In December I attended the TEDx CoventGardenWomen Un-Labelled event in London. Its aim was to shed light on women’s work and lives, present and future, to challenge social, cultural and politically constructed labels, and highlight the dangers of ‘gendering’ that affect the very existence of both women and men. The debunking of stereotypical female labels was supported by the personal and professional testimonials of presenters who spoke authoritatively about a range of issues including female genital mutilation, the rights of female asylum seekers, the importance of investing in female social entrepreneurship across the globe, and the investigations through performance art of sexism and its effect on liberty and personal freedoms.

This event provided a satisfying salutation to a year of distinguished and effective high profile campaigning by a range of women’s groups who have robustly and fearlessly led the charge for feminism’s fourth wave. In her e-book, \textit{All The Rebel Women - the rise of the fourth wave of feminism}, Kira

\textit{Continued on pages 14 & 15}
Gordon Deakin

Shortly before going to press, CBT Today received the sad news that Gordon Deakin had passed away.

One of the original five Nurse Behaviour Therapists trained by Isaac Marks in 1972, he was very much part of the history of BAB(C)P since the early days of the Association.

Although based in the South West for many years teaching CBT, as well as being a committee member of the Devon & Cornwall Branch, Gordon was well known and respected by many in the BABCP family and the wider CBT community.

A full tribute to Gordon will appear in the next issue of CBT Today. If you would like to share your memories of Gordon, please email editorial@babcp.com.

New Year Honour for BABCP Fellow

Congratulations to BABCP Fellow Professor Stephen Scott, Director of the National Academy of Parenting Research, who was awarded a CBE in the New Year Honours for services to families.

BABCP President Professor Trudie Chalder said: ‘The leadership Professor Scott has shown in cognitive-behavioural parenting interventions is internationally recognised and respected. Furthermore, particularly as the Director of the National Academy for Parenting Research, which he was also instrumental in establishing, he has championed the use of exclusively evidence-based approaches in working with children and families. In short, his hard work and commitment have benefited and will continue to benefit this vulnerable population for generations to come.

‘On behalf of the Board, as well as the whole Association, I want to say how proud we all are of his achievements.’

Above: BABCP President Professor Trudie Chalder presenting Professor Scott with his BABCP Fellowship in 2013

Submission guidelines

Unsolicited articles should be emailed as Word attachments to editorial@babcp.com, except for PWP-related articles which should be sent to pwptoday@gmail.com.

Publication cannot be guaranteed.

An unsolicited article should be approximately 500 words written in magazine (not academic journal) style. Longer articles will be accepted by prior agreement only.

In the first instance, potential contributors are advised to send a brief outline of the proposed article for a decision in principle. The Editors reserve the right to edit any article submitted, including where copyright is owned by a third party.

Next deadline

9.00am on 21 April 2014 (for distribution week commencing 19 May 2014)

Advertising

For enquiries about advertising in the magazine, please email advertising@babcp.com.

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BABCP Spring Workshops and Conference

Modern Mindfulness

10 - 11 April 2014
King’s College London

Keynote speakers
Lars-Göran Öst, Stockholm University, Sweden
Willem Kuyken, University of Exeter
Mark Lau, Vancouver CBT Centre, Canada
Michael West, King's Fund and Lancaster University

One-Day Workshops

Mindfulness within Person-Based Cognitive Therapy for Psychosis
Paul Chadwick, King’s College London

What is the ‘C’ in MBCT? An Exploration of the Cognitive and Clinical Roots of Mindfulness-Based Cognitive Therapy
Melanie Fennell and Christina Surawy, University of Oxford

Mindfulness-Based Cognitive Therapy. Ten Years On: What Have We Learned; What are the Outstanding Challenges?
Willem Kuyken, University of Exeter

When the Going Gets Tough in CBT, Get Mindfulness! Mindfulness in Individual CBT
Mark Lau, Vancouver CBT Centre, Canada

Enhancing Self-Enquiry, Receptivity, and Mindful Participation: New Mindfulness-Based Skills from Radically Open Dialectical Behaviour Therapy
Tom Lynch, University of Southampton

Mindfulness, Acceptance and Psychological Flexibility in Physical Health: Essential Skills
Lance McCracken, King's College London

Visit www.babcpconference.com for the full programme and an updated list of Keynotes and Workshops

Registration is now open! See the Conference website for full details on how to register
Advancing pan-African CBT

Lydia Stone, who currently chairs the BACP Diversity Special Interest Group, writes about her hopes for expansion of CBT in Africa

As CBT continues to be developed and used in the UK, how it responds to the differing needs of diverse populations is increasingly of interest. The level and variety of interest has been copiously reflected in the pages of this magazine with thought-provoking articles on, to name but a few, implementing services for veterans, the role of CBT in offender management, the impact of class on how we apply CBT and teaching clinicians in Palestine. As the body of evidence for its effectiveness grows, then, we can understand the arguments for CBT to be rolled out and trialed in new environments, cultures and settings.

Last summer, I attended the European Congress in Marrakech. One of the significant conversations that took place happened when those with a specific interest in CBT on the African continent, myself included, came together. The outcome of this conversation was to form a Pan-African CBT (PACBT) network.

The PACBT network is in the early stages, but we already have two initial goals:

- Identify and make links with any colleagues with an interest in CBT in Africa
- Organise an inaugural PACBT meeting at the 2014 EABCT Congress which is taking place in The Hague

Since forming, we have also set up a LinkedIn group for the network as well as approaching interested parties from the various Associations under the EABCT umbrella to join us.

With this in mind, I would like to take this opportunity to extend an invitation to BABCP members to the PACBT network. We would also welcome your support in promoting the network to any colleagues or organisations you may know in Africa. To find out more information, please email me at Lydia.Stone@hounslow.gov.uk.

To join the PACBT LinkedIn group, visit http://is.gd/PACBTLLinkedIn

Modern Mindfulness

The organisers of this year’s BABCP Spring Conference preview what is in store for delegates

The Spring Conference will take place at King’s College London on 10 and 11 April. We have gathered together an inspiring group of world leaders in the practice and research of Mindfulness. The two days will be a perfect opportunity to work with experts and hear about the latest developments in research and practice.

We have invited speakers who use Mindfulness in different settings and with different client groups. Amongst them are Tom Lynch who will talk and deliver a workshop on Mindfulness and Pain, Lance McCracken on Mindfulness within Acceptance and Commitment Therapy (ACT), and Paul Chadwick on the use of Mindfulness within Person-Centred Cognitive Therapy for Psychosis.

