Workshops

• **Workshop 1: Friday, November 16 | 8:30 a.m. - 11:30 a.m.**

Case Formulation and Treatment Planning in Dialectical Behavior Therapy

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

Jennifer H.R. Sayrs, ABPP, Ph.D., Evidence Based Treatment Centers of Seattle

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Treatment-CBT*

Key Words: *DBT (Dialectical Behavior Therapy), Treatment Integrity/Adherence/Compliance, Borderline Personality Disorder*

Dialectical Behavior Therapy (DBT) is a complex cognitive-behavioral treatment designed for a population with multiple problematic and high-risk behaviors. As with any behavioral treatment, the role of assessment in DBT is critical. Although there is a significant body of research supporting the efficacy of DBT, there is a relative dearth of practical and principle-based information to help therapists formulate cases and treatment from a DBT perspective. In this workshop, we will provide a step-by-step guide for creating an assessment-driven DBT case formulation. We will focus on identifying stage of treatment, determining goals, identifying the target hierarchy, assessing and treating the primary target behavior, and tracking outcomes. We will highlight the few rules that inform DBT assesssment and practice, note and correct several common misconceptions, and demonstrate how the use of thorough assessment can result in a more nuanced case formulation and, ultimately, a more effective treatment. Experiential exercises and case examples will be utilized to bring the principles to life.
This Workshop is designed for clinicians with some direct clinical experience conducting DBT; basic DBT principles will not be reviewed.

This Workshop is designed to help you:

- Identify the key principles that inform case formulation in DBT;

- Explain how to apply a seven-step process of generating a DBT case formulation and treatment plan;
- Describe how to assess key variables in order to create an idiographic case formulation.

Recommended Readings:

Linehan, M.M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Koerner, K. (2012). *Doing dialectical behavior therapy: A practical guide*. New York: Guilford Press.

Rizvi, S.L., & Sayrs, J.H.R. (in press). Assessment-driven case formulation in Dialectical Behavior Therapy: Using principles to guide effective treatment. *Cognitive and Behavioral Practice*.

• **Workshop 2: Friday, November 16 | 8:30 a.m. - 11:30 a.m.**

Developing a Trauma-Informed Treatment in Primary Care: The embrACE Model for Patients With Adverse Childhood Experiences (ACEs)

Keith S. Dobson, Ph.D., University of Calgary

Dennis Pusch, Ph.D., Southport Psychological Services

Chantelle Klassen, M.A., Alberta Health Services

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Trauma and Stressor Related Disorders and Disasters, Primary Care*

Key Words: *Trauma, Primary Care, Treatment-CBT*

The combined burden of chronic disease, addictions, and mental illness in primary care settings is staggering. Adverse childhood experiences (ACEs) have been found to be the most potent cumulative predictors of these problems in adults. Effective screening of patients can help physicians identify which patients have experienced ACEs, and are thus most likely to develop physical and mental health

problems. Moreover, a trauma-informed approach to the care of these patients could reduce their chance of developing health problems. In this presentation, we briefly review recent data that shows how ACEs are significantly related to adult health risk behaviors, and a wide range of specific conditions and symptoms. The results showed that the association between ACEs and later outcomes was especially strong for adults who displayed low resilience, and that the relationship between ACEs and health outcomes was significantly mediated by emotional dysregulation and interpersonal problems. Based on these findings, combined with a published literature review and consultation with experts in the field of trauma, a 6-session treatment—the embrACE program—was developed for adults who have experienced traumatic childhoods. The treatment uses CBT, mindfulness and ACT techniques, with an emphasis on increasing resilience, improving emotional regulation, and strengthening interpersonal connections. The process and rationale underlying the treatment development will be discussed, and the treatment model will be presented in detail. A thorough description of the skills-based program will be provided, coupled with experiential exercises so that participants can understand how the issue of ACEs can be meaningfully addressed in both primary care and mental health settings. Participants will understand the logic and content of the embrACE program, and the linkage between the science of trauma and its long-term effects. The Workshop promotes knowledge mobilization and the transfer of science to practice. As ACEs are potent predictors of adult health problems, behavioral healthcare treatments that increase resilience, emotional regulation, and interpersonal functioning in primary care patients are a unique opportunity for hope.

This Workshop is designed to help you:

- Recognize the long-term effects of childhood adversity (ACEs) on adult health;
- Examine the modifiable risk factors that result from ACEs;
- Describe a novel treatment program, designed to change risks factors associated with ACEs in adults in primary care settings.

Recommended Readings:

Korotana, L., Dobson, K.S, Pusch, D., & Josephson, T. (2016). A review of primary care interventions to improve the health outcomes in adult survivors of adverse childhood experiences. *Clinical Psychology Review, 46*, 59-90. doi:10.1016/j.cpr.2016.04.007

Poole, J. C., Dobson, K. S., & Pusch, D. (2017). Childhood adversity and adult depression: The protective

role of psychological resilience. *Child Abuse & Neglect, 64,* 89-100.
http://dx.doi.org/10.1016/j.chiabu.2016.12.012
Schnyder, U., & Cloitre, M. (Eds.). (2015). *Evidence-based treatments for trauma-related psychological disorders*. New York, NY: Springer Books.

