

CBT Today

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BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES

BABCP responds to challenge of £170 million for CBT

A RADICAL re-think is underway within the BABCP about the implications of the Government's surprise announcement of £170million to provide a massive improvement in access to psychological therapies.

The Association has started to review its process of Accreditation and Supervision to try and ensure it can cope with the expected sharp rise in the number of accredited CBT therapists that will be required.

Established CBT training programmes will also be reviewing their programmes as the CBT community grapples with the huge expansion in psychological therapy which will now follow.

Although it's not clear yet exactly how things will change, what is certain is that there are major changes ahead.

Existing training courses and accreditation procedures are likely to be the most affected if they are to fit in with the Government's aim of improving access to therapy.

And the pace of change is likely to be extremely rapid – with the possibility that CBT training courses could receive new commissions by the middle of next year.

It is also clear that, despite the reservations of some other groups, most of the £170million earmarked is intended to go to CBT-based schemes.



It seems certain that the £170million announced by Health Secretary Alan Johnson will be released in three separate tranches - £30million this year,

£100million in 2008-9 and £40million in 2009-10.

In Year 1, new services are expected to be set up in each of the eight English health regions, alongside the established Doncaster and Newham pilot sites for CBT.

It's likely that the BABCP will help set up some new training courses – and develop a system of standard setting and Accreditation that will ensure these courses are able to deliver a range of CBT support.

BABCP member Rod Holland, who is involved with the IAPT Workforce and Training and Education Groups, said: "There will be significant change affecting both training and accreditation and it will have to happen quickly.

"The Government's announcement has huge implications for the BABCP, but also brings enormously exciting opportunities."

BABCP appoints first-ever Patrons

A SENIOR Appeal Court judge and his wife have been appointed as the BABCP's first-ever Patrons.

Sir Mark and Lady Rachel Waller have campaigned for effective treatment for depression since their son committed suicide ten years ago.

They have set up the Charlie Waller Trust in

their son's name, funded one of the first CBT posts in the country and created a web site specifically for students suffering from depression.

The couple were nominated as Patrons following a meeting of the BABCP Board and say they were "honoured and delighted" to accept. Full story page 3.



'Whole lotta shakin' goin' on' - the BABCP in Brighton.

Find out what happened when 'The King' staged a spectacular comeback at the BABCP annual conference in Brighton, in our four page guide. See page 10.

ALSO INSIDE:

- Reaction to the Government's proposed £170m investment in CBT (4-5)
- Should BABCP elect Honorary Fellows? (6)

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CBT Today is the official quarterly magazine of the British Association for Behavioural and Cognitive Psychotherapies, the lead organisation for CBT in the UK. The magazine is published quarterly, is posted free to all members and can be downloaded from our web site. Contributions and letters are welcome, but please keep them short - it would be helpful if they were submitted in Arial, 12 pt. All contributions should be sent to: matt@babcp.com

Next issue:

Copy Deadline:

14th Feb 2008.

Distributed:

from 14th March 2008.

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BABCP



Readers letters

'Insulting, arrogant and unaware' - verdict on a BABCP conference

It was with some surprise that I perused the last edition of CBT Today (Issue 2, June 2007) to find that it contained no response to Professor David Richards article "Arrogant, Inflexible, Remote and Imperious? Is this what's wrong with CBT?". I was quite persuaded by some of the arguments put forward by Professor Richards. A few weeks later I attended a two-day conference co-organised by the Child and Adolescent Section of BABCP and identified a significant evidence base to support Dr. Richards's criticisms.

There was much evidence to support the view that at least some of the leading lights in the CBT lobby are arrogant. An example may support this.

One presenter identified five different levels for the application of CBT.

Level 1, the lowest level, consisted of preventive measures eg promoting resilience in children. Essentially it was curriculum material which could eventually be delivered by teachers. Level 5, the highest level, was CBT Therapy conducted by Accredited Cognitive Behaviour Therapists.

The proposition put forward was that all professionals engaged in delivering cognitive behavioural interventions at levels 1 to 4 should be labelled as "CBT technicians". The presenter expressed what appeared to be general surprise when I, a practitioner engaged in cognitive behavioural approaches for 20 years or so, expressed the view that to be referred to as a "technician" was insulting and demeaning.

A further presentation described the introduction of cognitive based curriculum materials in schools. The presenters involved made reference to the teachers involved as "CBT technicians".

Again, when it was put that there was no need for such a label and that the teachers should be seen as qualified professionals in their own right, the presenters seemed unaware there was an issue.

Their attitude towards teachers and the categorisation of teachers as "CBT technicians" was the equivalent of the teachers involved referring to them, as "classroom assistants" - for they were in school delivering to small groups of children narrowly defined curriculum materials.

Much of the clinical contents of the conference involved descriptions of work

addressing anxiety in children. The presentations were characterised by very narrow references to work - mostly carried out by the presenters and colleagues/friends, with little reference made to other workers in the field.

It seemed incomprehensible to me that any presentation in the area of anxiety with children could be made without any reference whatsoever to the work of Philip Kendal.

This lack of acknowledgment of the work of others was pervasive throughout the conference presentations.

For example, in a presentation in which the presenters were introducing the audience to curriculum materials aimed at building up resilience in children, no reference at all was made to the extensive curriculum material that already exists in the field.

Perhaps the most obvious and professionally interesting incident which provided substantial support for Professor Richards's observations was during a Panel Debate. Professor Bolton, from a Developmental Psychologist's prospective, put forward the argument that core beliefs and schemata were inappropriate conceptualisations with regard to children and adolescents.

Much of the previous day's presentations had focused on the identification of core beliefs and schemata as a prelude to formulation and intervention. A number of presenters who had previously given papers focusing on the importance of this were present, yet none challenged Professor Bolton's assertion.

Professor Richards ended his article with the question "What is wrong with cognitive behaviour therapy"?

My answer to this is "nothing". However, often influential members of the BABCP present as arrogant to the extent that they fail to recognise the clinical competencies and abilities of non-accredited CBT professionals - who apply cognitive behavioural strategies. Some appear to believe they are engaged in cutting edge developments with regard to CBT, when a wider examination of the literature and resources in the field would reveal that while they are making a significant and valuable contribution, it is not unique.

Dr. E. McNamara.

Chartered Educational Psychologist.

LIVERPOOL - Modern therapy rooms for rent; Stonecroft, L13. Waiting area/Private entrance. £7 per hour. Call Dave Scott (m) 07903 585 201

“IT HELPS TO KNOW WE ARE DOING SOMETHING USEFUL”

Meet the first ever BABCP Patrons... Sir Mark and Lady Rachel Waller

Sir Mark and Lady Rachel Waller have worked tirelessly since their son Charlie's death ten years ago to raise greater public awareness of depression. And they have been passionate advocates for the value of CBT as a treatment.

As well as creating their own charity, the Charlie Waller Trust, they have also helped fund the first ever Chair in CBT in Britain, begun a national programme of employing 'Waller Trainers' to raise depression awareness amongst GP's and nurses and created a web site about depression especially for students.

They have also been very publically supportive of Lord Layard's 'Depression Report' and his crusade to make CBT more accessible to more people.

BABCP President David Veale said: *"They have done a huge amount in a very practical way to reduce the stigma which still surrounds depression, to make more people aware of CBT therapy and to provide real help to other young people."*

"They are extremely committed and active and will be very effective champions for CBT – I am very proud that they have agreed to be the first ever Patrons of the BABCP, as the leading organisation for CBT in the UK."

Charlie Waller, the eldest of three sons, was just 28 with a successful career in advertising when he committed suicide in his fume-filled car in a wood near the family home in Reading, Berkshire.

His parents, family and friends had been unaware of the full extent to which Charlie had been suffering from depression.

It was only after his tragic death that Sir Mark and Lady Rachel, a retired schoolteacher, began to find out and understand more – both about their son's private suffering and the condition which led to his death.

Since then they have been active campaigners for treatment for depression.

Sir Mark – one of Britain's most senior judges – said: *"It's ten years now since Charlie died, but our main thought ever since has always been to do all that we can to make sure that there are fewer young people like him who will suffer from depression."*



"They have done a huge amount in a very practical way to reduce the stigma which still surrounds depression".

"And to make sure that there are fewer families who have to go through what we went through. It helps us to know that we are doing something useful."

The Charlie Waller Trust (<http://www.cwmt.org/index.html>) has successfully delivered a huge range of projects, including the £250,000 funding for five years for the first chair in CBT at Reading, held by BABCP member Professor Roz Shafran.

A web site for students - Students Against Depression at (<http://www.studentdepression.org/site/>) has also been created and soon there will be six 'Waller Trainers' nationally – outreach workers who are helping to raise awareness about depression and its diagnosis amongst primary care health professionals.

Sir Mark and Lady Rachel have also welcomed the Government's recent announcement of £170million to improve access to psychological therapies like CBT.

Sir Mark said: *"It's a cautious welcome, because it is still to be decided how much money is going to be spent, where and when. Until that is finally worked out we won't fully know how beneficial it will be."*

"But CBT has unquestionable relevance as a psychological therapy for conditions such as depression, because its efficacy can be tested. It is evidence-based."

"At the same time, it is very important that people do not run away with the idea that CBT is the panacea for all ills, just because there are more therapists available who are CBT trained."

"There are other forms of therapy which are also available and medication can also help in the treatment of depression. We should not be prejudiced against medication or therapy – people can benefit from both and both should be fully available to people, in line with the NICE guidelines."

"The Charlie Waller Trust has been very supportive of Lord Layard's campaign to get more CBT trained psychotherapists."

"And we are delighted to give our support to the Association in any way that we can."

Born on 13 October 1940, Sir Mark was called to the Bar (Gray's Inn) in 1964, appointed a Queens Counsel in 1979 and a Recorder of the Crown Court in 1986. In 1989, he became a High Court Judge, sitting in the Queen's Bench Division. He was Presiding Judge on the North Eastern Circuit from 1992 to 1995 and was elevated to the Court of Appeal in October 1996.

Sir Mark was Chairman of the Judicial Studies Board 1999-2003 and President of the Council of Inns of Court, from 2003 to 2006. In October 1996, he became Vice-President of the Court of Appeal, Civil Division.

"CBT has unquestionable relevance for conditions such as depression".