Our keynote speakers bring together the latest Mindfulness research. Mark Lau will discuss the mechanisms of Mindfulness bringing together Buddhist and psychological understandings. Lars-Göran Öst will review the evidence for more recent treatment developments in CBT. Willem Kuyken will consider the challenges remaining for Mindfulness-Based Cognitive Therapy (MBCT). Last but not least, Michael West about the place of Mindfulness in leadership and team working.

The workshops provide exciting opportunities to engage with Mindfulness approaches to treatments, and to further develop skills for those who already have experience in these interventions. The titles of the workshops are:

- Mindfulness within Person-Based Cognitive Therapy for Psychosis
- What is the ‘C’ in MBCT? An Exploration of the Cognitive and Clinical Roots of Mindfulness-Based Cognitive Therapy
- Mindfulness-Based Cognitive Therapy. Ten Years On: What Have We Learned; What are the Outstanding Challenges?
- When the Going Gets Tough in CBT, Get Mindfulness! Mindfulness in Individual CBT
- Enhancing Self-Enquiry, Receptivity, and Mindful Participation: New Mindfulness-Based Skills from Radically Open Dialectical Behaviour Therapy
- Mindfulness, Acceptance and Psychological Flexibility in Physical Health: Essential Skills

The workshops are designed to be interactive with experiential exercises; teaching, discussion, video materials and role-play activities. For details about the individual workshops visit the BABCP Conference website.

Registration is now open at www.babcpconference.com
BABCP 42nd Annual Workshops and Conference

University of Birmingham
22 - 25 July 2014

Your Submissions Welcome
Submit your research or clinical work as an OPEN PAPER or POSTER to the 2014 BABCP Conference

We are delighted to receive submissions relating to clinical research and clinical practice, including case reports. Work in progress is also welcomed. Excellence awards, judged by leaders in the field, are available for oral presentations, posters and case reports by trainees and new researchers. Winners will receive free registration at next year’s Conference as part of their prize.

Please see www.babcpconference.com to submit your Open Paper or Poster

Deadline for Open Papers and Posters: 3 March 2014

Some confirmed Keynotes and Workshop Leaders:

James Bennett-Levy, University of Sydney, Australia
Colin Espie, University of Oxford
Matt Field, University of Liverpool
Adele Hayes, University of Delaware, USA
Carl Lejuez, University of Maryland, USA
Emmanuelle Peters, King’s College London
Helen Riper, University of Amsterdam, the Netherlands
Paul Stallard, University of Bath

For the draft programme and more information please visit www.babcpconference.com
One more cup of coffee ‘fore I go

With a global reach extending to the USA, Australia, Canada, New Zealand, Italy and beyond, the Death Café movement has been active and growing at a pace in the UK since 2011. Associate Editor Patricia Murphy recently attended a Death Café in Stratford-upon-Avon to find out more.

You might think that kicking off the New Year by spending a rainy Sunday afternoon in January in the company of strangers talking about death would be a bit of a downer. When I say strangers, we all had a general idea of what we had signed up for by attending Stratford-Upon-Avon’s first Death Café. The clue was in the name after all.

A Death Café is not, as one of my colleagues thought, a whodunit set in a café. Rather it provides people with an opportunity to come together and talk about death in the presence of cake. Lots of cake. Actually I did not touch the cake. I do not think I could have swallowed it, so engrossed was I in processing my own emotions whilst digesting all the stories in the room.

The Death Cafe model was developed by Jon Underwood and Sue Barsky Reid, based on the ideas of Swiss sociologist and Death Café pioneer Bernard Crettaz, who was driven by a mission to release people from the ‘tyrannical secrecy’ surrounding death and dying while also encouraging others to adopt the Swiss tradition of ‘cafés mortels’. The UK’s first Death Café was hosted by Underwood in September 2011 in Hackney, East London.

Back in Stratford, on a rain-soaked residential street, I found myself in a large, comfortable, airy space with around 20 others. Predominantly female but spanning a range of ages from twentysomething to 80, we had gathered for two hours for a group-directed discussion of death with no agenda, objectives nor themes.

The event was skillfully facilitated by two practising counsellors, Glynis Fletcher and Gillian James.

Participants were aware that the group’s purpose was not to provide counselling support but to increase awareness of death with a view to helping people make the most of their (finite) lives.

Intuitively the group seemed to understand itself from the very beginning. Perhaps the democratisation of death generated a reciprocity and sense of spiritual communion that is generally absent from many professional group settings I might find myself in.

Ultimately the struggle I had was with myself. I listened attentively to the stories and experiences shared by others but I was uncharacteristically mute until the last five minutes. Then I started to feel a flutter of panic. What if other people thought my presence was purely voyeuristic or that I was bored? I caught sight of the clock and realised that time was running out. I know, I know, time is literally running out. We are all going to die. Speak up for goodness sake.

Breathlessly, and like someone flinging themselves onto a packed commuter train about to depart, I finally managed to put my thoughts into words and explained that I found my professional role had straight-jacketed me. I simply could not sit there and just be. Somebody in the group disclosed that she had gathered up all the stories like balloons, but when they became too much to carry she had let them all go. I think I was still holding on to them too and forgot to pick up my own.

I felt a huge relief at having managed, in part, to explain my soundlessness and also heard the quiver in my voice which betrayed how much energy I had been using to keep my emotions in check.

On the drive home I reflected on what had happened. I felt like a better version of myself, but it also made me think about the helpfulness, or not, of self-imposed obstacles that therapists might construct to protect themselves from vulnerability.

If death is the West’s last taboo, then one way of dismantling it would be by attending a Death Café, inviting death in, offering it a large slice of Death by Chocolate and saying, ‘Let’s talk’.

If you are interested in finding out more about the Death Café movement, or if there is one near you, visit www.deathcafe.com.

5th Annual Scholarship Competition for Graduate Students & Mental Health Trainees

We are pleased to announce our first Beck Institute West Coast Student Workshop in San Francisco, CA, on August 18-20, in addition to our annual East Coast Student Workshop in Philadelphia, PA, on August 11-13, to which we will award 20 student recipients with full tuition scholarships.

Visit the Student and Trainee Scholarship Competition page at the Beck Institute website (www.beckinstitute.org) for complete details.