• **Workshop 3: Friday, November 16 | 8:30 a.m. - 11:30 a.m.**

Identifying and Using Mobile Apps in Clinical Practice

Stephen Matthew Schueller, Ph.D., Northwestern University Feinberg School of Medicine
Christina Armstrong, Ph.D., Connected Health Branch, Defense Health Agency
Martha Neary, M.Sc., Northwestern University Feinberg School of Medicine

Participants earn 3 continuing education credits.

Basic to moderate level of familiarity with the material
Primary Topic: *Technology, Treatment-Other*
Key Words: *mHealth (Mobile Health), Technology, Telehealth & Internet Interventions*

Rapid advances in health technologies require clinicians to have a general working knowledge of consumer technologies, specifically mobile health apps, and to understand how these tools are used for patient monitoring, education, and treatment. Mobile mental health apps, however, are a rapidly growing field, with estimates as high as 30,000 apps aimed towards mental health and wellness. As such, clinicians require skills and resources to help parse these apps and to identify ones that might be usable and beneficial for one's practice. Mobile apps offer the promising potential to enhance cognitive and behavioral therapies when used in practice.

This Workshop will introduce key competencies in the use of mobile apps in clinical practice: evidence base, clinical integration, security and privacy, ethical issues, and cultural considerations. We will cover two competencies, evidence base and clinical integration, in greater detail to help attendees begin to use apps in their practices. We will discuss processes for assessing apps that include the apps' credibility (direct and indirect evidence), the user experience, and transparency around data security and privacy. This evaluation structure draws from PsyberGuide, a nonprofit effort to identify and disseminate

information about mobile health apps. Training in the clinical integration of apps will draw on the Department of Defense's Mobile Health Practice Guide developed by the Connected Health group. Clinical integration will discuss how to include apps in one's workflow, introducing apps in sessions, practices and resources for prescribing apps, data review in session, and appropriate documentation of use of apps.

This Workshop is designed to help you:

- Identify and evaluate consumer available mobile apps;
- Discuss core competencies required to address use of apps in clinical practice;
- Identify resources created to help identify and understand mobile apps

Recommended Readings:

Ameringen, M., Turna, J., Khalesi, Z., Pullia, K., & Patterson, B. (2017). There is an app for that! The current state of mobile applications (apps) for DSM5 obsessivecompulsive disorder, posttraumatic stress disorder, anxiety and mood disorders. *Depression and Anxiety, 34*(6), 526-539.

Armstrong, C. M., Edwards-Stewart, A., Ciulla, R. P., Bush, N. E., Cooper, D. C., Kinn, J. T., . . . Hoyt, T. V. (2017). *Department of Defense Mobile Health Practice Guide* (3rd ed.). Defense Health Agency Connected Health, U.S. Department of Defense.

Lui, J. H., Marcus, D. K., & Barry, C. T. (2017). Evidence-based apps? A review of mental health mobile applications in a psychotherapy context. *Professional Psychology: Research and Practice, 48*(3), 199-210.

• **Workshop 4: Friday, November 16 - 11:45 a.m. - 2:45 p.m.**

Supervision Essentials for Cognitive-Behavioral Therapy

Cory F. Newman, Ph.D., University of Pennsylvania, Perelman School of Medicine

Danielle A. Kaplan, Ph.D., New York University School of Medicine

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Professional/Interprofessional Issues, Dissemination/Implementation*
Key Words: *Supervision, Career Development, CBT*

Drawing on recent findings from evidence-based programs of CBT supervision, this presentation will highlight the essential contents and processes of CBT supervision. The following major areas of interest will be described: (1) the supervisory relationship, (2) the chief responsibilities and teaching methods of a CBT supervisor, (3) promoting ethical behavior and cross-cultural sensitivity in supervisees, (4) facilitating supervisee competency in CBT, (5) managing the administrative tasks of documentation, and (6) providing feedback and formal evaluations in a timely, constructive manner. Multimodal aspects of the training methods will be highlighted, including the use of readings, audio-visual recordings, role-modeling, and role-playing. This 3-hour Workshop is designed for early-career professionals who anticipate or have recently commenced providing CBT supervision to trainees, as well as experienced CBT supervisors looking for a refresher course.

This Workshop is designed to help you:

- Describe how to teach supervisees to conceptualize cases and use the techniques of CBT competently;
- Explain how to model professionalism, ethical behavior, cross-cultural sensitivity, and relational skills to trainees;
- State how to provide supervisees with constructive feedback and evaluations.

Recommended Readings:

Corrie, S., & Lane, D. A. (2015). *CBT supervision*. London, United Kingdom: Sage.
Milne, D. (2009). *Evidence-based clinical supervision: Principles and practice.*
Leicester, United Kingdom: BPS Blackwell.
Sudak, D. M., Codd, R. T., Ludgate, J., Sokol, L., Fox, M. G., Reiser, R., & Milne, D. L. (2016).
Teaching and supervising cognitive-behavioral therapy. Hoboken, NJ: Wiley.

• **Workshop 5: Friday, November 16 | 3:00 PM - 6:00 PM**

You Were Meant for Primary Care: A Practical, Competency-Based Approach

Ryan R. Landoll, ABPP, Ph.D., Uniformed Services University
Jeffrey L. Goodie, ABPP, Ph.D., Uniformed Services University of the Health Sciences
Lisa K. Kearney, ABPP, Ph.D., VA Center for Integrated Healthcare
Kathryn E. Kanzler, ABPP, Psy.D., University of Texas Health Science Center at San Antonio

Participants earn 3 continuing education credits.