“The biggest step forward we have ever seen”

Reaction to the announcement of £170million for psychological therapies has been extremely positive from the CBT community. For many members of the BABCP, the Government’s announcement was a vindication of decades of work. Some admitted they had wiped away a tear at the realization that CBT was now leading the way amongst psychological therapies. Others worried cynically about the pace of change and what it would all mean for their particular modality, professional standards or training. But many chose to see the announcement from the patients point of view – and welcomed it with open arms.

Here is what those most involved had to say...



‘Mental Health now centre stage’ - Veale

BABCP President David Veale said the announcement would increase access to CBT for hundreds of thousands of people and mean more than 3,000 new therapists would be needed.

Dr Veale said: “This is fantastic news for all those people who have been waiting for access to CBT. It will mean a massive expansion of CBT right across the country with thousands more therapists trained and employed.

“This is probably the single biggest step forward in the provision of CBT that we have ever seen in Britain.

“It also means that mental health is now taking centre-stage and being recognised by the Government as a major issue for our times.

“This announcement is a tribute to the BABCP, as the lead organisation for CBT in the UK and for a host of other mental health organisations who have been campaigning with us for an expansion of therapy for years. We are delighted.”

‘Wounded minds will be treated’ - Layard

Lord Layard’s Depression Report was highly influential in persuading the Government that investing in therapy made sound economic sense as well as being good for the health and social life of the nation.

Layard, who worked closely with former BABCP Chair David Clark in championing the case for CBT, said the decision would transform the lives of millions.

The Government’s commitment was “simple and unequivocal.”

Lord Layard said: “It will implement the National Institute for Clinical Excellence (Nice) guidelines for depression and anxiety disorders, which say that everyone who needs it should have access to psychological therapy.

“This will mean a substantial team of therapists in every area, capable of providing sustained, state-of-the-art, one-to-one therapy that can transform lives. It will also provide brief therapy where that will suffice.

“So many people are in need. Six million people suffer from diagnosable depression or crippling anxiety disorders, such as agoraphobia or panic attacks.”

Lord Layard also made it clear that CBT

would be the prevalent psychological therapy at least initially.

He said: “The best-studied therapy is cognitive behavioural therapy (CBT), which trains a person how to challenge negative thoughts and feelings and how to develop positive thinking and action. It has been tested in hundreds of scientifically designed clinical trials that show that after fewer than 16 sessions, more than half the people treated will have recovered.

“Relapse is much less common for people treated with CBT than with drugs, unless the drugs are taken indefinitely. For anxiety disorders, most cures are permanent.

“CBT is not the only therapy that works. NICE also recommends other therapies for particular problems and they will doubtless recommend more as the evidence accumulates.”

Lord Layard said the “greatest challenge” would be to train the therapists needed.

“By 2011, the service will be employing some 3,500. Most of the training will need to be in CBT, since this is the therapy in which there is the greatest shortage.

“Some of the trainees will be clinical

psychologists, but the majority will be drawn from other mental-health professions, for example, nurses, social workers and counsellors taking a one-year training in CBT. We hope this new

profession of ‘psychological therapist’ will attract many of the most talented and idealistic people who want to devote their lives to the relief of misery.

“It will take up to six years to get to where we need to be, but the government is now committed to getting there. That is the significance of last week and a major tribute to the vision of Alan Johnson.

“No longer will we have the intolerable anomaly that while almost every physical wound gets treated, the wounded minds of millions of people go without treatment. That is a real revolution.”





'A real choice of treatment' - Johnson

Health Secretary Alan Johnson made his announcement on World Mental Health Day.

He said: "More than one in six people suffer from mental health problems at any one time. For many people prescribing medication is a successful treatment but we know that psychological therapies work equally well.

"Today's announcement shows the government's commitment to mental health. "Improving access to psychological therapies will give people with mental health problems a real choice

of treatment, helping to reduce dependence on medication."

The Health Department said that psychological therapies, such as CBT, have proved to be as effective as drugs in tackling common mental health problems and are often more effective in the longer term. NICE guidelines on treatment for depression and anxiety recommended therapies such as CBT.

Over the next three years, the DoH said the investment would mean:

- 900,000 more people treated for depression and anxiety

- 450,000 of them are likely to be completely 'cured'
- 25,000 fewer people with mental health problems on sick pay and benefits
- 3,600 more newly trained psychological therapists giving evidence-based treatment
- all GP practices having access to psychological therapies
- average waiting for psychological treatments down from 18 months to a few weeks



'Like nothing we have ever seen' - Richards

BABCP Member and former Chair, Professor Dave Richards's work at the Doncaster pilot site for psychological therapies is

credited with providing much of the evidence for investment in CBT.

Professor Richards said the announcement was "much needed boost to treatment choices for people with anxiety and depression."

He added: "Long waiting lists will be reduced and people will not just be offered drugs alone. This will give real choice to almost one million people over the next three years."

Doncaster PCT has enabled more than 4,000 additional patients to be treated for mental health problems in the last year. The new funding promises to increase this to almost one million more people treated for depression and anxiety nationally.

Prof Richards told BABCP members via the Associations' Jiscmail system: "A huge team of people have been working on this

for the last two years to persuade the government that their 2005 manifesto commitment to CBT should be delivered.

"Personally, my last two years have been consumed with trying to demonstrate in Doncaster and elsewhere that it is possible to replicate trial results on a large scale in practice – efficiently, effectively, equitably and with accessibility.

"The key persuader has been volume - 4000 patients were referred and helped through the stepped care system of low and high-intensity CBT in Doncaster, with a total of 11,000 clinical contacts last year.

"Case managers in Doncaster hold caseloads of 50+ at any one time and manage over 200 cases per year whilst delivering the same outcomes as traditional therapists. Waiting lists are less than three weeks."

Prof Richards said that replicating this nationally, which the government wants, would challenge traditional ways of working."

He said: "Many of us in the BABCP have been preparing the ground and working

with the DoH to ensure that new training courses to support the expansion are ready to be rolled out by SHAs in 2008/2009. The exact mechanism for doing this will become much clearer in the next few months but will undoubtedly involve some process of tendering.

"The biggest gap is in low-intensity training courses rather than traditional CBT courses. This is because these courses will require start-ups from scratch, rather than merely expansion of existing programmes.

"£170m sounds a lot but this is a gradual expansion (albeit like nothing else we have ever seen) allowing for the establishment of the training infrastructure next year with a much bigger clinical expansion in the following two years. PCT commissioners will be the key people to engage with.

"It is great news - the BABCP, its members and officers should feel vindicated for the empirical science, scientific practitioner stance it has always taken."

SHOULD THE BABCP ELECT HONORARY FELLOWS?

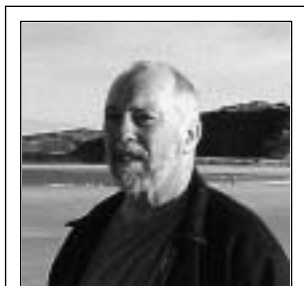


The BABCP has awarded 11 Honorary Fellows who were given free membership in recognition of their "significant contribution to behavioural and cognitive psychotherapies".

These are:

- 1980 - H Gwynne Jones
- 1984 - William Yule and Ray Hodgson
- 1985 - Howard Lomas
- 1985 - Rod Holland
- 1988 - Andrew Matthews
- 1988 - Nick TARRIER
- 1989 - Desmond Poole
- 1997 - Laurence Burns
- 1998 - Isaac Marks
- 1998 - Aaron Beck

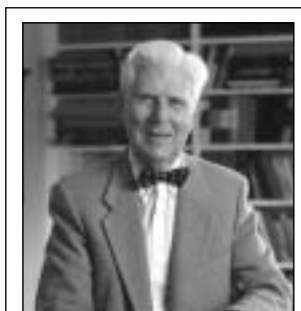
Of these, two have died, leaving nine current members who are Hon Fellows. The BABCP Board has not nominated an Honorary Fellow since 1998.



Howard Lomas

The Board have discussed a proposal that we should have a more transparent peer-review procedure for nominations and they should be given out rarely (e.g. a guideline maximum of 0.25% of the membership – for example 15 out of 6000 members).

The Board are considering proposing at the next AGM that our Articles should be altered so that Hon Fellows must have made an "outstanding" rather than "significant" contribution and to have a formal Fellowship Committee who will peer review the nominations with a tighter process.



Aaron Beck

They would then make recommendations to the Board for election of Hon Fellows at an AGM.

We are also considering a new class of membership (Fellowship) for which members are also peer-reviewed by a committee (similar to the accreditation process).

Fellowship would be awarded by the Board to recognize an individual's "significant" contribution to the advance of CBT.

We would not expect more than 5% of our members (that is 300 of 6000) to fulfil the criteria.

Nominees should also have been a member for a minimum of ten years and made a significant contribution to CBT across of a range of domains (for example research, teaching, provision of clinical service or services to the BABCP.)

Members would be allowed to call themselves a Fellow of BABCP (FBABCP). Note that they would have been peer reviewed and the title could be removed in any disciplinary process.

The cost to an applicant would include a sum to cover registration, which would involve processing the application and the peer review.



Rod Holland

Some societies such as the Royal College of Psychiatrists have a similar scheme but put a premium on the subscription for their "Fellows" (for example an extra £10-20 on the subscription thus making it a revenue generating scheme for the society).

Fellows who are elected at other societies such as the BPS do not pay a premium. However whether there is a premium on the subscription of a Fellow or not could be decided at a later stage.

We are making these proposals more



William Yule

widely known now so that members may debate the issue before the AGM.

Please let the Board know your views about tightening up the process for the election of Honorary Fellows and whether you agree with the proposal for the new class of membership of Fellows who would be entitled to call themselves as such. You can contact babcp@babcp.com

David Veale
President



£15,000 grant for study into CBT for low self-esteem

10 years on... how research grant was first reported

AGM 1998 – Durham

j) Treasurer

David Veale gave an overview of the accounts. Membership subscriptions had risen by £16,000 over the last year due to rise in subscriptions and new members. This was offset by fees paid to the Executive Officer. The end of year balance was £12,000 less than the year before but £16,000 was still owed by the Irish branch. Also there was a strong possibility that VAT for the last 20 years could be reclaimed. Overseas subscriptions were to be raised by £7. David also informed members that this year the Research Fund Appeal would be launched.

BABCP News

Durham July '98

BABCP Research Fund

BABCP has recently established a working party to investigate the possibility of setting up a Research Fund. Chaired by Gillian Haddock, the working party members are David Veale, Dave Richards and Chris Bratigan.