Deadline: March 3, 2014

Good luck!
Aaron Beck and Judith Beck
As Asia’s world city, Hong Kong is a culturally diverse and sophisticated metropolis that blends eastern and western influences into a dynamic destination for meetings and conferences.

Located at the heart of Asia’s most popular business locations that also links to Mainland China, Hong Kong is a highly-accessible and safe city that has the world-class facilities and state-of-the-art venues to make conventions a resounding success.

Tugged within high-tech modern buildings, soaring skyscrapers, top-notch accommodations and world-renowned shopping and dining, one can also explore the mystic enclaves of the Orient where traditional Chinese medicine, street vendors, off-street snacks and antique artifacts are still abound.

A well-developed public transportation network makes commuting in Hong Kong a convenient and inexpensive breeze. Hong Kong is an exciting and vibrant place to meet, to shop, to relax and to enjoy. Our city boasts a friendly and hospitable environment where the English language will get you anywhere.

Try out the local culinary delicacies, visit one of our many temples, hop off for a day-trip to one of the outlying islands, or even bask under the sun in our pristine beaches … there will be no shortage of daily attractions and activities for delegates and their accompanying partners, spouses and family members.

Come to Hong Kong for the 8th ICCP 2014 for a memorable trip that you will talk about for years!
University of Sussex

Postgraduate Diploma in Psychological Therapy

Now recruiting for our fourth intake, this innovative programme is intended to provide the training components necessary for individual BABCP accreditation as a Cognitive Behavioural Therapist, offering two pathways:

**Cognitive Behavioural Therapy for Complex Difficulties**
This pathway is designed to serve the needs of mental health practitioners who will work primarily with more severe, enduring and complex presentations of mental health problems, in either out-patient or in-patient services.

**Cognitive Behavioural Therapy for Children and Young People**
This pathway is designed to serve the needs of mental-health practitioners who will work primarily with children and young people, in either out-patient or inpatient services.

- Clinical Placements available with Sussex Partnership NHS Foundation Trust to complete the practice element
- A choice of completion over one or two years
- Option to continue onto MSc with CBT focused research training and project

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**Fees for September 2014 entry**
One year programme £8,800. Two year programme £5,500 (year one), £3,500 (year two).

For more details and to apply, visit [www.sussex.ac.uk/psychology/pgstudy/psychologicaltherapy](http://www.sussex.ac.uk/psychology/pgstudy/psychologicaltherapy) or email Dr Lydia Turner, Programme Director at L.Turner@sussex.ac.uk

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**One-day CBT Master classes at the University of Sussex**

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<td>Therapist drift in CBT: What it is, why we do it and how to get back on track</td>
<td>Professor Glenn Waller</td>
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<td>6 and 7 May 2014</td>
<td>Trauma focussed CBT. 2 day workshop followed by a period of supervision of trauma focussed CBT (further details on training, supervision and price on request)</td>
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<td>CBT for the treatment and prevention of anxiety in young people</td>
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<td>7 August 2014</td>
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<td>CBT for Eating disorders: Aiming for recovery</td>
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**Fee** £75 per workshop for single day workshops. *Price on application. For further information and to book a place please email training@sussexpartnership.nhs.uk All master classes certified as 6 hours of continuing Professional Development.
 Keeping up with the literature

**Edinburgh-based medical doctor, psychotherapist and blogger James Hawkins continues his regular column in which he comments on literature and research of topical interest**

Sex can be a source of great pleasure and intimacy, but also of great pain and distress. I find it sad that treatments for sexual difficulties can be so hard to access here in the UK, while CBT therapists (who potentially have much to offer in this situation) typically seem to ignore this crucially important area.

A recent article in the *Journal of Sexual Medicine* - ‘Why don’t healthcare professionals talk about sex? A systematic review of recent qualitative studies conducted in the United Kingdom’ - comments that sexuality is considered to be an important aspect of holistic care, yet research has demonstrated that it is not routinely addressed in healthcare services. A greater understanding of this can be achieved through synthesizing qualitative studies investigating healthcare professionals’ experiences of talking about sex... Nineteen interconnected themes emerged relating to healthcare professionals’ experience of discussing sexuality with service users, including fear about ‘opening up a can of worms,’ lack of time, resources, and training, concern about knowledge and abilities, worry about causing offense, personal discomfort, and a lack of awareness about sexual issues.

The article concludes by saying that the majority of healthcare professionals ‘do not proactively discuss sexuality issues with service users, and this warrants further attention. An understanding of the perceived barriers and facilitators indicates that interventions to improve the extent to which sexuality issues are addressed need to take organizational, structural, and personal factors into consideration.’

Meanwhile our understanding of sexual issues in the UK evolves encouragingly - in 1990 and again in 2000, we had the first and second UK National Surveys of Sexual Attitudes and Lifestyles (Natsal). Results from the third Natsal study were published in *The Lancet* this winter (Volume 382, Issue 9907) with six freely downloadable papers covering changes in sexual attitudes and behaviours, details on sexually transmitted diseases, prevalence and information on unplanned pregnancies, levels of sexual function, health and sexual lifestyle associations, and lifetime prevalence and other information on non-volitional sex. Key points are covered in a rollercoaster three and a half minute ‘infographic’ video.

There have also been a series of fascinating papers on exposure treatments. Abramowitz in his freely downloadable article, ‘The practice of exposure therapy: Relevance of cognitive-behavioral theory and extinction theory,’ comments that exposure therapy is the ‘most effective psychological intervention for people with anxiety disorders,’ while the article ‘argues that knowledge of the relevant theory is crucial to being able to implement exposure therapy in ways that optimize both short- and long-term outcome.’ I mention other interesting publications on exposure in the extended online version of this article. But, for now, I will highlight the clarifying paper by Leer et al, ‘Eye movements during recall of aversive memory decreases conditioned fear,’ the cutting edge Anderson et al study, *Virtual reality exposure therapy for social anxiety disorder: A randomized controlled trial*; and the practical, freely downloadable, Ehlers et al report, *Implementation of cognitive therapy for PTSD in routine clinical care: Effectiveness and moderators of outcome in a consecutive sample*.