Basic to moderate level of familiarity with the material
Primary Topic: *Primary Care*
Key Words: *Primary Care, Integrated Care, Military*

There has been growing interest in the integration of behavioral health services in primary care settings and recognition of the need to develop competencies for clinicians practicing in these diverse contexts. One well-established method of providing integrated care is the team-based Primary Care Behavioral Health (PCBH) model, which utilizes a population health approach and brief appointments to target functional improvements in patients presenting with a diverse range of concerns. The use of the PCBH model has resulted in positive health outcomes, as well as high levels of patient and provider satisfaction. This Workshop will focus on teaching the evidence-informed and competency-based skills clinicians need to establish effective PCBH programs. This Workshop will also address the cultural shifts necessary for PCBH programs to thrive across diverse contexts. Experts in the PCBH model will use available data and their experiences implementing the model in a range of civilian, Veterans Affairs and Department of Defense primary care clinics to guide the training. This presentation will use a variety of pedagogical techniques (e.g., self-assessment with validated measures, didactics presentations, breakout discussions, role-plays, videos) to ensure attendees leave with an understanding of not only how to practice within the PCBH model, but an introduction to some of the cutting-edge research, training, and practice in primary care. In addition, this Workshop will focus on a competency-based approach to integrated care practice, delivering practical, hands-on skills not only in clinical assessment and intervention, but also in measuring and training competencies. Attendees will gain techniques and tools not only for improving their own practice, but also to train, assess competency, and model fidelity with other health care providers.

This Workshop is designed to help you:

- Explain how to apply the key competencies necessary for practice and training in the primary care behavioral health model;
- Practice the skills necessary to be a successful behavioral health consultant in primary care and train others in primary care behavioral health;
- Describe how to evaluate your own abilities and primary care team members practice using validated tools and established best practices for competency and model fidelity.

Recommended Readings:

Hunter, C., Goodie, J., Oordt, M., & Dobmeyer, A. (2017). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.

Landoll, R. R., Nielsen, M. K., & Waggoner, K. K. (2016). U.S. Air Force Behavioral Health Optimization Program: Team Members Satisfaction and Barriers to Care. *Family Practice.* doi: 10.1093/fampra/cmw096

Robinson, P. & Reiter, J. (2015). *Behavioral consultation and primary care: A guide to integrating services* (2nd ed.). New York, NY: Springer.

• **Workshop 6: Friday, November 16 | 3:00 p.m. - 6:00 p.m.**

Coordinated Interventions for School Avoidance: Engaging Family, Schools, and Clinicians

Brian Chu, Ph.D., Rutgers University, Graduate School of Applied and Professional Psychology

Laura C. Skriner, Ph.D., Evidence Based Practitioners of New Jersey

Participants earn 3 continuing education credits.

Basic to moderate level of familiarity with the material

Primary Topic: *Child/Adolescent–School-Related Issues, Child/Adolescent-Anxiety*

Key Words: *School, Child Anxiety, Child Depression*

School attendance problems are one of the most vexing and impairing problem behaviors that affect childhood. An acute episode of school refusal can quickly become chronic and interfere in the life of a youth and family across multiple domains. Anxiety, depressed mood, and intolerance of negative affect are often at the root of school refusal. Successful intervention requires a concerted, coordinated effort involving the child, family, school, and therapist/mental health professional. Early detection and direct, goal-oriented solutions are needed to prevent acute events from becoming prolonged episodes. Attendees of the Workshop will become familiar with the scope of the problem, a mood-based conceptualization of school avoidance, and its associated strategies, including an emphasis on including families and schools in collaborative interventions. Attendees will also be exposed to, and gain practice in, easily implementable assessment tools and behavioral intervention strategies. Experiential exercises and case examples will be utilized to bring the strategies to life.

This Workshop is designed for clinicians with some direct clinical experience conducting CBT with school-aged youth.

This Workshop is designed to help you:

- Explain how to use a mood-based conceptualization of school refusal behaviors and learn to use a brief functional assessment tool to identify four key functions that maintain school refusal;
- Describe how to apply a cognitive behavioral framework to school refusal and to implement basic treatment strategies, focusing on behavioral experiments and exposures and building challenge hierarchies;
- Specify roles for child, family, school, and clinic to play in addressing school refusal, including understanding common parent-child interactions that maintain school refusal and engaging school personnel in collaborative planning.

Recommended Readings:

Chu, B. C., Rizvi, S. L., Zendegui, E. A., & Bonavitacola, L. (2015). Dialectical behavior therapy for school refusal: Treatment development and incorporation of internet-based coaching. *Cognitive and Behavioral Practice, 22*, 317-330. doi:10.1016/j.cbpra.2014.08.002

Heyne, D., Sauter, F. M., Ollendick, T. H., Van Widenfelt, B. M., & Westenberg, P. M. (2014). Developmentally sensitive cognitive behavioral therapy for adolescent school refusal: Rationale and case illustration. *Clinical Child and Family Psychology Review, 17*(2), 191-215.
Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review, 28*(3), 451-471.

• **Workshop 7: Friday, November 16 | 3:00 p.m. - 6:00 p.m.**

Means Safety Counseling for Suicide Prevention
Craig Bryan, ABPP, Psy.D., National Center for Veterans Studies at the University of Utah
Participants earn 3 continuing education credits.