Although it is difficult to predict the amount of funds it would be possible to raise they have concluded that such a scheme is feasible. A fund raising committee chaired by David Veale will, with the Executive Committee's approval, draft an appeal leaflet and hopefully launch the fund at the Durham Conference. Several ways of raising money are being considered including a Friends of the BABCP scheme that will enable individuals and companies to donate regular money, Charitable Trust Grants, Appeals, Sponsorship and so on.

The aim of the fund would be to support BABCP members in research in the theory and practice of behavioural and cognitive psychotherapy. Funding will be 'inspiration' and not commissioning according to priorities set by BABCP. Applications will be by competitive and by peer review.

If any member has experience of setting up a research fund or ideas on how this might work for our members then do contact:

David Veale, BABCP Honorary Treasurer
Graveland Priory Hospital
The Bourne, Southages, London N14 6RA
email: treasure@babcp.org.uk
Tel: 0181 447 8130

A £15,000 research grant has been awarded by the BABCP into a study of CBT for low self-esteem.

The grant is a milestone for the BABCP and the first award ever made to research work by the Association.

It brings to a successful conclusion a 10-year campaign to set up an official BABCP Research Fund, which was first announced by current President David Veale at the Durham AGM in 1998.



Dr Polly Waite

The first ever grant will go to Dr Polly Waite, a Clinical Psychologist at the University of Reading Medical Practice and Dr Freda McManus, who is a Course Director and Consultant Clinical Psychologist at the Oxford Cognitive

Therapy Centre and a Clinical Research Fellow at the University of Oxford's Department of Psychiatry.

It's hoped the study will provide evidence about the benefits of treating low self-esteem with CBT – and help to guide future treatment of associated disorders, such as depression.

In all, twenty patients will be treated with CBT for the study – half will wait for up to three months before seeing a therapist.

The study will compare how those ten patients felt both before and after therapy, and then compare results to the ten who were treated immediately.

Dr McManus said: "Low self-esteem is not considered to be an illness by most people, but there is a lot of evidence that it is quite important in determining whether a patient may be pre-disposed to having a psychiatric disorder or not.



Dr Freda McManus

"Hopefully the study will help determine whether we are better off treating the illness suffered, or the psychological trait which first pre-disposes the patient. It may help decide whether we should be treating the cause rather than the symptoms."

She added: "We are particularly delighted that such an important project is being made possible almost ten years after CBT was first developed as a treatment for low self-esteem. There has been no real measure of how effective CBT is since then. The study will begin to provide a proper evidence base."



Professor Roz Shafran

Consultant Clinical Psychologist at Oxford.

The project will involve collaborating with Professor Roz Shafran, who is the Charlie Waller Chair in CBT at the University of Reading and Dr Melanie Fennell, who is a Course Director and a

Applicants to the BABCP Research Fund had to go through a two-stage process, including thorough individual reviews of the research proposals by a team of four eminent



Dr Melanie Fennell

CBT experts. The judges were: Prof William Yule from Kings College London, Prof Ivy Blackburn, from Newcastle-upon Tyne, Prof Andrew Mathews from Cambridge and the BABCP's Scientific Committee Chair, Philip Tata.

They each marked applicants on their proposal's relevance to CBT, feasibility, planning, impact and value for money.

The judges said the self-esteem application was the clear winner amongst a strong field.

Dr Veale said: "It is particularly satisfying to finally see the first ever Research Grant awarded – many of us have been hoping to see the BABCP do this for a long time.

"The response from members and the quality of applications was also encouraging. We have one or two 'tweaks' to make to the grant process, but we hope for an even better response next year."

Details of next year's grant can be found at www.babcp.com.

Continued on page 8

"Low self-esteem is distressing and disabling in its own right."



Emily wins BPS award in honour of May

An Oxford clinical psychologist has won a national award given by the British Psychological Society's Division of Clinical Psychology. BABCP member and former Trustee Dr Emily Holmes, a Royal Society Dorothy Hodgkin Fellow at the University of Oxford's Department of Psychiatry, is to receive the May Davidson Award for 2007.

She says: 'I am surprised and honoured to have won this award. I'm currently working in the same hospital that May Davidson was based in – the Warneford – so it's a particular honour'.

Dr Holmes's work has looked at mental imagery and the impact it has on our emotions.

She is interested in the thought processes that underlie distressing intrusive imagery and seeks to apply this scientific research to develop future treatment innovations to help people involved in traumatic events who later suffer distressing flashback memories.

The Division of Clinical Psychology makes the Award each year to someone who has made an outstanding contribution to clinical psychology within 10 years of qualifying.

It is given in honour of May Davidson, a pioneer of clinical psychology in Britain in the decades after World War II, who died in 1982.

The winner receives £200 in book tokens, a commemorative certificate and gives an Award lecture at the Division's Annual Conference in London.

£15,000 for study into CBT for low self-esteem

(Continued)

The research project:

- Low self-esteem is a common and disabling problem which has been associated with various psychiatric disorders including depression, eating disorders and substance abuse, as well as self-harm and suicidal behaviour.
- Furthermore, low self-esteem has been shown to impede the progress of cognitive behavioural treatment (CBT) of Axis I disorders.
- A cognitive conceptualization of low self-esteem has been proposed and a cognitive-behavioural treatment program outlined (Fennell, 1997, 1999) but this treatment has not yet been systematically evaluated.
- It is important to evaluate the efficacy of CBT for low self-esteem for two reasons.
- First, low self-esteem is distressing and disabling in its own right.
- Second, low self-esteem may be a 'transdiagnostic' mechanism involved in the persistence of different disorders and attending to these processes may improve treatment outcome.
- The BABCP research grant will be used to evaluate CBT for low self-esteem in a small randomised controlled trial.
- Twenty patients will be recruited in a routine clinical setting and will be assessed using a semi-structured diagnostic interview and standardised measures.
- All participants will receive 10 sessions of manualised CBT for low self-esteem and will be randomly allocated to immediate or delayed treatment.
- The effects of CBT for low self-esteem will be compared to the wait-list control condition.

Winning new members – with Forms, Focus and Facebook!



BABCP branches were recently encouraged to try and recruit and attract new members to join up. Stephanie Fitzgerald, secretary of the Central Branch, reports on what members have been doing locally to encourage new people to join the ranks of the BABCP.

At every workshop we hand out a pack which includes the workshop handouts, abstracts etc. In this pack we also include BABCP information and membership benefits (which are printed on coloured paper to make them stand out) together with a membership application form.

At the beginning of every talk/workshop which we hold, we give an introduction pointing out that the talk/workshop is being funded by the BABCP. Then we provide a brief explanation of what the BABCP is, what the benefits of membership are and how people can join.

We always carry application packs and membership forms and have them readily available at talks so that we can hand them out to interested people. To date since October, we have had requests for more information from more than 100 people - and we have given out application forms to every one!

We approached our own and local Universities to ask if we could give short presentations to undergraduate students regarding the BABCP and membership advantages.

The three points we found of most interest to students and the ones which we now continually focus on are:

The BABCP is a Professional Body which students can join and include their membership on future Clinical Psychology Doctorate application documents to illustrate the commitment and involvement in the development of CBT and Continuous Professional Development.

New members don't need to be voted in or nominated (unlike the BPS!). Registration is quick and easy – new members will receive confirmation and start to receive journals immediately.

The BABCP is an excellent forum for meeting Clinical Psychologists and learning about a whole array of psychological disorders which they may not be exposed to during their degree course. We particularly emphasise that students can have instant access to Jiscmail which can be a really valuable source of information and advice.

Members of the Central Branch have also joined every single University Facebook group that we can find – and there are a lot of them! In this way we are able to directly promote the benefits of the BABCP to students.

With Head Office support, I am planning on setting up my own Facebook group in the New Year dedicated solely to the BABCP. It is a great way of creating a network of people who all share the same interests.

We also asked for permission to advertise in local Universities, outside our own Psychology Departments, for example the Human Science Departments or Child Development Departments etc.

We thought this would be a good way to

reach people who may be interested in BABCP events. We also advertise in local Psychiatric Hospitals and also in general hospital areas such as the canteens etc.

Overall, our message is that the BABCP offers low cost membership - even for poor students! - and provides great value for money.

Our biggest success so far has been with people who have attended our talks and workshops – particularly those who are students.

We plan to continue with our Membership Campaign in the New Year – Facebook here we come - and are happy to take on board any other suggestions or thoughts people may have about recruiting new people to the BABCP.

‘Facebook is a great way of creating a network of people who all share the same interests’



BABCP helpers - Isabel Cooke, Jo Holliday, Steph Fitzgerald, Ellie Frampton-Fell.

Brighton R cked!



Former mental health nurse, **Liz Hutchinson** is an associate cognitive behaviour therapist for the Cognitive Behaviour

Therapy partnership in Hertford. She studied at London Metropolitan University on the Msc Cognitive Behaviour Therapy Programme

Tuesday 11th September

After arriving and registering relatively easily, I set off to find my room along with many other people. There followed a comical half hour as people wandered around aimlessly, helpfully directing others but failing to find their own room.

It was, however, a pleasant surprise when I eventually reached mine. I was a little envious of how today's undergraduates live - no howling gales through the windows! It was actually better than habitable.

Being new to a BABCP conference (Barcelona being my first exposure), my expectation was that I would go to the local bar and gaze into my wine glass,

waiting for someone to take pity on me!

Though there were groups of seasoned conference-goers chatting avidly, I soon found others had also braved the bar on their own - we had a good evening. It was slightly hampered by the lack of availability of food, but student union bar prices saved the day. In the end, most people forgot that they were hungry!

Wednesday 12th September



(Above) Nick Grey

cognitive therapy for trauma workshop, I was not disappointed. The workshop was run by Nick Grey from the Centre of Anxiety Disorders and Trauma. He knew his subject and delivered it with humour and sensitivity. It was a clear no nonsense approach, the use of clinical examples and videos enabling us to see

Bit of an early start but I managed to walk down to breakfast and find some food. Today there were pre-conference workshops. Having decided back in April to attend the

examples of delivering a rationale for reliving and how to manage dissociation in a session.

The use of "Batman Returns" helped to make the point and kept attention focused on the course content and imagining what it would be like to treat Batman! I liked the admission that we don't know it all. For the course leader to show sessions in which he made mistakes made it easier to accept some of my own!

The evening started with a get together in the deceptively-named meeting house which, on closer inspection turned out to be the campus church. An opportunity to meet and talk (and drink wine in a holy place!)