Thirdly, I glance at some recent papers on mindfulness, cognitive restructuring and applied relaxation. Mindfulness and acceptance-based interventions tend to be all the rage just now. But, in the words of Oscar Wilde, ‘The truth is rarely pure and never simple’. Wolgast et al, in their paper ‘Cognitive restructuring and acceptance: An empirically grounded conceptual analysis,’ write, ‘In sum, the findings from the study indicate that acceptance and cognitive restructuring should not be regarded as unitary and non-related constructs, but rather as partly overlapping general dimensions of emotion regulation consisting of several sub constructs or conceptual nuances with somewhat different psychological functions and properties.’ This blurring of boundaries extends further with the paper from Hayes-Skelton et al, ‘A contemporary view of applied relaxation for generalized anxiety disorder’.

Finally, there is the very interesting note of caution (reminiscent of findings from some mindfulness to prevent depressive relapse studies) about naively over-broad application of these emotion-regulation skills in the Troy et al article, ‘Person-by-situation approach to emotion regulation: Cognitive reappraisal can either help or hurt, depending on the context.’

A longer online version of this article, complete with hyperlinks to all cited research studies, can be found on James’ blog at [http://tinyurl.com/ptr6xab](http://tinyurl.com/ptr6xab)
A cancer diagnosis is an understandably traumatic experience, due to its perceived existential implications. The treatment process may be overwhelming and exceptionally frightening. The prevalence of psychological distress is high along a continuum, ranging from a feeling of vulnerability, sadness and fear to problems that can become disabling, such as depression, anxiety, panic and social isolation. Paradoxically, such life changing experience may eventually result in increased contentment, if the presenting hurdles are not too big to pass.

Although I had previously worked in an acute hospital, I had not appreciated the volume of people living with cancer until I stepped into the outpatient department. The scale of cancer was remarkable and the activity vast, with the atmosphere being pleasantly welcoming and not as sombre as I had anticipated. Witnessing people from all walks of life investing all they possess into living - in the face of countless obstacles - is undoubtedly a persistently humbling experience.

With ever-increasing screening, detection and developing treatments, many people are living with cancer for years. Treatments include surgery, chemotherapy and radiotherapy, often offered in combination. While positively life-prolonging, curative treatments can potentially be debilitating, disfiguring and frightening. Quality of life issues are apparent; treatments may entail vast adjustments, with overwhelming stress levels far from uncommon.

For some people, cancer is evaluated as a positive reason to live for the moment. Such ‘fighting spirit’ may be envied by other people who respond with hopelessness and fear. Unexpectedly becoming a person with cancer - and all that this entails - is frequently met with disbelief, shock and a fear which can be paralysing. A return towards living life in a meaningful way can be challenging.

In the course of developing a service for people living with cancer, and equipped with the evidence supporting CBT for people with long-term conditions - including cancer - I felt confident, albeit somewhat apprehensive about delivering this psychological approach within oncology. A few patients have been hesitant about engaging with CBT, perceiving it to be a question of substituting bad thoughts with better ones. Our focus, however, has remained the same: identifying problems, whilst modifying thoughts and behaviours, in order to achieve realistic goals.

A depressed patient having completed life-changing ‘curative treatment’ described the process as comparable to ‘being put on a fast train with no option to exit and then crashing into the buffers.’ With treatment complete and potentially being uncertain of the future, one can be left feeling out of control, yet left believing that one ‘should be grateful to be cured.’

The ubiquitous warning to be vigilant to symptoms of reoccurrence left a feeling of vulnerability. Frequent reminders that others with cancer were not so fortunate questioned the validity of emotions triggered by such a turbulent journey; the pressure to remain positive continually can have negative consequences.

An expectation to feel grateful and lucky for a chance to win the ‘battle’ with cancer may also undermine feelings resulting from the individual’s cancer journey. In the face of defeat, ‘learning to live with dying should never be underestimated and yet so many people seemingly do it with such courage. Hardly surprising that some people feel weakened by such an internal struggle, seemingly disconnected from the outside world, occasionally left feeling anxious that their stress and worry will reduce efficacy of their treatment.

People are repeatedly portrayed as ‘fighting with’ cancer. A ‘fighting spirit’ conceivably helps people live with cancer, but its potency along the journey may wax and wane. Their battle will inevitably end at some point in ‘victory or defeat.’ There are undoubtedly tactical decisions for the individual and their team to make concerning plans for the ‘battle.’ However, cancer may be an enemy with too strong a force to conquer. It is plain to see how the ‘battle’ metaphor can be demeaning if ‘losing the battle’ is interpreted as failure, or the person would never in a million years contemplate entering into any such battle.

There is an absence of conclusive evidence to support the perception that therapy increases quantity of life; however, evidence suggests that it can improve quality of life and the self management of long-term conditions.

An eclectic approach, augmented by the use of some acceptance and mindfulness strategies has worked well for many patients I have worked with. In the presence of negative experiences, increased function and psychological flexibility is achievable, by encouraging behaviour in accordance with personal values.

There are some unavoidable obstacles for therapy in this particular healthcare setting. I believe it is essential that people do not suffer with anxiety and depression because it is considered a ‘normal’ response to cancer. I am convinced that CBT is helpful, even when it ‘really is that bad’.

When it really is that bad…

Over the last 12 months, Psychological Therapist at Norfolk and Norwich University Hospital Julia France has been developing a CBT service for patients living with cancer. CBT Today invited her to write about the experience.
In addition to the training workshops listed below, CWI run year-long Certificate and Diploma courses in Evidence-Based Psychological Treatment, as well as shorter flexible CPD modules. All the training is aimed at a mixed ability audience and held local to Reading unless otherwise indicated. More information about our workshops, postgraduate courses and CPD modules can be found at [www.reading.ac.uk/charliewaller](http://www.reading.ac.uk/charliewaller)

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<td>Professor Lars-Göran Öst</td>
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<td>Working with survivors of childhood sexual abuse</td>
<td>Dr Carmen Chan &amp; Dr Martha Nicholson</td>
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<td>Brief behavioural activation for depression in adolescents and adults</td>
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<td>Dr Martha Nicholson</td>
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<td>Professor Steve Hollar</td>
<td>Vanderbilt University, Nashville</td>
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<tr>
<td>9 July 2014</td>
<td>Mindfulness Based Cognitive Therapy (MBCT)</td>
<td>Professor Willem Kuyken, University of Exeter</td>
<td>Berkshire Healthcare, NHS Foundation Trust</td>
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</tbody>
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1-day workshop £130; 2-day workshop £250
For more information please contact [cwi@reading.ac.uk](mailto:cwi@reading.ac.uk) or call 0118 378 6668 [www.reading.ac.uk/charliewaller](http://www.reading.ac.uk/charliewaller)
Imagine this is you! Three years ago, you were in a minor traffic accident. Since then, you have suffered from severe neck pain and numbness down the right side of your body. You have trouble concentrating and sleep very badly. Your job is stressful and you often take annual leave instead of sick leave, as you have had so much time off sick already.

