTAG) was developed almost 20 years ago and it has been evolving ever since. The CBTAG includes members with diverse addictions to drugs, alcohol, nicotine, and gambling at all stages of readiness to change. Groups are open to new and returning members, who may enter and leave as needed.

This will be a stimulating and highly interactive Institute. Some material will be presented in lecture format and participants will be encouraged to ask questions and discuss this material throughout the Institute. Case examples will be provided to illustrate group content and process. Attention will be paid to common challenges in facilitating such a group. Role-play demonstrations will be used to directly teach participants how to conduct CBTAGs.

You will learn:

- Similarities and differences between diverse behavioral and chemical addictions.
- To design and facilitate a cognitive-behavioral therapy addictions group (CBTAG) for treating individuals with diverse addictive behaviors.
- To choose individuals to be CBTAG members who are most likely to benefit from the group.
- To set behavioral boundaries (i.e., "rules) in order to optimize the group experience for all members.
- To effectively address complex and challenging developments as they occur over the lifespan of the group.

Recommended Readings: Liese, B.S. (2014). Cognitive-behavioral therapy for addictions. In S.L.A. Straussner (Ed.), Clinical work with substance abusing clients (3rd ed.; pp. 225-250). New York: Guilford Press. Shaffer, H. J., LaPlante, D. A., & Nelson, S. E. (Eds.). (2012). APA Addiction syndrome handbook: Volumes 1 and 2. Washington, DC: American Psychological Association. Wenzel, A., Liese, B.S., Beck, A.T., & Friedman-Wheeler D.G. (2012). Group cognitive therapy of addictions. New York: Guilford Press.

Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

Columbus & Duffy, Floor 7

ticket **Institute 7**

Special Considerations: Implementing and Adapting Treatment Protocols for PTSD With Active-Duty Military Service Members

Brooke A. Fina, LCSW, BCD, University of Texas Health Science Center at San Antonio

Katherine Dondanville, Psy.D., ABPP, University of Texas Health Science Center at San Antonio

Lindsay M. Bira, Ph.D., University of Texas Health Science Center at San Antonio

Alan L. Peterson, Ph.D., ABPP, University of Texas Health Science Center at San Antonio

Moderate level of familiarity with the material

Primary Category: Military and Veterans Psychology

Key Words: *Stress, Treatment Development, Cognitive Restructuring*

The purpose of this Institute is to provide treatment recommendations and hands-on techniques for implementing Prolonged Exposure (PE) Therapy and Cognitive Processing Therapy (CPT) protocols for PTSD with active-duty service members. The presenters have collectively treated hundreds of patients with these protocols in the largest clinical trials with active-duty service members currently under way. The Institute will concisely review the research literature and empirical support, and provide an overview of the core treatment components of PE and CPT. The focus will be on developing culturally sensitive case conceptualization skills for working with service members with PTSD. Treatment considerations for personal responsibility, stoicism, vigilance, traumatic loss, moral injury, and close-call traumas will be emphasized. Application of specific techniques that can be implemented in the protocols will be demonstrated. Challenges in PTSD assessment, risk of aggression, violence, and suicide will be addressed. Provider barriers to implementing trauma-focused treatment with military populations will be discussed. Patient inclusion considerations for PTSD treatment, sequencing considerations for patients with comorbidities, and flexing the protocols to varying lengths and formats (e.g., group or intensive outpatient) will be highlighted. Participants will have an opportunity to guide the material based on their personal interests and clinical consultation needs. There will be some didactic materials presented, and most of this session will be "hands-on," with ample opportunities for questions and consultation. The Institute leaders will model techniques, utilize role-plays, and integrate up-to-date research. Training video clips will be shown to demonstrate how to address key areas within the protocols.

You will learn:

- Treatment components of Prolonged Exposure and Cognitive Processing Therapy.
- To apply techniques to address PTSD assessment challenges with military populations.

- Demonstrate culturally sensitive case conceptualization skills with service members with PTSD.
- To utilize military culturally sensitive conceptualization for specific intervention methods across different types of traumatic experiences.
- How to challenge Clinician "stuck points" or cognitive distortions regarding conducting trauma-focused treatment with military populations.