The party then moved on to a barbecue which came with an inevitable queue. My overriding impression of the evening was of friendliness and ease of meeting with other Cognitive Behaviour Therapists, sharing experiences and enthusiasm and, in some, a surprising capacity for alcohol!

Thursday 13th September

By now, I was getting used to a queue for breakfast and an unsmiling server! I had plenty of time to look through the list of

Liz Hutchinson kept a diary of her first ever BABCP Annual Conference at the University of Sussex in Brighton between 12th-14th September, 2007.

symposiums on offer and opted for obsessive compulsive disorder.

I went to a group of talks led by Adam Radomsky, who introduced the concept of responsibility as an interpersonal construct and its impact on checking. There were two further presentations of research - the first focused on factors associated with the stopping of checking. The second was an interpretive phenomenological analysis examining the acceptability of intensive CBT for obsessive compulsive disorder.

Some of the talks, while interesting, rather passed me by. A lot of information was packed into too short a time.

Dr Isobel Heyman gave a 10-year review of treating young people with OCD. This was clearly presented and examined the potential for telephone treatment of OCD.

So after all of that sitting - time for coffee and more discussion! It took some time to find the coffee...it was back in the church again!

I did spare a thought for my boss who is slightly senior in years to myself (but of course very experienced, nice and all that!) who had to walk a fair way to get his hit of caffeine. There were lots of book stands - once I realised they

weren't selling bibles and hymn books, I browsed. My decision not to buy was based on the looming evening event and the many rounds of drinks I envisaged would be necessary to tolerate a promised cabaret appearance by Elvis!

I returned to the OCD theme and went to the keynote address by Adam Radomsky: 'Compulsive checking from start to never finished.' I really enjoyed his presentation of research continuing the theme of responsibility and its relation to checking.

It would be boring to mention the queue for lunch again. I know we are English but we don't need queues to feel alive and patriotic. Most of the lunch hour therefore was taken up with first getting and then eating lunch - most people got on with it and used it as an opportunity to catch-up and discuss the presentations.

The afternoon presented a difficult dilemma for me. I wanted to go to about five different symposiums but couldn't make them all. In the end I compromised by opting to hear open papers presenting a diverse range of topics.

I particularly enjoyed James Bennett-Levy and his presentation of a model of



(Top) Adam Radomsky

(Above) Brighton Pavilion



Southampton CBT'ers relaxing on the Pier

Brighton Rocked! *(Continued)*



Photos by Ann Gorse

(Left) The cabaret was almost as entertaining as his audience!

reflection (as recommended!) by wandering round the shops in Brighton with a friend, ending up right on the pier, ready and waiting for The Big Night Out.

The fish and chips on the pier was voted by everyone as the best meal of the conference. There was a lively atmosphere and I saw quite a few faces that I recognised. It is a small world in CBT, but also a nice one.

I have already mentioned that I wasn't the biggest Elvis fan in the building and when our lookalike cabaret performer started, I realised I definitely wasn't.

There were some hard core fans - and some pretty creative dancing at points.

It was very entertaining and despite myself I actually enjoyed it - mostly because of the fabulous audience participation! As a result, I missed my chance to carve up my boss on the dodgems - oh well the M25 tomorrow would be a good substitute! The bus back was quiet, save for the odd rendition of Heartbreak Hotel!

Friday 14th September

Having opened my eyes and closed them again quickly several times this morning, I did not think I could absorb anything today. But I chose well and found myself in the symposium on Compensatory Behaviours in Eating Disorders led by Glen Waller. This was a relaxed and informal symposium which began by looking at the need to shift from a traditional view of compensatory behaviours as being solely linked to overeating. This view is challenged by patients who do not seem to fit into this model. The speakers in this symposium were all interesting and I particularly recall the research undertaken looking at body checking and its relation to compensatory behaviours.

I really chose a good keynote address. I went again to hear Glen Waller who spoke about Eating Disorders, 'To Infinity and Beyond, or a Short Walk in the Park.'





As well as summarising the lack of progress in eating disorders treatment, what really stuck in my mind was the message given to therapists in general terms about the importance of conference attendance.

Updating skills and knowledge is essential in cognitive behaviour therapy. Conference gives a chance for our beliefs and practises to be challenged. If we do not take the opportunity for reflection and the loose discussion that conferences provide, then we equate our beliefs with facts.

We would not let our patients get away with this.

This is why we have to make learning a priority, putting other work commitments aside.

Conferences provide the opportunity to learn and bounce ideas off each other, so we don't become stale or go off on the wrong tangent.

That is why I came!

In some symposiums there was an opportunity for new learning for skills. In others, a validation that what I actually undertake in sessions is cognitive behaviour therapy and that I am adhering to tried and tested principles. That I am aiming to do "what it says on

the tin" and that this is important.

President David Veale talked about the need to "arm ourselves" to go out and stay strong in our workplaces.

The conference provides the focus point to be able to do this, continue developing professionally and above all meet, greet and share.

(Top left) Literally retail therapy!

(Top right) Delegates at the lectures.

(Below) Young volunteer helpers in Brighton





Howard Lomas FROM THE EXECUTIVE OFFICER'S DESK

Annual General Meeting

The AGM has taken place in September in Brighton since the last writing of CBT Today. The full annual report from the Trustees can be seen on the BABCP website but in summary they reported on all the activities of the financial year ended 30th April 2007.

This included: an update of all the changes successfully accomplished following the Charity Commission Review of September 2005; the continuing increase in size of the Association leading to increased workload, activity and consequent employment of staff; potential statutory regulation of psychotherapy, improving access to psychological therapies and the potential impact on workforce development in CBT and complaints and disciplinary issues; accreditation of practitioners, supervisors & trainers and CBT courses; conferences and workshops; communications including the journal, magazine, new e-journal and website; geographical and special interest groups; and external relations with EABCT, UKCP and other bodies.

Detailed financial reports and accounts were presented which included the new BABCP policy on ethical investments, an increase in overall funds of over £39K and recommendations for increases in membership subscriptions to finance several upcoming projects and restore reserves to an acceptable level.

Membership

The latter noted 13% increase in membership fees was unanimously accepted at the AGM but, as always, I caution the trustees that the real vote is that of members renewing or not and the numbers of new members joining under the new rates.

It is still very early days to make any such judgements since we are only three weeks into renewals as I write this, however, the situation so far is producing mixed messages. We already have one more resignation than all of last year but new members joining is 32% up on the same time last year. We shall have to wait and see what happens with the 690 members yet to respond in respect of renewal of their membership.

We will need at least 440 of these members to renew if we are to maintain the usual high annual renewal rate of nearly 94%. All are being sent a second reminder as I write so if you are one of these and haven't yet renewed, then please respond to the office. Details of membership are shown at the foot of the page.

Gift Aid and The Research Fund

The Research Fund as I write stands at £26,000. As reported elsewhere, the first award has been made for about £15K this year. However, we have a backlog of claims to HMRC for gift aid donations amounting to about £16K which will more than restore the fund enabling further awards next year.

The main guaranteed source of income to the research fund is repayment of tax under Gift Aid. This is vital if we are now to continue making regular grants and we do need many more members to sign up to Gift Aid. I have made regular appeals to members to sign up for gift aid but in the past 12 months there have been virtually no new declarations from existing members. It may be that most members now either already claim the tax back for themselves in their annual returns to HMRC or are signed up for Gift Aid to have their enhanced tax paid to the BABCP. Fortunately, 12% of new members joining are signing the Gift Aid declarations when they join so our income to the Research Fund from Gift Aid continues to increase. Overall 10% of the membership (636) are currently signed up bringing in an estimated £8,500 per year.

If you don't claim your subscription as an expense in your tax returns, why not let BABCP reclaim your tax on your behalf for our Research Fund? Download a form from our website or phone/email the office to send you one. We ought to be able to at least double our current number of Gift Aid declarations!

JISCMail – [The Joint Information Systems Committee (JISC) mail]

The number of subscribers to the BABCP email list at JISCMail continues to rise with a further 20% increase in the last year to 912 members on the list.

We are increasingly keeping members up to date with the latest news via JISCMail so all members who don't subscribe (87%) are missing out!

Included in the news we send out are media clips from the latest worldwide media including academic journals, which say anything of interest in CBT.

You don't need to have your 'inbox' flooded with every email as soon as it is sent, you can opt for a daily digest where you receive just one email sent at midnight which lists all the day's jiscmail. You can then open just the topics where the subject looks interesting.

It is a free service. To sign up for JISCMail, just send an email with your name and the email address you wish to subscribe from, to list@babcp.com. The office will check you are bona fide and

Membership Statistics at 7.11.07

	Current Situation	End previous year
Fully paid up at end 2006/07 (30.9.07)	6,294	5,945
Renewed/rejoined 2007/08	5,464	5,577
New members 2007/08	205	717
TOTAL membership 7.11.07	5,669	6,294
Members resigned from last year	140	139
Not renewed for 2007/8 year yet	690	229
Members Accredited	1,189	1,181
Accred members registered with UKCP	279	321



then send you a welcome and instructions about the use of jiscmail.

With the increasing number of special interest groups (SIG) forming, some are having their own jiscmail just for members of the special interest group to exchange matters about that special interest. The three new jiscmails and numbers signed up for each, are: Behavioural Activation & Functional Analysis SIG (26); CBT in Psychiatry & Medicine SIG (31); and Rational Emotive Behaviour Therapy SIG (56). Any member wishing to join any of these jiscmail lists and/or the SIG should email the office.

It is also increasingly important that members keep the office informed of changes to email addresses as this becomes an important way of communicating with members.

Outer Hebridean BABCP Office

Winter approaches and while we rarely get snow or ice, the winds blow strongly. As I write, we have the first winter cancellations of ferries as a storm force 10 blows! With winds like that, air services are sometimes disrupted also.

We just have to make extra allowances for travel, like allowing a couple of extra days to get to or from BABCP committee meetings!

The days are getting short and by the time most of you are reading this, the sun will be rising at 9.10 am and setting again at 3.40 pm giving us just 6 and a half hours daylight compared to nearly 8 hours in London. Never mind, on midsummer day, I am still sitting in the sun at 10.35 pm, 1 and a half hours after it has set in London!



Tìaraidh an dràsda
(which is Gaelic for Bye for now)

Howard Lomas
Executive Officer

New website to be unveiled soon?

Progress on the new BABCP website has been delayed because of technical problems.

But its now hoped that the new site should be unveiled to an unsuspecting public early in the New Year.