You have tried many things, including acupuncture, chiropractic and physiotherapy, yet have only experienced short-term relief. You have had lots of medical examinations and been referred to several specialists. You have been told that all your tests are normal and that no medical explanation for your symptoms can be found. You attend your GP surgery regularly, as you are so worried. The doctor has just told you that he wants you to see a ‘counsellor’.


This could be considered a common experience for someone suffering from Medically Unexplained Symptoms (MUS); or, as Rona Moss-Morris said at a 2012 IAPT Pathfinder event, ‘conditions characterised more by symptoms, suffering and disability than by disease specific, demonstrable physiological abnormalities’. MUS can vary greatly in nature, from people experiencing mild IBS to people who are bed-bound due to their symptoms. In practice, you may also come across patients with a ‘functional disorder’ or ‘idiopathic disorder’. These terms are also used when no organic cause can be found.

People suffering from MUS account for as many as one in five new consultations in primary care. On average, it is estimated that 52 per cent of consultations in secondary care are with ‘frequent attenders’ whose symptoms remain unexplained. Unnecessary procedures can create more health problems and can result in a considerable use of health resources.

One of the objectives set out in the 2011 cross-government strategy, No Health without Mental Health, aims to improve the mental health of those suffering from physical illness. It states that common mental health problems, such as depression, are much more common in those with a physical health illness. Having both makes it much more difficult to recover from either one. Those experiencing MUS are arguably living with a higher level of uncertainty, fear and frustration. It is hardly surprising, therefore, that up to 70 per cent of this client group will also experience depression and/or anxiety.

There have been various studies into the efficacy of CBT in relation to MUS, where the desired outcome is for an improvement in daily functioning and wellbeing through treating the underlying depression and/or anxiety. For this reason IAPT has begun treating patients with physical difficulties as well as those with psychological needs. It is likely, then, that PWPs will start assessing and treating this client group.

As a practising PWP, I have had the opportunity to work with people experiencing MUS. Mindful of the limited time and resources we have when working clinically at Step 2, I am going to share some ‘top tips’ which I hope are both useful and also easy to implement into your work as practitioners.

Listen

In the assessment and throughout treatment, it is crucial that the practitioner provides space and spends time listening to the client while they are telling their story. This would be true for most clients; however, it is likely that MUS clients will already feel ‘unheard’. If you do not spend time listening and validating their experience, you might be perceived as another practitioner who does not understand. All of your common factor skills will be of utmost importance: using open questions, with a curious, non-judgmental attitude and remaining empathic to the client’s situation. It is also important that the focus during the assessment is steered towards the physical symptoms and their impact.
on daily functioning, as this provides a way of introducing the idea of managing symptoms better using CBT during the assessment.

Socialise the model
The Five Areas model is a visual tool that can help clients see how their physical symptoms impact on their mood and how their mood can impact on their physical symptoms. There is one alteration needed when working with this client group; rather than starting the model with thoughts, begin with physical symptoms. This can help clients gain an insight into the link between stress and symptoms, and how this can be ameliorated. It can also provide a rationale as to why they have been referred to a psychological service. We are not suggesting the symptoms are ‘in their head’ or ‘made up’, rather suggesting that the techniques taught in CBT can help clients improve their daily functioning.

Location
Many therapeutic practitioners will agree that if a client ‘buys into’ the CBT model, they are more likely to see therapeutic change. Your work will be more effective if you can bridge the gap between the physical and psychological symptoms. A simple way to start this process is the location of your first appointment. If you were the client described at the beginning of this article and were asked to go to a psychological service building, what would you think? If that same appointment was based in a hospital or GP surgery, would this change your feelings or expectations about that appointment? If you are able to base yourself within a medical setting, you are likely bridging this gap from the outset.

Goal-setting
SMART (specific, measurable, attainable, relevant and time-bound) goal-setting is a useful tool when working with people with MUS. Their physical symptoms may restrict what they can do, so setting new goals can be a positive, motivating process. It can also promote a shift in mindset. Rather than ruminating about what can no longer be achieved, goal-setting looks at what can be achieved with adaptations. A patient example highlighting how useful goal-setting can be is that of ‘Jane’, a 51-year-old female whom I worked with. She regularly used to play netball for a local team but, following a nasty bout of pneumonia, struggled to regain full fitness and woke up most mornings with flu-like symptoms.

Some mornings, Jane struggled to get out of bed and her energy levels were generally poor. She was on long-term sickness from work when we started treatment and had also stopped playing netball due to fatigue. Jane reported feeling useless and lost most of the time, and had started to become very low.

It is important that the goals set are realistic and achievable for the person you are working with. At the beginning of treatment, Jane could not have expected to play a full game of netball so we discussed what she thought she could achieve. Her first goal was going to watch her team play on a Tuesday evening. This was difficult for her, as she feared she would feel more useless following this. Jane surprised herself, however. She enjoyed going to watch and eventually started coaching her team. She also noticed her energy levels increasing, which enabled her to do more with her days.

As a practitioner, we must acknowledge fears and physical limitations but also gently challenge the ‘no can do’ mindset. SMART goal-setting can increase activity levels without overwhelming the client. It also allows flexibility, which is very important when working with someone who has physical symptoms that can vary from day to day.

I hope that my top tips are useful for those of you working with MUS clients within your clinical practice.

Many therapeutic practitioners will agree that if a client ‘buys into’ the CBT model, they are more likely to see therapeutic change

Research Fund launches new grants round

Anyone familiar with the BABCP’s Memorandum and Articles of Association will know that our primary objective is to promote the theory and practice of behavioural and cognitive psychotherapies. One of the ways we do this is to fund research from the money raised through the BABCP conference surplus as well as through Gift Aid and from other kinds of donation.

The BABCP Research Committee has just launched a new funding round. Awards may be made of either smaller grants for a shorter period (such as for a year or less) or for larger grants including funding a PhD over three years. In arriving at a decision, it will take into account both the quality of the research and value for money.