Basic level of familiarity with the material
Primary Topic: *Suicide and Self-Injury, Violence/Aggression*
Key Words: *Suicide, Aggression/Disruptive Behaviors/Conduct Problems, Clinical Utility*

Means safety counseling, also referred to as means restriction counseling, entails assessing whether an individual at risk for suicide has access to a firearm or other lethal means for suicide, and working with the individual and their support system to limit their access to these means until suicide risk has declined. Of the many interventions and strategies developed to prevent suicide, means restriction has garnered the most empirical support and is one of the only interventions that has consistently led to reductions in suicide across diverse samples and populations. Although means safety has long been considered an important component of clinical work with suicidal patients, clear guidance and recommendations for discussing means safety with patients has only recently emerged. This presentation will provide an overview of the means safety counseling approach used in brief cognitive behavioral therapy for suicide prevention (BCBT), with a particular focus on firearm safety. This Workshop provides practical suggestions and tips for navigating conversations about firearm safety with high-risk patients, and includes skills training with feedback.

This Workshop is designed to help you:

- Identify the key assumptions that underlie means safety counseling;
- Describe the evidence supporting means restriction for suicide prevention;
- Identify the three core assumptions of means safety counseling;
- Identify common barriers to means safety counseling;
- Explain how to use effective clinical strategies to increase an individual's willingness to enact firearm safety procedures.

Recommended Readings:

Berman, A.L. (2006). Risk management with suicidal patients. *Journal of Clinical Psychology, 62*, 171-184.
Britton, P. C., Bryan, C. J., & Valenstein, M. (2016). Motivational interviewing for means restriction counseling with patients at risk for suicide. *Cognitive and Behavioral Practice, 23*(1), 51-61.
Bryan, C. J., Stone, S. L., & Rudd, M. D. (2011). A practical, evidence-based approach for means-restriction counseling with suicidal patients. *Professional Psychology: Research and Practice, 42*(5), 339.
Khazem, L. R., Houtsma, C., Gratz, K. L., Tull, M. T., Green, B. A., & Anestis, M. D. (2015). Firearms matter: The moderating role of firearm storage in the association between current suicidal ideation and likelihood of future suicide attempts among United States military personnel. *Military Psychology, 28*(1), 25-33.
Rudd, M.D., Bryan, C.J., Wertenberger, E.G.., Peterson, A.L., Young-McCaughan, S., Mintz, J., . . . Bruce, T.O. (2015). Brief cognitive behavioral therapy effects on post-treatment suicide attempts in a military sample: Results of a 2-year randomized clinical trial. *American Journal of Psychiatry, 172*, 441-449.

• **Workshop 8: Saturday, November 17 | 2:30 p.m. - 5:30 p.m.**

Comprehensive Behavioral Intervention for Tic Disorders
Douglas Woods, Ph.D., Marquette University
Michael Himle, Ph.D., University of Utah
Participants earn 3 continuing education credits.

Basic level of familiarity with the material

Primary Topic: *Tic and Impulse Control Disorder, Obsessive-Compulsive and Related Disorders*
Key Words: *Tic Disorders*, *Tourette Syndrome,* OCD *(Obsessive-Compulsive Disorder)*

Tourette Syndrome (TS) is a neurological condition consisting of multiple motor and vocal tics that are presumably due to failed inhibition within cortical-striatial-cortical motor pathways. In recent years, there has been a growing recognition among psychiatry and neurology about the utility of behavior therapy procedures in managing the symptoms of TS in children and adults. Recently, the National Institute of Mental Health funded a multisite group of researchers working with the Tourette Syndrome Association to conduct two parallel randomized clinical trials investigating the efficacy of these procedures in adults and children with TS. The procedures being tested in the study combine elements of habit reversal training with psychoeducation and function-based behavioral interventions, yielding a Comprehensive Behavioral Intervention for Tics (CBIT). Unfortunately, few clinicians have been trained in evidence-based treatments for TS and tic disorders, and in most U.S. cities there are no behavior therapists who provide this treatment; despite the intervention being recommended as a first-line treatment in Europe, the U.S., and Canada. In the current Workshop, the presenters will describe CBIT and other relevant interventions used in the treatment of children and adults with TS. In addition to learning the general therapeutic techniques, attendees will learn to appreciate the diagnostic complexities associated with tic disorders, and will learn about the underlying theory for behavioral intervention, the data supporting the model, and data on the efficacy of the treatment. Various instructional technologies will be employed, including didactic instructions and videotaped samples of actual treatment.

This Workshop is designed to help you:

- Recognize tic disorders and understand their key phenomenological features;
- Identify the core elements of behavior therapy for tic disorders;
- Discuss the evidence base supporting the efficacy of behavior therapy for tic disorders.

Recommended Readings:

Piacentini, J., Woods, D., Scahill, L., Wilhelm, S., Peterson, A., Chang, S., . . . Walkup, J. (2010). Behavior

therapy for children with Tourette Disorder: A randomized controlled trial. *Journal of the American Medical Association, 303*, 1929-1937.
Wile, D. J., & Pringsheim, T. M. (2013). Behavior therapy for Tourette Syndrome: A systematic review and meta-analysis. *Current Treatment Options in Neurology, 15*, 385-395.
Woods, D. W., Piacentini, J., Chang, S., Deckersbach, T., Ginsburg, G., Peterson, A., ... Wilhelm, S. (2008). *Managing Tourettes Syndrome: A behavioral intervention for children and adults (therapist guide)*. New York: Oxford University Press.