One of the biggest problems has been ensuring that the BABCP's current data handling system, which is provided by a separate company, can be properly integrated into the new web site.

If the problems can be ironed out successfully it should enable members to update their details, book events and pay their membership on-line.

Branches and Special Interest Groups will also be able to have their own web pages which they will be able to amend and update.

"The ambition is to make the new web site much more interactive," said Communications Chair, Ann Gledhill.

A high priority is also to make the site simpler to navigate and more attractive with more photographs used.

One of the biggest tasks will be to transfer all the archived information from the old site to the new site and to also ensure that any content imported is user friendly and accessible.

The planned new web site has also begun to spark a wider discussion within the BABCP about its logo 'brand' and visual identity.

Free CBT materials available from Scotland

FREE DVD's and TV modules on CBT related subjects are available from the Living Life To The Full website at www.livinglifetothefull.com

They address subjects such as problem-solving, sleeping better, managing negative thinking, building confidence, being assertive, changing unhelpful behaviours, exercise and healthy living and anxiety control.

Anyone can access the information, but first they just have to register at the site, which is free. People also need a broadband connection to access the information.

The information has cost in the region of £50,000 to produce for the site and has been provided freely by the health service in Scotland. All of the information is also available as a DVD as well as on-line.

There are also a linked set of easy to understand booklets by BABCP member Dr Chris Williams which have a low reading age and were especially designed for as wide a readership as possible.

Central Branch

Raisins to be cheerful



experiencing meditations we became aware of the difficulties and potential problems.

It was a thoroughly enjoyable day and the feedback we received reflected this - all those who attended said they found it both clinically and personally useful.

Steph Fitzgerald



(Above) Central Branch members meet for a good raisin.

With Mindfulness being a fairly new concept, most delegates approached our October workshop with a mixture of curiosity, cynicism, eagerness and doubt. As we entered the grounds of Ripon College, an established residential theological college, the tensions of driving through rush-hour city centre traffic eased away and delegates chatted together over reviving cups of tea and coffee.

Some preliminary questions were raised; 'Have you heard of this before?', 'Do you meditate?' 'Is this just for hippies?' to mention a few.

Professor Mark Williams began the workshop with a simple introduction to the origins of Mindfulness and the development of Mindfulness Based Cognitive Therapy (MBCT) and highlighted the components of depression that Mindfulness may treat.

Mark gave some real life examples, not only relating to patients, which were accessible to everyone attending and it wasn't long before everyone seemed to have grasped the basics.

There were several useful take-home messages: 'by putting off relaxation we are postponing peace in our own lives' and the importance of not 'pre-living' the future. We all had a clear understanding of the theory; now onto the practice.

There were a few raised eyebrows when people were each given a single raisin to hold in the palm of their hands. We were

told this was part of the meditation.

We were asked to examine the raisin as if it was the first time we had ever seen one. Examine the ridges, the colour, the texture, the smell, the sounds (who knew raisins were noisy?) and lastly, examine the taste.

The effect was incredible. This tiny piece of fruit, which I would normally scoff by the handful, was suddenly intensely satisfying on its own. The sheer volume of flavour and scent was almost overpowering and the acknowledgement of what the mouth does to receive this fruit came as quite a shock.

The thought that all this happens automatically and we live our lives not experiencing these intense sensations was strangely shaming.

The raisin experiment was a shining example of being mindful. Look how much enjoyment and satisfaction you get out of life when you stop and take in the many experiences and sensations that are happening all around you. Professor Williams was not suggesting that we take 20 minutes over every single raisin we eat! But the message was clear- living mindfully is to live a more satisfying and enjoyable life full of experiences we would otherwise miss.

So often in workshops, you come away thinking 'well that's all very good in theory - but what about the practice?' What was so wonderful about Prof. William's workshop was that by actually

North West Wales Branch

Service users at Welsh branch



We had a fascinating and very educational workshop with Paul Salkovskis in September. It was well attended, including some service-users, who enjoyed it very much.

We are now organising our next event, Professor Mark Freeston will give us a workshop on CBT for GAD and Worry (see advert for details).

We are also planning our monthly evening meetings in which we share ideas about good clinical practice. They are held on the last Thursday of each month and details will be posted on the website near the time. We hope that local members will be able to attend.

Mae'r e-bost hwn ac unrhyw atodiad iddo yn gyfrinachol ac fe'i bwriedir ar gyfer y sawl a enwir arno yn unig. Gall gynnwys gwybodaeth freintiedig. Os yw wedi eich cyrraedd trwy gamgymeriad ni ellwch ei gopio, ei ddosbarthu na'i ddangos i unrhyw un arall a dylech gysylltu a'r anfonwr ar unwaith.

Mae unrhyw gynnwys nad yw'n ymwneud a busnes swyddogol y corff sy'n anfon yr e-bost yn bersonol i'r awdur.

Shelia Jenkins

Our branch was saddened to hear of the death of a much loved and highly respected colleague Sheila Jenkins who died on 3rd November.

Sheila was a behaviourist by tradition and one of the earlier members to become Accredited with BABCP. Prior to her illness in 2000 she was a fearless pioneer of mental health services and did so much to further good clinical practice within North West Wales. Sheila believed passionately in the importance of delivering services that challenged the traditional medical model and her clear thinking and vision had a major influence upon the development of multi-disciplinary mental health service provision based within CMHT.

The branch hope to convene a days Conference as a tribute to Sheila within the forthcoming months.

Branch Liaison Committee

Conference up-date for 13 groups

Branch Liaison Representatives came together for two activities during the Annual Conference at Brighton.

The 'Meet your Rep' event occurred as part of the Reception meeting this year providing an opportunity for delegates to meet with reps of their local branches and to receive information regarding branch activities and forthcoming events.

It was hoped that the branch banners would have been produced in time for the Conference and that we could all have stood proudly beside our individual banners but alas there was a delay in production and this was not possible!

By next year's Conference, hopefully this will be quite a majestic sight!

The Branch Liaison Committee was held on the final morning of the Conference. This was one of three meetings held annually, to disseminate information between branches, Special Interest Groups and the Board and to provide a networking forum for branches.

Thirteen groups were represented, including reps from the Older Adult Special Interest Group and the newly established Training Special Interest Group formed at the Conference to address and co-ordinate accreditation guidelines for introductory courses to CBT. We were also joined by Howard Lomas representing the Board and Matt Finnegan, Communications Officer.

Topics discussed included: The Branch Handbook which is in the final draft stages by now and will provide an invaluable template for new and existing branches to guide activities; ideas to encourage new membership; publicity packs; auditing and co-ordinating branch activities; clarifying a cancellation policy for branch events; bookstalls at branch events; Banner production and communication issues.

The group welcomed the news that the BABCP website is to be redesigned allowing for each branch to have it's own news page which should make the sharing of information much easier and provide a more user friendly service to members.

The meeting marked the end of Chris Alderton's three year position as Chair. Chris has steered us with great enthusiasm, warmth and commitment and it was good to see that several of the projects that she has worked so hard on, most notably the Branch Handbook and Banners, coming together by the close of the meeting.

The group has grown in recent times which is further testament to Chris's hard work and tireless efforts. We are all really pleased that Chris will continue in an honorary role for the next twelve months and we look forward to being steered by the new Chair, Nick Wade from the Merseyside branch. Our next Branch Liaison meeting will take place in Leeds at the end of January.



(Above) New Branch Liaison chair Nick Wade, with outgoing chair Chris Alderton.



By Julie Evans,
NW Wales Branch Rep



Branch Liaison meeting

Awards for two young researchers



Kristin Bohn is currently training in clinical psychology at Royal Holloway University of London. Prior to this she worked at the Centre for Research into Eating Disorders at Oxford University, as a research therapist on a randomised controlled trial evaluating a new transdiagnostic treatment for eating disorders. She has also completed a DPhil on the classification of eating disorders and on the psychosocial impairment that results from eating disorder features. The study was part of her dissertation.

Two young researchers won BABCP awards at the annual conference.

The awards are given for excellence in posters and oral presentations by researchers or clinical trainees

Kristin Bohn won the Award for Excellence for oral presentations with an open submission about the assessment of impairment in eating disorders.

The judges said they were "particularly impressed by the lucidity of her writing style, the rigour of her methodology and the immediate clinical impact of her work. Her presenting style was authoritative, engaging and open to feedback."

Megan Crawford won the award for Excellence in Poster Presentations with a submission about attitudes towards sleep in young children.

The judges said they were "particularly impressed by the clarity of her poster, the creativity and rigour of her methodology and her ability to describe and reflect on her study during discussions with scientific committee members."

Both winners now get free registration, accommodation and travel to next year's conference in Edinburgh.

More than 30 entries were received by the BABCP Scientific Committee and judging panel which included Warren Mansell, Philip Tata, Roz Shafran Gemma Callender, Nick Hawkes and Alice Gregory

The deadline for submission of posters and open papers for next year's conference is 6th April 2008. Applicants should follow the normal submission process but indicate their eligibility for the awards in a sentence at the bottom of their abstract on the submission page. The awards are open to clinical trainees and individuals with no more than one year's post-doctoral research experience.

The Clinical Impairment Assessment (CIA) Questionnaire – a new self-report measure of psychosocial impairment due to eating disorder psychopathology

Eating disorders have profound and highly specific effects on psychosocial functioning. For example, these patients' over-evaluation of shape and weight, their so-called "core psychopathology", can have a marked effect on their ability

to socialise and form intimate personal relationships, their concerns about eating may prevent them from being able to eat in the presence of others including family members, and their extreme and rigid dieting can lead to intense preoccupation and poor concentration levels. Secondary effects of this type are extremely disabling yet are likely to be missed by generic measures of health-related quality of life. The aim of our study was therefore to develop a clinically useful measure of the psychosocial impairment that results from eating disorder features and test its reliability, validity, and sensitivity to change.

In developing the CIA we identified four areas of life commonly affected by eating disorder features on the basis of clinical interviews with people with eating disorders, our joint clinical experience and the review of health-related quality of life measures: mood and self-perception, cognitive functioning, interpersonal relationships and performance at work.

We created a 22-item instrument and administered it to a large and varied group of clients with eating disorders participating in a transdiagnostic CBT trial based in Oxford and Leicester. The CIA was found to have excellent internal consistency and to be of a uni-dimensional nature. Its performance was highly correlated with the independent clinical judgment of two expert eating disorder clinicians. The instrument discriminated successfully between participants with and those without eating disorders and was shown to possess satisfactory test-retest reliability. Finally, the CIA was sensitive to change in eating disorder psychopathology.