Applications should be emailed to babcp@babcp.com by no later than 9.00am on Monday, 23 June 2014. A copy of your CV, as well as that of your academic mentor or PhD supervisor, should be included. All applications will be sent for peer review and then considered by the Research Committee. The committee aims to meet by the end of September, with applicants informed of decisions by early October.

For further information including how to leave a legacy to the BABCP Research Fund, please visit www.babcp.com/Research
Cochrane discusses the events that led to a seismic rise in of feminist activism during in 2013, tirelessly listing many of the individual women and women’s groups who took the brave decision to fight back against misogyny, by raising the profile of amongst other issues - female genital mutilation, the sexual objectification of women, the lack of female representation, racism and sexism in music videos, the meaning of sexual consent, protests against the promotion of designer vagina surgery, and the fight against racist immigration laws and tactics.

Brave, because the personal cost to some of these women for speaking up has been staggering. In October 2012 teenager Malala Yousafzai, a Pakistani student who had been actively campaigning for the right of girls and women to an education, was shot in the head and neck by a Taliban gunman. Earlier that year, members of Russian punk protest group Pussy Riot were imprisoned for performing a song critical of Vladimir Putin and his links to the Russian Orthodox Church in Moscow’s largest cathedral. Meanwhile, in July 2013 Human Rights Watch reported that hundreds of women were subject to widespread sexual attacks whilst participating in the protests against President Mohamed Morsi in Cairo’s Tahrir Square.

Closer to home, journalist and feminist campaigner Caroline Criado-Perez was last summer the target of death and rape threats on Twitter after successfully campaigning to have the Bank of England reinstate a woman on the back of an English banknote. Criado-Perez was forced to close down her Twitter account, leave her home and admitted in a newspaper interview that she had experienced life changing psychological effects. In January, two of the those responsible for the online abuse - one of whom was a woman - were charged, pleaded guilty to, and were subsequently jailed for sending menacing tweets.

These examples demonstrate the hazards for women in the 21st century who choose to speak out. Indeed, it is fascinating and inspiring to observe women’s voices becoming amplified by others in a global network clamouring for change.

One of the questions posed by Cochrane is, how this will change the world. If, as she asserts, 1970s feminism was bogged down by theory, then the fourth wave is characterised by a much more active, pragmatic approach. This approach also understands how intersectionality takes in to account the way multiple oppressions interact. Changing the world means changing the way women experience the world. Make no mistake women are feeling the psychological pressure.

In their recently published book, The Stressed Sex: Uncovering the Truth about Men, Women and Mental Health, brothers Daniel and Jason Freeman interrogate the ‘curious silence’ maintained by mental health professionals, psychiatrists and psychologists when it comes to gender and mental health issues. The fact that women are up to 40 per cent more likely than men to develop mental health conditions is supported by findings, based on epidemiological studies from the UK, USA, Europe and Australasia, and it is argued that GPs need to be aware of such disparities when making commissioning decisions.

Women are approximately 75 per cent more likely than men to report having suffered from depression and around 60 per cent more likely to report an anxiety disorder. One of the many interesting observations made was the pattern of what were described as ‘internal problems’ suffered by women.

‘They (women) take out problems on themselves, as it were, where men have externalising problems, where they take things out on their environment, such as alcohol and anger problems,’ the Freemans argue in their book. Often this coping style means that the externalisation of male psychological distress increases the distress of women and children.

The authors are understandably cautious in their conclusions, clearly very aware of the pitfalls and limitations in studying sex differences. They note that many feminist campaigners would point to the inequalities within a patriarchal society as an explanation but, as they point out, this does not take into account how ‘social influences link to an individual’s life history, genetic make-up, biology and psychological processes’.

The Freemans do concede, however, that the disparity had to include societal influences. The scarcity of research evidence makes conclusivity impossible. Yet, it seems a reasonable hypothesis to suggest that women’s self-esteem is significantly damaged by lack of equality, while self-esteem has been established as a key
vulnerability factor across a range of psychological problems. They conclude that, in full consideration of the literature, it ‘seems that there may be – perhaps - a toxic synergy between negative events, cultural values and psychological and biological vulnerabilities. And that toxic synergy may occur more frequently for women than for men.’

Feminism, then, is an unfinished revolution and must continue to press for change if the psychological wellbeing of all women is to be safeguarded. It is unfinished, because women are outnumbered four to one in Parliament. Unfinished, because women working full time are paid on average 15 per cent less than men and two thirds of low-paid workers are women. Unfinished, because it is ‘acceptable’ for a male octogenarian to be paired up with a female half his age to present a popular TV show while a female presenter at the age of 53 is let go on account of being too craggy. Unfinished because women do two thirds of the world’s work, earn 10 per cent of the world’s income, make up 70 per cent of the world’s poor and own less than one per cent of the world’s property.

The real danger for campaigners is battle fatigue. But, there are many reasons to be optimistic, including a rise in grassroots feminism amongst young men and women. Matt McCormack Evans, who founded the Anti-Porn Men Project while a student at Hull University, believes more men want to become involved in the fight for gender equality and more women are willing to accept them. As the Feminist Library have recently launched its first monthly men’s group since it opened in 1975, he may well have a point.

The day-long TEDx CoventGardenWomen conference was one of over 200 similar events held around the world as part of TEDWomen held in December with the aim of shedding light on issues facing women, where speakers and brainstorming sessions brought about creative solutions to address them. TEDx events are inspired by the principles of TED (Technology, Entertainment, Design), a global not-for-profit foundation started in 1984 whose mission is simply to spread good ideas to the world. Organised by unpaid volunteers, TEDx events are designed to give local communities, organisations and individuals an opportunity to ignite a dialogue at a local level.

For more information on TEDx, visit www.ted.com/tedx.
Building Resilience with Vulnerable Clients
Presented by Dr Christine Padesky

Theatre Cymru,
The Promenade,
Llandudno LL30 1BB
23 May 2014,
9.00am to 4.30pm

Aims of Workshop: This workshop teaches Padesky & Mooney’s 4-step model for identifying, building and strengthening resilience, which can be integrated into CBT. This approach integrates knowledge from resilience research and constructive CBT methods. Participants learn to search for strengths within six main areas of competence characteristic of resilient individuals and help clients build a personal model of resilience (PMR™).