- **Workshop 9: Saturday, November 17 - 8:00 a.m. - 11:00 a.m.**

Addressing Functional and Executive Deficits in Youth With ADHD: Evidence-Based Treatments With Individual, School, and Family Benefits

Richard Gallagher, Ph.D., New York University School of Medicine
Jenelle Nissley-Tsiopinis, Ph.D., Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material
Primary Topic: *Child Adolescent-Externalizing, ADHD-Child*
Key Words: *ADHD-Child/Adolescent, CBT, School*

Recent major advances have been made in the psychosocial treatment of children and adolescents with ADHD. Challenges in organization, time management, and planning are some of the most prominent problems that impact individual, family, and school adjustment for youth with ADHD. Various forms of organizational skills training (OST) are well-established treatments for children with ADHD (Evans et al., 2014). OST with elementary school children has wide impact in improving organization, time management, and planning, which in turn contributes to improved achievement and to reduced homework problems and family conflict (Abikoff et al., 2013). OST has been fully tested for elementary school children in clinical settings with promising results being shown for adaptations for adolescents

and in school settings. The manualized treatment is provided two times per week in 20 sessions to intensely alter the ways children respond to school and home demands. Conceptually, OST recognizes how the symptoms of ADHD interfere with practical execution of steps needed during school days and at home. Parents and teachers see these practical executive function deficits as a critical concern. This presentation will review the full protocol, with emphasis on child, parent, and teacher orientation and skills building in five areas: supportive parent behavior management, tracking assignments, managing materials, time management, and planning. In addition to didactics, specific exercises and role-plays will be used similar to those used to train over 25 research therapists and other clinicians. Participants will learn how to collaboratively engage children so that they feel empowered and how to incorporate positive responses from parents and teachers to effectively motivate children. A substantial portion of the program will review the components of other empirically supported programs for middle school students and empirically supported and promising programs provided by school personnel. The presenters are two of the authors of the clinical intervention, the extension for middle school groups, and an adaptation of the elementary school program currently being evaluated in a randomized clinical trial.

This Workshop is designed to help you:

- Describe the main skills deficits that over half of children with ADHD demonstrate in organization, time management, and planning;
- Explain how to evaluate candidates for treatment and how to implement all of the components of organizational skills training for children and adolescents;
- Describe how to implement treatments for children and adolescents in clinical settings and how to adapt treatment for school settings.

Recommended Readings:

Abikoff, H., Gallagher, R., Wells, K.C., Murray, D., Huang, L., Lu, F., & Petkova, E. (2013). Remediating organizational functioning in children with ADHD: Immediate and long-term effects from a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 81,* 113-128. doi: 10.1037/a0029648

Evans, S.W., Owens, J.S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children with Attention-Deficit/Hyperactivity Diosrder. *Journal of Clinical Child and Adolescent Psychology, 43*, 527-

551.

Sibley, M.H., Graziano, P.A., Kuriyan, A.B., Coxe, S., Pelham, W.E., Rodriguez, L.M., ... Ward, A. (2016). Parent-Teen Behavior Therapy + Motivational Interviewing for Adolescents with ADHD. *Journal of Consulting & Clinical Psychology, 84*, 699-712.

• **Workshop 10: Saturday, November 17 | 11:15 a.m. - 2:15 p.m.**

CBT for Chronic GI Disorders

Melissa G. Hunt, Ph.D., University of Pennsylvania

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Health Psychology/Behavioral Medicine- Adult*, *Treatment-CBT*

Key Words: *Behavioral Medicine, CBT, Health Psychology*

Gastrointestinal disorders of all kinds are exacerbated by stress and are also stressful. Irritable Bowel Syndrome (IBS) is a prevalent (approximately 10% of the population) functional bowel disorder that is highly comorbid with anxiety disorders and depression and shares considerable conceptual overlap with both panic disorder and social anxiety. It also leads to considerable disability and distress. Managing these patients effectively requires a good conceptual understanding of the cognitive underpinnings of IBS as well as the kinds of avoidance behaviors (both obvious and subtle) that maintain and often exacerbate both symptoms and disability. There is significant empirical evidence supporting the use of CBT in treating IBS. The inflammatory bowel diseases (IBDs), such as Crohn's Disease and colitis, have clear biological pathophysiology, but share some of the same symptoms and can lead to heighted risk for IBS in a subset of patients. In addition, many IBD patients experience shame, avoidance, and social anxiety about their condition. This Workshop will cover what is known about the etiology and symptoms of IBS, how IBS patients present in clinical practice, IBS in the context of comorbid panic and agoraphobia and/or social anxiety disorder, formulating appropriate treatment goals and basic cognitive and behavioral strategies for treating IBS, including IBS that is comorbid or secondary to a more serious IBD. Case material reflecting patients along a spectrum of severity will provide for lively discussion and

acquisition of new skills and techniques. Audience participation, clinical questions, and role-playing will be welcomed.

This Workshop is designed to help you:

- Develop a case conceptualization that integrates GI disorders with any comorbid mood or anxiety disorders;
- Recognize the unique cognitive distortions and behavioral avoidance strategies (especially dietary restrictions) tend to maintain and exacerbate distress and disability in GI disorders;
- Explain how to modify the standard CBT approach to anxiety disorders to treat GI patients effectively.