If our findings are replicated, the CIA should be of value to clinicians when assessing clients and their response to treatment. It should also help inform epidemiological research by providing a measure of the psychosocial impact of normative levels of eating disorder psychopathology. Finally, the CIA could be used as a clinical tool to increase clients' motivation to change by making them more aware of the various ways in which their eating disorder is affecting their lives.



Megan Crawford is in her final year of undergraduate study at the University of Surrey. She has had a long standing interest in research but only recently began examining sleep problems. During her placement year at Goldsmiths College, she started to examine cognitive style and sleep problems in children. Megan discovered the Implicit Association Task during her undergraduate studies and decided to apply this method to further understanding of sleep problems in children. She also hopes to apply this technique to research on adolescent sleep problems.

Examining implicit attitudes towards sleep in children using the sleep Implicit Association Task (IAT)

Background: Cognitive models of insomnia (Harvey, 2002) point to the assumption that negative attitudes towards sleep might be involved in the development and maintenance of sleep problems. The focus however has been exclusively on explicit attitudes. The research on implicit attitudes towards sleep is very scarce, which bears limitations for treatment of insomnia in children and adults, as these attitudes might go unnoticed. To deal with this difficulty an implicit measure for sleep was developed, adapted from the race implicit test for children (Child-IAT, Baron & Banaji 2006).

Method: In the adapted measure, participants (N=80) aged 8-10 are asked to assign stimuli to the right or the left side of the screen. These stimuli consisted of

- a) target stimuli (pictures of sleep and awake objects) and
- b) attribute stimuli (words with good and bad meaning).

In critical trials target stimuli of “sleep pictures” and words with bad meaning are allocated to different and same sides.

(The order of this was counterbalanced).

Reaction time and error rates were measured to establish performance on both critical trials, as these were subsequently compared. Error rates were measured in order to establish the first correct response, which was then used as the final reaction time. It was hypothesised that children, if they strongly associate the two concepts “sleep” and “bad”, will be faster in trials where sleep pictures and bad words are paired to the same side.

Explicit attitudes were controlled for with a forced-choice-test of preference for the target stimuli.

In order to determine whether the possible negative attitudes are correlated with sleep quality, the latter was measured with the SSR (sleep self report) and the CSHQ (child’s sleep habit questionnaire, parent report).

Results and Conclusions: Results showed that generally children were faster in trials where sleep and bad was allocated to the same side (Mean RT=1039.04ms, SD=302) than to different sides (Mean RT=1210.33ms, SD=451). This difference was significant [$t(79) = 3.294, p < 0.005$].

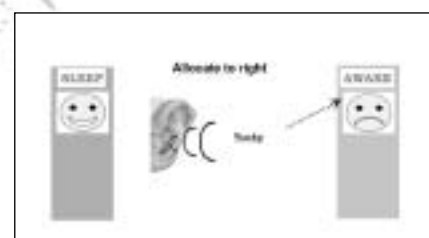
These findings are consistent with the

possibility that children in general have negative attitudes towards sleep.

When examining the correlation of sleep quality and performance, results were non-significant. Hence, we did not demonstrate that this general negative attitude is specifically present in children with sleep problems.

The explicit attitude measure showed no significant difference in stimuli chosen, so children, especially with sleep problems, were not more or less likely to choose awake or sleep stimuli as their favourite. Thus the negative attitude shown above appears to be implicit.

General conclusion: The results indicate the importance of investigating implicit attitudes in association with sleep. Further research is needed in order to establish whether knowledge of these associations could eventually be useful in further developing preventions and treatments for childhood sleep problems.



What counts as CPD*?

One of the criteria for accreditation as a CBT supervisor or trainer is that applicants can demonstrate a minimum total of 18 hours Continuing Professional Development* (CPD) in supervision and/or training over the past three years.

Accredited supervisors/trainers need to remain up-to-date in the theory and practice of supervision/training, in the same way as practitioners need to keep up to date with developments in the clinical field.

However, although all practitioner CPD must be CBT-related in order to count, this is not true for supervisor and trainer CPD. This is because much of the theoretical knowledge and many of the practical skills needed to supervise and train are generic.

Supervisor CPD

There are an increasing number of events which can be used as CPD for Supervisor Accreditation. They include:

- formal CBT supervision courses
- one day CBT supervision workshops
- BABCP conference symposia/workshops

Relevant reading is also important - not just specifically about CBT supervision, but also relating to supervision in counselling and other psychotherapies.

Trainer CPD

There are far fewer opportunities available for formal CBT-specific CPD events, apart from symposia and workshops at the BABCP annual conference.

For many applicants for Trainer Accreditation, their trainer role is carried out within postgraduate CBT courses at Diploma or MSc level. In these, applicants are likely to be working within a course team.

There may be opportunities for continuing professional development through in-house training relating to course delivery.

One example would be a session about the use of the Cognitive Therapy Scale (Revised) CTS (R) - or other skills assessment tools.

Another example would be formal briefing sessions on course delivery and/or development – for example, where there are to be changes made to either content and/or the method of teaching.

Most formal courses will have evaluation systems in place – and evaluation or

feedback sheets from students form part of the evidence required elsewhere within the application for Trainer Accreditation.

When evaluation or feedback sheets are collected, the data is usually gathered in a compilation or summary sheet which is then used to identify areas for discussion and/or potential change.

Noting what is going well in the training and identifying individual strengths as a trainer – as well as troubleshooting problems on a personal or general level – are essential to ensuring the well-being of students and effective training.

Questions of validity and reliability are major concerns for course providers to ensure consistency - and that training actually delivers what it promises.

There are also opportunities for evidencing CPD, relating to training.

Formal meetings to monitor delivery have the aim of developing an individual trainer's strengths.

Imagine that I have attended a course team meeting (giving me another hour or two towards CPD as a trainer).

I have (yet again) been confronted with feedback from students and co-trainers that I have been 'too theoretical' and that students found my delivery 'hard to understand because I kept digressing, going off on a tangent' etc.

The course team agrees that it might help for me to use a power-point presentation to ensure I stay on track.

I decide that it would be good to use power-point properly and enrol on a short training course.

It means I will be able to improve my training with relevant cartoons, action videos or music files.

Or imagine another scenario – I've been using power point for 20 years. The feedback is that my training is boring. Students have trouble staying awake. At course team level, it's decided that it would be useful to work on my presentational style and use role-playing to practise changes.

This leads to useful feedback – someone tells me about different learning styles - and how useful they found NLP in enhancing their communication skills.

I go on to read more on the subject (CPD) and attend a workshop (CPD).



Charlie McConnochie & Mark Latham

BABCP

BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

West Wales Branch

CBT for GAD and Worry

- conceptualising worry
- avoiding pitfalls
- implementing effective strategies

by Mark Freeston

Friday 15 February 2008

Conwy Business Centre, Llandudno Junction,
North Wales

- £65 - Members
- £75 - Non-Members
- £30 - Unwaged/Students

For further information
BABCP, Victoria Buildings, 9-13 Silver St, Bury BL9 0EU
Tel: 0161 797 4484 Fax: 0161 797 2670
www.babcp.com

BABCP

BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

New committee member sought

- Are you interested in becoming involved in the Supervisor and Trainer Accreditation Committee?
- Are you currently providing CBT supervision or CBT training?
- Do you have several years experience as a CBT trainer/supervisor?
- Are you accredited as a CBT practitioner with BABCP?

If so, you could be the person we are looking for. Meetings of the committee take place about twice a year. In addition, you will be an accreditor of supervisor and trainer applications, for which training will be provided.

If you are interested, please send a relevant cv and covering letter to jenny@babcp.com

CBT trainee sought

- Are you currently undertaking CBT training on a BABCP listed course?
- Do you want a say on issues involved in the accreditation of supervisors and trainers?

The committee is keen to recruit a trainee representative. You will be required to attend a meeting about twice a year.

If you are interested, please contact jenny@babcp.com

BABCP

BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

CBT Supervision Conference

Friday 18 April 2008

University of Westminster, London

Invited speakers include:

Peter Armstrong, Mandy Cole, Mark Freeston, Willem Kuyken, Ken Lewis, Kath Mannix, Derek Milne, Dave Richards, Graham Turpin, Michael Townend

*A state-of-the-art conference for supervisors & supervisees
Morning symposium & choice of four afternoon workshops*

- Introduction to CBT supervision
- Making best use of CBT supervision
- Supervisor competencies
- Evaluation of supervision
- Research evidence of effectiveness
- Supervisor accreditation 'surgery'

Limited number of places available. To reserve a provisional place and for further info, contact:

■ Email: babcp@babcp.com ■ Telephone: 0161 797 4484 ■ Website: www.babcp.com

'By the time the final rejection letter came, I was devastated'

When I was first asked to write an article about the difficulties of getting a place on a Clinical Psychology course, I was happy to do it.



Alicia and some of her young colleagues relax after a week's volunteering at the BABCP annual conference

I had always been encouraged by my supervisor in my last job to get things published, anywhere I could. Instead of seeing this as a good opportunity to write an article about something important, I saw it initially, as a way of getting another point for my clinical psychology doctorate application form.

Likened to the 'Holy Grail' (Baker, 2002), the difficulties of getting onto clinical psychology doctoral training programmes have been a topic of discussion for many years - not only between Assistant Psychologist groups and internet forums, but also amongst those leading the training courses (Roth, 1998).

I spent last year on reserve lists for interviews, because I thought I had so little experience (just one year as a support worker). This year, I was full of hope that another year's experience as an Assistant Psychologist, would at least get me one interview!

When the time comes for the interview letters to be sent out, you can't help but check the internet forums (www.psyclick.org.uk being the drug of choice for most addicted prospective

"All I can do is reflect honestly...sometimes you have to move your own goalposts"

clinical psychologists) to see if your chosen courses have sent out their interview letters.

I eagerly checked the post each morning.

When the first rejection letter came, again, I retained hope.

'Its only one of four' I thought, 'I only need to get one interview to have a shot at a place'.

By the time the final rejection letter came, I'm not going to lie - I was devastated.

If my own secret devastation may have been easier to bare, the hardest part was telling all the people that had believed in me so much - my family, my supervisor, my best friend (on the training course at Sheffield).

As with all types of rejection you start to

question your abilities. Am I cut out for this career? Am I a good therapist? Am I intelligent enough?