Recommended Readings: Blount, T.H., Cigrang, J.A., Foa, E.B., Ford, H.L., & Peterson, A.L. (2014). Intensive outpatient prolonged exposure for combat-related PTSD: A case study. Cognitive and Behavioral Practice, 21, 89–96. doi: 10.1016/j.cbpra.2013.05.004 Fina, B., Wright, E. C., Lichner, T. K., Borah, A., & Foa, E. B. (2014). Common challenges in conducting prolonged exposure therapy with active duty service members: Case discussion and strategies for intervention. Social Work in Mental Health, 12 (5-6), 482-499. doi: 10.1080/15332985.2014.903885 Wachen, J. S., Dondanville, K. A., Pruiksma, K. A., Molino, A., Carson, C. S., Blankenship, A. E., . . . Resick, P. A. (2015). Implementing cognitive processing therapy for posttraumatic stress disorder with active duty U.S. military personnel: Special considerations and case examples. Cognitive and Behavioral Practice, 23, 133–147. doi: 10.1016/j.cbpra.2015.08.007

Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

Gotham, Floor 7

ticket **Institute 8**

Treating Executive Functioning and Motivation Deficits in Teens With ADHD

Margaret H. Sibley, Ph.D., Florida International University

Moderate level of familiarity with the material

Primary Category: ADHD - Child

Key Words: *Child, Adolescents, Treatment Development*

Teens with ADHD struggle with a number of impairments related to deficits in executive functioning and motivation. Therapists often struggle to select an approach that adequately addresses the breadth of these teens' difficulties. Problems with organization and time management require skills training. Discord between the teen and the parent requires parent-teen collaboration skills. Teen difficulties finding motivation to complete tasks may require parents to implement contingency management and appropriate structure at home. It is also clear that maladaptive parenting behaviors that often emerge after over a decade of parenting a difficult child must be remediated to support teen initiative and autonomy. Furthermore, parents and teens with ADHD are notably difficult to engage in treatment. Most therapeutic approaches for teens with ADHD are one dimensional and do not address the full range of these problems. Supporting Teens' Autonomy Daily (STAND) is an empirically supported modular psychosocial treatment for teens with ADHD that integrates aspects of behavioral parent training, organization skills training, parent-teen conflict resolution, and Motivational Interviewing (Miller & Rollnick, 2013) to promote a tailored approach to treatment. In this Institute, participants will receive training in this award-winning program, with emphasis on both the core content

of STAND as well as how to deliver treatment in a style that enhances family engagement and empowers parents and teens to make lasting changes to their behavior. Dr. Sibley is a member of the Motivational Interviewing Network of Trainers and director of the STAND program at Florida International University.

You will learn:

- The basic spirit and skills of Motivational Interviewing in the context of working with parent-teen dyads.
- How Motivational Interviewing can be blended with skills-based treatment to increase family engagement and skill practice.
- Executive functioning modules for adolescents with ADHD (i.e., organization, time management, planning techniques).
- How parents can help teens find motivation and build autonomy.
- How to tailor treatment for over involved vs. uninvolved parents.

Recommended Readings: Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change. New York: Guilford Press. Sibley, M.H., (2016). Parent-teen therapy for executive function deficits and ADHD: Building skills and motivation. New York: Guilford Press.

Participants in this course can earn 5 continuing education credits.

1:00 p.m. – 6:00 p.m.

O'Neill, Floor 4

ticket **Institute 9**

Cognitive Therapy for Suicide Prevention

Gregory K. Brown, Ph.D., University of Pennsylvania

Kelly L. Green, Ph.D., University of Pennsylvania

Basic to Moderate level of familiarity with the material

Primary Category: Suicide and Self-Injury

Key Words: *Suicide, Prevention, Cognitive Processes*

Cognitive Therapy for Suicide Prevention (CT-SP), developed by Drs. Gregory Brown and Aaron Beck, is a type of psychotherapy that is based primarily on the assumption that individuals who are suicidal or who attempt suicide lack specific cognitive or behavioral skills for coping effectively with suicidal crises. The primary focus of CT-SP is on targeting suicidal ideation and behavior directly, rather than focusing on the treatment of other psychiatric disorders. Although there are many motivations and distal risk factors for suicide, the principal aim of this treatment is to identify the specific triggers and proximal risk factors that occur during a suicidal crisis and then to identify specific skills that could be used to help individuals survive future crises. CT-SP has been recognized as one of the few evidence-based psychotherapy interventions specifically for suicide prevention. In a landmark randomized controlled trial conducted by Drs. Brown, Beck and colleagues, CT-SP was found to be efficacious for preventing suicide attempts as well as decreasing other risk factors for suicide such as depression and hopelessness. Specifically, patients who received CT-SP were approximately 50% less likely to make a repeat suicide attempt during the follow-up period than those who did not receive CT-SP.