Recommended Readings:

Ballou, S., & Keefer, L. (2017). Psychological interventions for irritable bowel syndrome and inflammatory bowel diseases. *Clinical and Translational Gastroenterology*, 8, e214. doi:10.1038/ctg.2016.69

Drossman, D.A. (2016). Functional gastrointestinal disorders: History, pathophysiology, clinical features, and Rome IV. *Gastroenterology, 150*(6), 1262-1279.

Kinsinger, S.W. (2017). Cognitive-behavioral therapy for patients with irritable bowel syndrome: Current insights. *Psychology Research and Behavior Management, 10*, 231-237.

• **Workshop 11: Saturday, November 17 | 11:15 a.m. - 2:15 p.m.**

Parenting Through the Pressure: Using CBT to Work With Parents of Anxious Teens

Deborah A. Ledley, Ph.D., Children and Adult's Center for OCD and Anxiety

Muniya Khanna, Ph.D., Children and Adult's Center for OCD and Anxiety

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material
Primary Topic: *Child / Adolescent - Anxiety, Parenting/Families*
Key Words: *Adolescent Anxiety, Parenting, CBT*

Today's teens are more stressed than ever. Compared to teens of earlier generations, today's teens have higher rates of depression, anxiety, and other forms of psychopathology. Teens today are also more reliant on their parents, counting on them for emotional support well into early adulthood (see Lythcott-Haims, 2015). This leaves parents of teens with a great deal of uncertainty about how to help their kids navigate the challenges that they face.

In this Workshop, we will discuss various modalities for engaging parents of teens in the therapy process. Parents can learn plenty as an adjunct to their teen's therapy; can secure their own individual treatment; and can engage in group sessions with other parents. Attention will be paid to how technology can be used to facilitate ease of treatment for busy families.

Regardless of format, specific ingredients are helpful to parents of anxious teens. First, cognitive work must be used to help parents explore and then reframe their own beliefs that might be feeding their teen's anxiety. These beliefs fall into two main (but related) categories: beliefs about the child's future (e.g., If he doesn't go to an Ivy League school, he won't get a job, If she doesn't play a sport at the very highest level, she won't get into college, My friends will think Im a total failure if my child doesn't go to a top college) and beliefs about the child's ability to cope (e.g., If I don't stay up with her when she's doing her schoolwork, she'll fall apart from the stress; If I don't study for the exam with him, he'll fail; If she goes into the city on her own, she'll get lost). Ample case examples will be used to show how we have accessed these beliefs in families and then worked to reframe them, leading to less anxiety and better functioning within the family. Second, we will demonstrate how to teach parents to carry out their own exposures in order to test out faulty beliefs in these areas (e.g., letting the child go into the city on her own, allowing the child to study for an important exam without help). Finally, we will discuss how to reshape communication patterns within the family with the goal of nurturing independence while also helping teens to feel appropriately supported and empowered by their parents.

This Workshop is designed to help you:

- Recognize possible factors driving high rates of teen anxiety, and how these factors and their concomitant anxiety impact the parent/child relationship;
- Examine various models for engaging parents of anxious teens in treatment, including ways that technology might be used to facilitate treatment;
- Delineate how to teach CBT skills to parents, aimed at reducing their own anxiety and being able to coach their teens within the home environment.

Recommended Readings:

Achar Josephs, S. (2017). *Helping your anxious teen: Positive parenting strategies to help your teen beat anxiety, stress, and worry*. New York: New Harbinger.

Leahy, R. L. (2017). *Cognitive therapy techniques: A practitioner's guide.* New York: Guilford.

Lythcott-Haims, J. (2015). *How to raise an adult: Break free of the overparenting trap and prepare your kid for success*. New York: Henry Holt.

• **Workshop 12: Saturday, November 17 | 2:30 p.m. - 5:30 p.m.**

False Safety Behavior Elimination Treatment: A Transdiagnostic Strategy for Anxiety Disorders

Norman B. Schmidt, Ph.D., Florida State University

Kristina Korte, Ph.D., Harvard Medical School

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Treatment-CBT, PTSD*

Key Words: *(PTSD) Posttraumatic Stress Disorder, Exposure, Evidence-Based Practice*

Although effective treatments for PTSD are available, many of those who receive these treatments do not complete them or benefit from them even if they do complete treatment. Other research indicates that many providers do not implement these front-line treatments, even after being trained, due to time constraints and other resource limitations (e.g., Finley et al., 2015). Thus, there is a grave need for alternative evidence-based PTSD treatments that are better able to engage patients and that are less

susceptible to the implementation barriers of the currently available treatments. One recently developed treatment that potentially meets these criteria is written exposure therapy (WET), a 5-session treatment protocol that promotes recovery through writing about the traumatic stressor, including one's thoughts and feelings about the stressor, without any assigned homework. WET is now included in the 2017 VA/DoD PTSD Clinical Practice Guidelines as a first-line treatment approach. Randomized controlled trial findings indicate that WET produces large between-group effect sizes (Sloan et al., 2012; Sloan et al., 2013) and is noninferior to Cognitive Processing Therapy, despite the substantially smaller treatment dose (Sloan et al., 2018). In contrast to other trauma-focused treatments, WET has significantly fewer treatment dropouts (e.g., 4%–9%). In this Workshop, we will review the development of WET and its underlying theory. Then, we will present the WET protocol and the data that support its efficacy. We will address commonly asked questions about the delivery of WET as well as solutions to clinical challenges. Finally, we will use case illustration and role-plays to demonstrate the delivery of WET.