About the Presenter: Christine A Padesky, PhD, is considered one of the leading cognitive therapy workshop presenters in the world, appreciated for her depth of knowledge, compassion and good-humoured warmth.

She has presented over 400 workshops to more than 45,000 professionals throughout the world as well as 25 workshops with cognitive therapy’s founder, Aaron T Beck, MD. Her clear, organised presentations integrate theory, empiricism, creativity, audience interaction and practical skills.

Co-founder of the Center for Cognitive Therapy in Huntington Beach, California in 1983, Dr Padesky was one of the earliest therapists to use CBT with depression (beginning in 1978). She is a Distinguished Founding Fellow of the Academy of Cognitive Therapy and former President of the International Association for Cognitive Psychotherapy.

In 2003 she received recognition for her Distinguished Contribution to Psychology from the California Psychological Association. In 2007 the Academy of Cognitive Therapy honoured her with its Aaron T Beck Award for enduring contributions to the field. Dr Padesky provides consultation to mental health professionals worldwide.

In 2002, the BABCP named Dr Padesky the “Most Influential International Cognitive-Behavioural Therapist.”
And the winner is...

The Acceptance & Commitment Therapy Special Interest Group (ACT SIG) is pleased to announce the winner of its 2013 essay competition, whose aim is to promote wider interest in ACT. This year, essays were received from students, assistants, research assistants, trainee psychologists and trainee CBT therapists. In addition to prize money, the competition provides applicants with experience of preparing papers for publication. The winning entry is also considered for publication in the BABCP journal, the Cognitive Behaviour Therapist.

After careful consideration, Robin Muir (pictured below), who is currently working towards a Doctorate in Clinical Psychology at the University of Liverpool, was selected as the winner. His essay - ‘What does ACT offer people experiencing complicated grief and why is self-as-context the key to the possibilities?’ - argues how central the Self-as-Context process is in ACT. Robin also highlights the appropriate conceptual fit between the ACT model and complicated grief and bereavement.

Overview, Models and Assessment: Basic Training in Couples CBT

Presented by Professor Dr Kurt Hahlweg

9.30am to 5.00pm (Registration from 9.00am)

The Royal Foundation of St. Katharine, 2 Butcher Row, London E14 8DS

The aim is to develop basic training skills in Couple CBT focusing on the models developed by Margolin, Jacobson, Baucom and Christensen. Part I will address competencies for therapists and how couples adapt to changes exploring CBT models of Coercion Process and Balance Theory. Day 1 will focus on Assessment, realistic goal setting and increasing positive reciprocity. Day 2 will address Communication Skills training, Problem Solving and how to deal with conflict in the areas of Sexuality and with Children.

Part II will focus on developing both therapeutic and supervisory skills in relation to delivering Couple-based CBT and will be skills-focused, which Professor Dr Kurt Hahlweg will personally oversee and advise on in the workshop. Please note that the attendees from Dr Hahlweg’s 2-day workshop in October, 2013 are invited to attend Part II on its own.

Professor Hahlweg, of the Technical University in Braunschweig, has published extensively in the areas of Behavioural Marital Therapy and Prevention, Behavioural Observation, Family Care in Schizophrenia, Expressed Emotion Research, Prevention of Child Behaviour Problems and Assessment of Marital and Family Factors. He published more than 250 journal articles and book chapters and 34 books (monographs or edited books).

Registration Fees (per event)
BABCP Members - £210 | Non-members - £250 | Students* - £180

*Evidence of student status must be provided with registration.

Lunch and refreshments are included in the fee and CPD certificates will be provided.
Would you like to help promote the delivery of high quality CBT within independent practice?

Then join the Independent Practitioners’ Special Interest Group

Working as an independent practitioner can be lonely. The BABCP Independent Practitioners’ Special Interest Group has a number of interesting projects you could be a part of. Joining one of our project teams will give you an opportunity to network with like-minded independent practitioners whilst achieving something useful for the CBT community.

Communications: We are re-launching our website and want to use this as the hub for all of our activities. Work on this project could involve producing materials for the site, having a say in the layout of the site, encouraging members to register with our free ‘Find a Therapist’ facility and to visit the site regularly as a way of keeping up to date with news and views from colleagues.

CPD: We anticipate significant changes in how members meet their CPD obligations. Our training days have been well received and we have been experimenting with running peer-led colloquia. We hope to develop other CPD activities, such as an online CPD support group and online training events. Work on this project might involve developing or delivering training events and materials, and publicising and coordinating events, both online and face-to-face.

Harmonisation of standards: Unlike some other professional groupings, independent CBT practitioners have not had the opportunity to develop a culture of co-operative working. This project is about drawing together a set of common standards and paperwork that practitioners can draw upon if they wish.

Marketing sub-committee: The purpose of this newly formed sub-committee is to explore ways of promoting the benefits of IPSIG to the BABCP membership, and finding ways of widening its presence to potential stakeholders and users.

Ad hoc sub-committee: From time to time, the IPSIG committee forms sub-committees to plan and activate special events or to react to ongoing development of the group. For example, we are currently discussing a desire to promote research in applied psychology in independent practice. We may well be looking for interested clinicians who have a skill in this direction to form a sub-committee.

If you are interested in joining a sub-committee or you even have suggestions for a sub-committee yourself, please email IPSIG Chair David Baker at drdavidbaker@btinternet.com

A personal message from IPSIG Chair Dr David Baker, PhD...

All BABCP members are entitled to join, participate and gain benefit from IPSIG, completely free of charge. We offer flexible, low cost CPD opportunities tailored to the needs of independent practice, all of which are designed to ensure the highest standard of cohesive practice and will reflect changes in the way BABCP expects to conduct CPD in future.

Active IPSIG membership also provides networking opportunities and the potential for high class supervision with skilled clinicians who also understand the trials and tribulations of independent practice.

In addition, IPSIG is seeking ways to encourage clinicians who work in independent practice to conduct research emanating from their clinical work.

The IPSIG committee has recently developed and launched its new website, and is working hard to develop facilities which will make the IPSIG a ‘one-stop-shop’ for the independent CBT practitioners community. Our website also has an exciting register for accredited therapists, which is supplementary to the main CBT Register UK - again this is free.

These are interesting times for mental healthcare and IPSIG is a group where you will be assured of a warm welcome. Together we can do our best to ensure the highest standards of practice demanded by BABCP continue in independent practice.