When there appears to be this lack of rational progression (I have more experience and therefore a better chance of getting on a course), it leaves you with a bitter and 'hard done by' feeling that the whole thing is quite random and ultimately unfair.

But I've read enough and spoken to enough people to know, rationally, that it isn't. The system isn't perfect and many courses acknowledge that they reject good quality candidates who they know would make good psychologists.

But knowing this doesn't stop the irrational feeling that, no matter what you do to up your game, the goalposts have been moved. Except no one told you.

Will I give up?

Well this year feels different somehow. The 1st of September (release date of the application forms) came and went and I'd only fleetingly recognised it as significant.

I've now downloaded the form and have

made a start towards filling in the application.

Please don't get me wrong, I'm just as passionate about the profession. I want it just as much as in the previous years, but I'm older now and a little wiser. Clinical psychology training is no longer my 'be all and end all'.

If I don't get a place this year, I'll find another way to do the kind of work I want to do.

Sometimes you have to accept that you won't always get exactly what you want and move your own goalposts. But this year I will persevere.

Having started out thinking this would be a great opportunity to get something published and maybe get an extra half point on my application, I've finished feeling grateful that I've been given this opportunity to reflect on how I feel about the process, the profession and my hopes for the future.

Whether it looks good on my application form or not.

I've realised that instead of trying to find a magic formula, or trying to anticipate what a course wants from me, all I can do is reflect honestly about my experiences, what I've learnt, my understanding of the profession and my hope that I will convey the potential I'm sure I have, to become a good clinical psychologist.



Alicia Fairhurst, is 24, and from Greenwich in London. She has a first class BA in Psychology from the University of Essex and is taking a Postgraduate Certificate in Mental Health Practice at London Met University. She is currently a Primary Care Mental Health Worker at The Priory where she co-facilitates CBT Groups for depression and anxiety, runs one-day CBT workshops, facilitates guided self help and computerised CBT programmes and sees a small caseload of clients for 6-8 sessions of CBT.

“The system isn't perfect and many courses acknowledge that they reject good quality candidates who they know would make good psychologists.”

Will the £170million for improving access make any difference to young CBT'ers like Alicia?

“To me it's unclear at present what impact the £170 million for psychological therapies may have on clinical psychology training. My impression (rightly or wrongly) is that the money may go into training CBT therapists, who may be more cost effective in treating depression and anxiety, etc than clinical psychologists.

It also seems that clinical psychologists may move away from working with depression and specialise in complex cases only, like psychosis and personality disorders and research.

The money could benefit clinical psychology training if they decide to change the training route (which has been discussed as part of the New Ways of Working agenda).

Instead of going from graduate to assistant psychologist to clinical training, there would be a qualified Associate psychological therapist role before doctorate level. This would be a clinical post. People who wanted to do research and work with complex cases could then go on to apply for the doctorate. They propose this as a good way to utilise the skills many assistant psychologists have.

Some perfectly good therapists spend years as assistants, don't get on to training and end up changing career.

I think it's too early to tell what impact it could have; it depends on the government's priorities and on how the role of clinical psychology changes over the next few years.

I personally hope that it will mean there are more training places available, but then I'm biased!”

New special interest branch for Behavioural Activation and functional analysis

What is Behavioural Activation?

Behavioural Activation (BA) is a contemporary contextual treatment that views depression as an understandable response to difficult life circumstances (Martell et al 2001). It highlights reduced rates of positive reinforcement and higher rates of negative reinforcement as central to the maintenance of depression. BA hypothesises that the actions people take to provide some relief from symptoms, (or stop them worsening), such as avoidance and rumination, lead to decreased repertoires of responding and reduce opportunities to engage in meaningful, valued action.

Although BA strategies are a feature of Cognitive Therapy (CT) for depression, there are some crucial differences. In BA the issue is one of the function of thoughts and thinking rather than form or content. This functional analytic view is central to the BA formulation of distress. When this functional analytic perspective is applied to the thinking patterns often seen in depressed clients, the goal of BA becomes not to change or replace these thoughts, but rather to help the client develop an understanding of how these thinking patterns may or may not be helpful.

The overall goals of BA are to help clients understand their own patterns of responding to depressed mood through a functional analytic formulation, and to choose to activate themselves in a valued direction.

In particular, patterns of avoidance and rumination are highlighted and their effect on mood and behaviour analysed. This is achieved through the use of activity and mood diaries, identifying alternative behaviours to avoidance, graded task assignment, problem solving, and other methods aimed at decreasing unhelpful patterns of negative reinforcement and increasing behaviour that is likely to be positively reinforced.

Does it work?

In a recent meta-analysis of outcome studies of behaviour therapies (BT) for depression (Ekers et al 2007), BT was found to be superior to controls, brief psychotherapy and supportive therapy and produced equivalent results to CBT/CT at both post-treatment and follow-up on severity of symptoms, recovery rate or numbers of clients that drop out of treatment. Previously, BA has been shown to produce comparable results to a full Cognitive Therapy treatment (Jacobson et al 1996). This study was designed as a dismantling

study of Beck's Cognitive Therapy for Depression.

Patients were randomized to three groups; activity scheduling alone (described as BA), activity scheduling plus thought challenging, or the full CT treatment including core belief work.

It was found that patients showed equivalent outcomes for all groups post-treatment and at 6 month follow-up.

Two year follow-up showed similar results (Gortner et al 1998), leading the research team to question the usefulness of thought challenging and schema level intervention.

These results were replicated in a later, larger trial comparing BA, CT, and antidepressant medication (Dimidjian 2006).

Additionally the Dimidjian study found for patients with severe depression, BA showed comparable results to antidepressant medication, while both out-performed CT.

Subsequent studies have shown a positive effect for BA in in-patient settings (Hopko et al 2003) where a brief behavioural activation treatment for depression (BATD) was compared to supportive psychotherapy. BATD involved the systematic exposure to positive activities, through the use of a graded hierarchy of activities, with the aim of alleviating depressive symptoms.

Hopko and colleagues go on to suggest that this intervention is ideally suited for inpatient settings given that it requires limited time and training for its implementation.

BA has also been evaluated as a group intervention with promising results (Curran & Houghton 2008).

The BA Special Interest Branch

CBT practitioners in the UK are increasingly using BA as a standalone treatment and it has become a feature of low intensity treatments for depression in the IAPT programme.

The Special Interest Branch was set up in the Summer of 2007 as a method of bringing together practitioners interested in BA.

An inaugural AGM was held at the Brighton conference and people were volunteered into posts.

Our hope is that the Special Interest Branch will become a hub for the clinical practice, research and training in BA in the years to come.

We hope to be able to provide training in BA, support and encourage research in BA, and be an active clinical community.

During 2007, a BA focussed Jiscmail service was set up and any members wishing to receive these postings and join the branch should contact the BABCP office.

In 2008, we hope to have a number of BA presentations at the Annual conference in Edinburgh, including training workshops, and research symposia.

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Simon Houghton
Chair,
Behavioural
Activation &
Functional analysis
Special Interest
Branch

Members praise BABCP response to Samuels

BABCP members have congratulated President David Veale for his robust response to an attack on CBT in the Guardian.

Professor Andrew Samuels, one of the official spokespeople for the UKCP, had described CBT as 'inadequate, naïve and manipulative' in a letter following the government's £170million announcement.

Dr Veale wrote to Professor Samuels, the UKCP and other therapist organisations, defending CBT and praising its role in helping put mental health 'centre stage'.

Dr Veale said: "We were concerned that someone who is a spokesperson for the UKCP, of which we are still an institutional member, should express such contemptuous and ill-informed views about CBT."

"I felt it was important that we set the record straight and register our unhappiness at what was being said about CBT."

Dr Veale's detailed 4-page response set out how the National Institute for Clinical Excellence (NICE) and five mental health organisations supported the extension of access to psychological therapies for people with mental health problems.

CBT was a broad term for a range of evidence-based approaches.

Dr Veale pointed out to Professor Samuels that CBT was not "mechanistic" and said that recent developments in CBT practice had stressed the importance of the therapeutic relationship.

"At the end of the day," he wrote, "we are a psychological therapy."

"CBT has long taken the view that we cannot develop unless we are well-embedded in psychological research and understanding. CBT is not 'naïve and mechanistic' and clients are not 'passive and obedient'. CBT requires mutual guided discovery for therapists and patients."

"Of course CBT has limitations. It is not a universal panacea and cannot offer a quick fix. However after about 30 years of research CBT is doing reasonably well and is more cost effective than medication for many mental disorders."

Members of the National Committees Forum thanked Dr Veale for his intervention and said they hoped it would help address any further misunderstandings and misconceptions about CBT.

Dr Veale added: "We will respond robustly whenever we feel CBT is being attacked, mis-represented or misunderstood and we would hope to continue to have an open, mutually supportive dialogue with other psychological modalities."

What Professor Samuels told the Guardian:

"We have allowed the proponents of CBT to caricature all other psychotherapies as delving unendingly into the patient's past and lacking any scientific validation as regards efficacy. Everyone knows the limitations of CBT - except, it would seem, the government. The science is inadequate, the methods naïve and manipulative, and the reluctance to engage with the key aspect of psychotherapy - the deep and complex relationship that develops between client and therapist - really very careless. Clients who enter CBT are approached in a mechanistic way, required to be passive and obedient. Hence what is going to be on offer is a second-class therapy for citizens deemed to be second class."

Professor Andrew Samuels
Centre for Psychoanalytic Studies,
University of Essex

April launch for tCBT - new e-journal

An April launch is planned for the Cognitive Behavioural Therapist (tCBT) - the new electronic journal.

It will provide BABCP members and subscribers with clinically grounded and applicable material and more emphasis on a broader range of papers, addressing clinical practice, training and supervision.

Mission statement

"The journal will publish papers that describe new developments; articles that are practice focussed and detail clinical interventions, research reports concerning the practice of cognitive behaviour therapy, detailed case reports, audits that are relevant to practice, and reviews of clinical scales. The journal will also publish papers that have an education, training or supervision focus. It will also include reviews of recently published literature that is directly relevant to practitioners."

International speakers for Central

In March and April, the BABCP's Central Branch, in association with the Oxford Cognitive Therapy Centre, will be presenting two workshops with prestigious international speakers.

On March 3-6, **Arnoud Arntz** and **Marjon Nadort** are presenting Part 1 of a 4 day Schema-focused therapy for Borderline Personality Disorder training, following a popular workshop in Oxford last year.