This Workshop is designed to help you:

- Describe the how Written Exposure Therapy was developed;
- Explain the evidence base for Written Exposure Therapy;
- Identify the core elements of Written Exposure Therapy and how to implement the treatment.

Recommended Readings:

Finley, E. P., Garcia, H. A., Ketchum, N. S., McGeary, D. D., McGeary, C. A., Stirman, S. W., & Peterson, A. L. (2015). Utilization of evidence-based psychotherapies in Veterans Affairs posttraumatic stress disorder outpatient clinics. *Psychological Services, 12*, 73-82. doi:10.1037/ser0000014

Sloan, D. M., Marx, B. P., Bovin, M. J., Feinstein, B. A., & Gallagher, M. W. (2012). Written exposure as an intervention for PTSD: A randomized controlled trial with motor vehicle accident survivors. *Behaviour Research and Therapy, 50*, 627-635. doi:10.1016/j.brat.2012.07.001

Sloan, D. M., Marx, B. P., Lee, D. J., & Resick, P. A. (2018). A brief exposure based treatment for PTSD versus Cognitive Processing Therapy: A randomized non-inferiority clinical trial. *JAMA Psychiatry*. Published online January 17, 2018. doi:10.1001/jamapsychiatry.2017.4249

• **Workshop 13: Saturday, November 17 | 8:00 a.m. - 11:00 a.m.**

Written Exposure Therapy: A Brief Treatment Approach for PTSD

Participants earn 3 continuing education credits.

Denise Sloan, Ph.D., Boston University School of Medicine & National Center for PTSD

Brian Marx, Ph.D., Boston University School of Medicine & National Center for PTSD

Moderate to advanced level of familiarity with the material

Primary Topic: *Adult Anxiety-General, Treatment-CBT*

Key Words: *Anxiety, Transdiagnostic, Treatment-CBT*

In response to the ever-growing number of CBT-based therapy protocols, transdiagnostic approaches to anxiety treatment, based on models of anxiety emphasizing common elements across anxiety disorders, have been increasingly explored. We have developed a transdiagnostic treatment method (called False Safety Behavior Elimination Therapy) that focuses on the elimination of anxiety-maintaining behaviors and cognitive strategies (so-called "safety" aids) among individuals suffering from a range of anxiety disorders. Safety aids are strategies utilized by patients to help manage or cope with their anxiety, which paradoxically reinforce the fears they are intended to manage. The protocol has been evaluated in both a group (10-session) and an individually administered (5-session) format. In both clinical trials, the intervention showed large effect sizes that were maintained during follow-up. The results from the clinical trials support a simpler, focused form of CBT that can be delivered with minimal therapist training, at a low cost, and with minimal client contact time. The goals of this Workshop include (1) review the empirical evidence supporting the mechanistic role of safety behaviors as maintaining factors in anxiety psychopathology, and (2) explain the principles of false safety behavior elimination. Both the individual and group treatment protocols will be described in detail. Clinical examples will be provided along with examples of treatment materials.

This Workshop is designed to help you:

- Discuss the empirical basis of safety behaviors as a maintaining mechanism in anxiety psychopathology;
- Explain how to assess safety behavior strategies in patients with anxiety disorders;
- Delineate how to utilize safety behavior elimination strategies in clinical samples.

Recommended Readings:

Riccardi, C.J., Korte, K.J., & Schmidt, N.B. (2017). False safety behavior elimination therapy: A randomized study of a brief individual transdiagnostic treatment for anxiety disorders. *Journal of Anxiety Disorders, 46*, 35-45.

Schmidt, N.B., Buckner, J.D., Pusser, A., Woolaway-Bickel, K., & Preston, J.L. (2012). Randomized controlled trial of False Safety Behavior Elimination Therapy (F-SET): A unified cognitive behavioral treatment for anxiety psychopathology. *Behavior Therapy, 43*, 518-532.

Schmidt, N.B., Richey, J.A., Maner, J.K., & Woolaway-Bickel, K. (2006). Differential effects of safety in extinction of anxious responding to a CO2 challenge in patients with panic disorder. *Journal of Abnormal Psychology, 115*, 341-350.

• **Workshop 14: Saturday, November 17 | 2:30 p.m. - 5:30 p.m.**

Cognitive-Behavior Therapy for Looming Vulnerability Distortions

John H. Riskind, Ph.D., George Mason University

Participants earn 3 continuing education credits.