You will learn:

- The empirical evidence for CT-SP.
- To conduct a narrative assessment of a recent suicidal crisis.
- To formulate a case conceptualization and treatment goals to reduce suicide risk.
- To apply suicide-specific strategies such as the Safety Plan and Hope Kit.
- To conduct the Relapse Prevention Task to assess whether a patient is ready to terminate treatment.

Recommended Readings: Brown, G. K., Tenhave, T., Henriques, G. R., Xie, S. X., Hollander, J. E., & Beck, A. T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. JAMA, 294, 563-570. Wenzel, A., Brown, G. K., & Beck, A. T. (2008). Cognitive therapy for suicidal patients: Scientific and clinical applications. Washington, DC: APA Books. Green, K. L., & Brown, G. K. (2015). Cognitive therapy for suicide prevention: An illustrative case example. In C. J. Bryan (Ed.), Cognitive behavioral therapy for preventing suicide attempts: A guide to brief treatments across clinical settings. New York: Routledge.

Participants in this course can earn 5 continuing education credits.

6:30 p.m. – 7:30 p.m.

Hudson & Empire, Floor 7

Special Session

The Future of Clinical Science Internship Training: Join the Conversation

Timothy J. Strauman, Ph.D., Duke University

Marc Atkins, Ph.D., University of Illinois at Chicago

Linda W. Craighead, Ph.D., Emory University

Joanne Davila, Ph.D., Stony Brook University

Elizabeth McQuaid, Ph.D., Alpert Medical School, Brown University

Thomas F. Oltmanns, Ph.D., Washington University in St. Louis

Primary Category: Education and Training - Graduate / Undergraduate

Key Words: *Training / Training Directors, Education and Training - Graduate*

As an organization of more than 70 doctoral and internship training programs, the Academy of Psychological Clinical Science has been encouraging efforts to explore the future of training in clinical psychology. In this panel discussion, representatives of the Academy and member internship and doctoral programs will present their visions of how clinical science training at the internship level can contribute to future public health and prepare our students for the variety of roles that clinical psychologists will fulfill. We will invite audience participation in this ongoing conversation.

6:30 p.m. – 8:30 p.m.

Marquis Ballroom, Floor 9

Public Forum Special Session

CBT for People With Psychotic Disorders

Moderator: *Lisa Dixon, M.D., M.Ph.*, Columbia University

Panelists: *Alice Medalia, Ph.D.*, Columbia University Medical Center
Kim T. Mueser, Ph.D., Boston University
Til Wykes, Ph.D., King's College London
Emily Kingman, LCSW, Center for Rehabilitation and Recovery
Jay Boll, LMSW, Laurel House, Inc.

Key Words: *Psychosis / Psychotic Disorders, Evidence-Based Practice*

CBT is recognized as an effective intervention for people with psychotic disorders. One focus of CBT intervention strategies is to equip people with the tools to reduce psychotic symptoms and be less distressed by them. Another focus of CBT is to reduce the neuro- and social-cognitive impairments, like impaired attention, memory, and emotion processing. These are called the cognitive remediation (CR) interventions. Well tolerated and cost-effective, the remaining challenge is to make CBT and CR for psychosis more widely available. In this workshop we will bring together stakeholders who will discuss how and why we need to address this challenge. Moderated by Lisa Dixon, M.D., a renowned expert in mental health treatment dissemination, a panel of researchers, clinicians, family and patients will offer their perspectives on CBT treatments for psychosis. Four questions will be posed for discussion: What is the evidence for using CBT/CR for psychosis? To whom should the interventions be offered and how would those individuals be identified? Who should deliver the intervention and how should they be trained? What is the best way to monitor outcomes and fidelity? With 30 minutes for discussion of each question, the goal is to synthesize multiple perspectives, including that of the audience, so that CBT can become more widely available to people with psychotic disorders.

This is a public forum open to anyone who is interested in attending.