Arntz and Nadort are part of the team who conducted a successful RCT on schema focused therapy (Arch. Gen. Psychiat., 2006, 63, 649-658).

In April 1-3, there is the exciting prospect of **Kelly Wilson**, one of the founders of Acceptance and Commitment Therapy (Hayes, Strosahl & Wilson, 1999) presenting a 3 day workshop: ACT in the Present Moment: The Experience of Acceptance and Commitment Therapy.

Trainee for BABCP sought

The BABCP has advertised for a trainee to help with the increasing administrative workload at our central offices in Bury, Lancashire.

The full-time post holder will assist with organising Branch events, processing correspondence, data and file management and word processing.

The BABCP Board gave the go-ahead for the post to be advertised after a report from Chief Administrator, Jenny Riggs.

Applications were required by 16th November with an appointment due by the end of the year.



Jenny Riggs

Board Bulletin

by Helen Macdonald, Honorary Secretary, November 2007

It is hard to believe that it is December already! Since the last News from the Board, we have had the conference and AGM in Brighton and exciting announcements about CBT.

Meetings

The Annual General Meeting took place during the conference in Brighton, and the new Board met in Bury for the first time in October. John Taylor was elected unopposed as president elect, with Linda Matthews and Kerry Young elected unopposed as elected members of the Board. Inductions for Linda and Kerry, who have joined the Board for the next three years were held at Bury; John Taylor visited in November.

In the news

Members will have seen the announcements in the media regarding new funding for psychological therapies. The Board welcomed the investment being made and know that the tireless and persistent efforts of members of BABCP have contributed. There has been some critical comment in the media from prominent psychotherapists in other modalities; and some concerns within our own membership about how the investment will work in practice; levels of training and standards of delivery. Where there have been misleading or inaccurate assumptions, we have tried to make a considered and timely response. Many emails have been sent between Board and National Committees' Forum members to ensure that we present a balanced view which promotes CBT according to our objects as an association. Looking at JISmail will also give a flavour of members' views, concerns (and sense of humour).

Membership

Matt Finnegan, (Communications) reported back to the Board, particularly noting the enthusiasm and creativity of the Central Branch in promoting CBT and recruiting new members. Stephanie Fitzgerald was particularly commended for her energy in this area. Consideration was given to identifying a budget for making more resources available for this important work.

Retired members

Howard Lomas presented proposals to offer free membership to BABCP members who retire from paid employment after 30 or more years' membership of the Association. A small number of members and retired members are currently entitled to discounted rates. It was unanimously

agreed that it will enrich the organisation to retain these members, by offering free membership after retirement and after 30 years' membership of the association. Howard will contact members to offer them the benefit.

(see opposite for more details)

Categories of membership

David Veale, President, put forward procedures for creating Fellows and Honorary Fellows of the organisation. It was agreed that enhanced contributions could be acknowledged in this way, as well as providing a pool of expertise that the Association draws on to assist in promoting CBT. A procedure will be discussed and agreed. See page 6.

Patrons

We discussed inviting Patrons for the organisation and made various suggestions about who might promote CBT on our behalf. Matt has prepared a role description. We would also like members to put forward suggestions for enhancing user involvement in the association. The Supervisor and Trainer Accreditation Group, (STAG) have proposed the inclusion of a supervisee and user on the committee. Work is continuing on a proposed 'Laurence Burns Award'.

Irish Republic

Howard reported the progress made towards setting up the Irish Association for Behavioural and Cognitive Psychotherapies (IABCP), for members in Eire. When it comes into formal existence, current BABCP members in Eire will become IABCP members. The Board expressed strong support for the emerging IABCP and will prepare a Memorandum of Understanding regarding interim arrangements for accreditation of practitioners.

Branches

Proposals for two new Special Interest Branches in Brain Injury and Psychiatry and Medicine in CBT were approved. We look forward to the development of these branches.

Publications

The new E-Journal, 'The Cognitive-Behaviour Therapist' is expected to be launched in April 2008. The Editors have reported good progress in commissioning of articles. The special issue of 'Behavioural and Cognitive Psychotherapy' is also due to appear in 2008.

External Regulation and Improving Access to Psychological Therapies (IAPT).

The Government announced 170million for the expansion of CBT, as the Board met in Bury. Rod Holland gave a comprehensive report to the meeting. There had also been considerable lobbying by Lord Layard. Implications for the BABCP were discussed. The Accreditation and Registration committee would also be discussing these issues at its next meeting, but it was recognised that our current accreditation criteria would not cover therapists competent in certain areas. It will be in the interests of the public and CBT to set standards and acknowledge specific training. Now that guidelines on competencies have been published, extensive work will be needed to map current CBT programmes and core professional training onto the competencies, along with Accredited CBT therapists. The Board supported RH in his role with BABCP to work collaboratively with UCL within a limited budget to conduct the necessary research.

Complaints

Discussion took place about our complaints and disciplinary procedures, particularly with regard to members regulated by statutory bodies. It was agreed that it is most appropriate for the statutory regulator to deal with complaints about practice in the first instance. This is regarded as an interim measure, as psychological therapists are likely to be regulated through the Health Professions Council. Chris Cullen and Michael Townend, with Helen Macdonald will meet to consider how our current guidelines for good practice compare with the HPC guidelines.

AREBT

We have continued to liaise with AREBT and are developing the idea of combining our directories of accredited practitioners. We have had mutually supportive communications regarding our relationship with UKCP and the Government announcement.

UKCP

Linda Matthews is stepping down as UKCP rep. Her outstanding contribution, with hard work, diplomacy, patience and tolerance was fully acknowledged. The Board welcomed Francis Lillie taking over the role.



Office and administration

Jenny Riggs has begun developing her role as Chief administrator, and working towards the Company Secretary role when Howard Lomas retires next year. We are still working on the other roles that Howard fulfils and to ensure the needs of the organisation are met when he does take full retirement. A proposal to appoint a trainee administrative assistant for Jenny has been agreed. We are hoping to interview candidates before Christmas.

Website

The Board invited the website developers IChameleon to give a presentation of the work so far on the new BABCP website. We saw the look and content management elements and asked questions. Delays have been encountered for technical reasons, because the website needs to interface with the membership database. Work will continue with a view to launch before January 2008.

Conferences

Rod Holland gave an update on conferences and the financial situation with regard to previous conferences. Brighton was a great success in terms of attendance and scientific content. There were some issues with the venue, which the organisers are pursuing. The conference committee has already met to outline the programme for Edinburgh 2008. There has also been a site visit to Exeter, which is the proposed site for 2009. The new leaders of the scientific committee will be taking over from Philip Tata for 2009. We aim to involve the local Branch and BABCP central office in conference organisation.

Contact me at secretary@babcp.com with questions, ideas, comments and feedback.



(Above) Funny, the people you bump into at the annual conference!

Free BABCP membership for retired longstanding members

FREE membership will be given to some retired members of the BABCP.

The Board made the decision after being told that the offer would cost less than £100 a year.

It will apply to those who have been members for at least 30 years.

Executive Officer Howard Lomas reported that currently there was no free membership offered to people who retired, unlike, for instance, in the British Psychological Society.

Retired members could instead continue their BABCP membership at the reduced 'student/trainee/unwaged' rate, currently less than half the full rate.

Mr Lomas said free membership for those who had subscribed to the BABCP for 30 years would increase goodwill and could benefit the Association by providing a pool of senior and experienced CBT practitioners who could be consulted by the Board on a number of issues.

Presidential Podcast

The first ever BABCP podcast has been produced by President, David Veale.

It contains brief interviews from the Brighton annual conference with Adam Radomsky, Stirling Moorey, Warren Mansell, Anne Hackmann, Graham Turpin and Phillip Tata.

The podcast also has some experiential work on ruminations in honour of Ed Watkins and even a couple of numbers from Elvis on the Brighton pier!

The total length of the podcast is about 50 minutes, size 25MB.

Dr Veale said: "Hopefully podcasts will become a regular feature of our new web site in the future."



South West Branch Unexplained Medical Symptoms, Somatisation and Persistent Pain

Helen McDonald

Thursday 28th February, 2008

Buckfast Abbey, Buckfast, Devon

9.30am Registration, 10am Welcome and Introduction; 4.30pm Close

Helen MacDonald is an Accredited Cognitive-Behavioural Psychotherapist and Chartered Health Psychologist. She is the co-author of 'Overcoming Chronic Pain' (Constable-Robinson, 2005) and specialises in long-term health conditions, particularly pain; common adult mental health problems and return to work.

CPD: The workshop will contribute 5 CPD hours, subject to your peer group approval and in line with BABCP guidelines.

There will be opportunities to practice skills and discuss ideas during the day, with a combination of interactive workshop style presentation and small group practice.

Workshop fees: £60 for BABCP members, £75 for non BABCP members £45 for students, service-users, staff from voluntary sector organisations.

All learning materials, lunch and refreshments are included.

For further information contact buckerell@hotmail.com

For directions please visit

<http://www.buckfast.org.uk/site.php?use=directions>

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Special events for 2008: Acceptance and Commitment Therapy (ACT) and Schema Therapy

1–3 April 2008

Kelly Wilson

ACT in the present moment: the experience of acceptance and commitment therapy

A 3-day workshop with a co-author of the first ACT book (Hayes, Strosahl & Wilson, 1999, *Acceptance and Commitment Therapy*), visiting from the USA.

£325 for three days (£300 before 31 January 2008)



Kelly Wilson

3–6 March 2008

Arnoud Arntz and Marjon Nadort

Schema therapy training, part 1

Dutch researchers/trainers on the successful randomised controlled trial of schema therapy for borderline personality disorder (*Arch.Gen.Psychiat.* 63, 649–658)

£470 for four days (£400 before 31 January 2008)



Arnoud Arntz



Marjon Nadort

15–18 September 2008

Marjon Nadort and Hannie van Genderen

Schema therapy training, part 2

Open to graduates of previous Arntz and Nadort schema therapy training and/or people who have attended Jeff Young's workshops.

£470 for four days (£370 before 31 January 2008)



Marjon Nadort



Hannie van Genderen

Workshops are run jointly with BABCP Central Branch

See the OCTC website for more details and booking forms or contact as below

Oxford Cognitive Therapy Centre
Warneford Hospital
Oxford OX3 7JX

Tel: 01865 223986
Fax: 01865 223740
Email: octc@obmh.nhs.uk
Web: www.octc.co.uk

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