Basic level of familiarity with the material

Primary Topic: *Treatment-CBT, Adult Anxiety-General*

Key Words: *Adult Anxiety, Cognitive Therapy, Change Process Mechanisms*

Contemporary CBT/CT models focus predominantly on attributes of threat estimation such as probability, cost, or proximity in the etiology and maintenance of anxiety. Are these attributes the only links to anxiety or do other features of threat appraisal also contribute to anxiety? The looming

vulnerability model (Riskind et al., 2000; Riskind, Rector & Taylor, 2012) contends that we would do better to adopt a more dynamic perspective of threat overestimation. The present Workshop introduces a set of new concepts, methods, and strategies that can be used as adjunctive tools in standard CBT protocols. For example, anxious individuals have looming distortions that bias the apparent spatial and temporal proximity of threat and speed with which time passes. Since many anxious individuals do not fully respond to treatment or relapse, despite the success of CBT, it would benefit our field to have a rich set of additional options. Converging evidence from many studies has amply documented that anxiety is directly related to a cognitive bias to overestimate dynamic patterns of change and approaching movement in threats. For example, individuals with a fear of spiders overestimate the extend that spiders are approaching as well as their speed; individuals with OCD or contamination fear overestimate the rapid spread of germs in their direction; and individuals with social anxiety tend to overestimate the extent that ambiguous social events are rapidly growing threats of social rejection (Riskind et al., 2012, for a review). A recent study has shown that these cognitive biases, referred to as the looming cognitive style, decrease with standard CBT. Other evidence suggests that CBT interventions that are specifically designed to target looming vulnerability distortions can help augment the efficacy of standard CBT protocols (e.g.,. Dorfan & Woody, 2006). Specifically, imagery instructions to imagine a drop of urine that was placed on their hands as spreading impeded standard habituation, instructions to image the urine as static facilitated habituation.

This Workshop is designed to help you:

- Identify spatial/temporal distortions of threat (looming vulnerability distortions) that are documented in multiple studies but not yet addressed by standard CBT protocols;
- Describe how to conceptualize anxiety cases and novel strategies for targeting cognitive biases and distortions in anxiety that standard protocols don't directly address;
- Promote understanding of how dynamic attributes of threat creating a sense of looming vulnerability can contribute to the etiology of anxiety and its treatment.

Recommended Readings:

Dorfan, N. M., & Woody, S. R. (2006). Does threatening imagery sensitize distress during contaminant exposure? *Behaviour Research and Therapy, 44,* 395-413.

Hong, R., Riskind, J., Cheung, M., Calvete, E., Gonzalez, Z., Atalay, A., ... Kleiman, E. (2017). The Looming Maladaptive Style Questionnaire: Measurement invariance and relations to anxiety and depression across 10 countries. *Journal of Anxiety Disorders, 49*, 1-11.

Katz, D., Rector, N.A., & Riskind, J.H. (2017). Reduction in looming cognitive style in cognitive-behavioral therapy: Effect on general and disorder-specific post-treatment symptoms. *International Journal of Cognitive Therapy*.

Riskind, J. H., & Rector, N.A. (in press). *Looming Vulnerability: Theory, Research, and Practice* (Chapter 15: CBT for Reducing Looming Vulnerability Distortions: Translational Concepts and Clinical Applications). Springer Nature.

Riskind, J. H., Rector, N. A., & Taylor, S. (2012). Looming cognitive vulnerability to anxiety and its reduction in psychotherapy. *Journal of Psychotherapy Integration, 22*, 37-61.

- **Workshop 15: Saturday, November 17 | 2:30 p.m. - 5:30 p.m.**

Individual and Group Cognitive-Behavioral Therapy for Diverse Addictive Behaviors

Bruce S. Liese, Ph.D., University of Kansas Medical Center

Participants earn 3 continuing education credits.

Moderate level of familiarity with the material

Primary Topic: *Addictive Behaviors, Treatment-CBT*

Key Words: *Addictive Behaviors, Substance Abuse, Evidence-Based Practice*

This Workshop provides participants an opportunity to learn about the latest developments in CBT for diverse addictive and problematic habitual behaviors, including substance misuse and gambling. We focus on five essential components of individual and group CBT: structure, collaboration, case conceptualization, psychoeducation, and techniques. Time spent in this Workshop will be divided between lectures, case presentations, discussions, critiques of recorded CBT sessions, demonstrations, and role-playing.

This Workshop is designed to help you:

- Describe five essential components of group and individual CBT for substance use disorders and addictive behaviors;
- Formulate CBT case conceptualizations for individuals with substance use disorders and addictive behaviors, including distal and proximal antecedents, cognitive, behavioral, and affective processes;
- Describe methods and challenges of goal-setting for people with substance use disorders and addictive behaviors at differing stages of readiness to change;
- Demonstrate motivational interviewing skills and explain how they are interwoven into CBT for substance use disorders and addictive behaviors;
- Describe and create the structure necessary for individual and group CBT for substance use disorders and addictive behaviors.

Recommended Readings:

Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2009). A meta-analytic review of psychosocial interventions for substance use disorders. *American Journal of Psychiatry, 165*, 179-187.

Grant, J. E., Potenza, M. N., Weinstein, A., & Gorelick, D. A. (2010). Introduction to behavioral addictions. *American Journal of Drug and Alcohol Abuse, 36*(5), 233-241.

Liese, B. S., & Reis, D. (2016). Failing to diagnose and failing to treat an addicted client: Two potentially life threatening clinical errors. *Psychotherapy, 53*(3), 342-346.

Magill, M., & Ray, L. A. (2009). Cognitive-behavioral treatment with adult alcohol and illicit drug users: A meta-analysis of randomized controlled trials. *Journal of Studies of Alcohol and Drugs, 70*, 516-527.

Satel, S., & Lilienfeld, S. O. (2014). Addiction and the brain-disease fallacy. *Frontiers in Psychiatry, 4*, 1-

11.