The IPSIG committee is working hard to become the voice of independent practitioners. It encourages all to join and participate in the activities offered. Why not have a look at the new website at www.ipsig.co.uk and join so that you can help us to help you? Joining is easy, and free of charge - see the ‘Join IPSIG’ page on our website.

West Midlands Branch relaunched

The Branch was relaunched at a meeting held at the University of Birmingham in December, where a new committee was elected. The committee line-up brings together both NHS and private practitioners, including those working in forensic, education, adult and CAMHS services. Future plans include a survey of BABCP members living in the West Midlands to identify their CPD requirements. For further information, please contact west-midlands@babcp.com.

Introducing the committee...

Chair - Jim Lucas
Treasurer - Joanne Mears
Joint Secretaries - Paul Moloney and Glen Macklin
Recruitment Officer - Jane DeRooy
Branch Liaison Officer - Joanne Gill
Evening Talks Co-ordinator - Richard Bennett
Publicity Officer - Linda Finch
Ordinary Member - Joanna Grave
Interested in CBT for children, adolescents and families?  
Then you need to get interested in us!

One of the largest within the Association, the BABCP Children, Adolescents and Families Special Interest Group (CAF SIG) focuses on the spectrum of theory, research, and clinical techniques and practice relating to children, young people and families within the CBT domain.

We promote development in this field through sharing ideas and best practice to enhance our individual expertise, while also promoting ongoing development and increased access in working with this vulnerable population. Some of you will already be familiar with the CPD events we provide, while we have also helped to inform the BABCP Annual Conference programme. Furthermore, since the introduction of CYP-IAPT, now in its third year, CAF SIG has taken this opportunity to consider and suggest innovation in collaboration with this important programme.

With a recently refreshed committee in place, CAF SIG is looking forward to increasing visibility and undertaking new ventures in the year ahead. We are currently planning CPD events across the UK to enable more clinicians who have an interest in this population to have access to current theory and practice.

If you want to be part of improving the provision and quality of, or just have a general interest in, CBT for children, young people and families, then CAF SIG is the place for you!

You can join our committee meetings, CPD events, be involved in our discussions and join us at our Annual Conference workshops. All levels of interest and commitment are welcome. If you feel you have more to offer in terms of supporting CPD events or developing specific areas such as practice, theory, or clinical techniques, then we certainly want to hear from you.

To be added to the CAF SIG mailing list, please email babcp@babcp.com with your request.

For more information on CAF SIG, please contact the committee by emailing cafsig@babcp.com

Our committee...

Chair - Maria Barquin
Past Chair - Brenda Davis
Secretary - Vicki Curry
Liaison Officer - Rosie Hall
Treasurer - Steve Killick
Recruitment Officer - Annie Cox
CPD & Workshops Co-ordinator - Emma Girling
Co-optees - Nicky Dummett and David Trickey

BABCP North West Wales Branch

Why Behaving Well is not beyond belief: Identifying and using behavioural change and behavioural experiments in effective CBT for anxiety and related problems

Presented by Professor Paul Salkovskis

Friday 25 April 2014 - 9.30am to 4.30pm

Main Arts Lecture Theatre, Bangor University, College Road, Bangor, Gwynedd LL57 2DG

The workshop will be interactive and include both experiential (role play) and didactic teaching and DVDs of clinical sessions.

Registration Fees:
Early bird fee (for registrations and payment received up to 21/03/14) BABCP Members - £65/Non-members - £75
Full registration fee (for registrations received after 21/03/14) BABCP Members - £75/Non-members - £85

Prices include lunch and refreshments. CPD certificates will be issued.
With around 1,000 members, ACT SIG is one of the largest Special Interest Groups within BABCP, while ACBS has nearly 7,000 members globally. ACBS is the worldwide organisation that seeks to advance Contextual Behavioural Science (CBS). Although it refers to ACT, CBS also implicates other endeavours such as Relational Frame Theory (RFT), which is a basic laboratory-based account of human language and cognition that has evolved alongside ACT.

Programme

The event consisted of two days of pre-conference workshops and two days of the main conference programme with nearly 50 different sessions in total. Both parts showcased the breadth and depth of work that is taking place within the CBS community in the UK and beyond. A quick thematic analysis of the programme showed that broad areas covered included mental health, health psychology and insights from workplace and organisational settings. Parallel to this applied work was a large helping of basic psychological science in the form of RFT, which continued to show its potential to enrich all of the areas above.

Mental health

One of the current strengths of the UK ACT community is the work being done with those suffering from psychosis. Conference organisers Eric Morris and Joe Oliver, along with Louise Johns, have recently published the book, *Acceptance and Commitment Therapy & Mindfulness for Psychosis*. Work taking place in this area was showcased throughout the conference with skills classes, symposia and panel discussions.

Other sessions applied ACT to diverse areas such as end of life issues and learning disabilities. One session also addressed working with mental health problems in developing countries around the world, highlighting the potential issues of applying ACT in these contexts. The conference also secured a keynote from Professor Kelly Wilson, author of what is popularly known as ‘the ‘99 book’. Meanwhile his two day pre-conference workshop provided a deeply experiential introduction to ACT.

Health

Another keynote, Professor Lance McCracken described the ‘velvet revolution’ that has taken place over the past two decades in the area of chronic pain and ACT. Professor McCracken, who holds the Chair in Behavioural Medicine at King’s College London, noted how recent meta-analyses suggest that, while the methods of investigating psychological treatments for chronic pain have become increasingly sophisticated, the effectiveness of these treatments have stalled or even somewhat decreased. This has led to calls for fewer RCTs and more focus on which specific psychological components are effective and how. At the same time ACT, with its focus on process and functionally derived treatment components, has been developing its evidence base such that the Society of Clinical Psychology within the American Psychological Association now says there is strong research support for its use with chronic pain. The conference also included a skills class that focused not just on talk based interventions...
for chronic pain, but also on body movement interventions inspired by ACT. Open papers were also presented that described the recent £250k innovation grant that the Department of Health awarded to teach ACT-based techniques to Osteopaths. In other areas related to health psychology, the conference showcased work in areas such as insomnia and weight.

Work

Work was one of the themes of the last year’s BABCP Annual Conference. Mirroring this, the ACT Conference also illustrated how ACT is not just being applied in health and mental health settings, but also in more diverse areas such as in workplaces and for the leaders of organisations. Here ACT is being applied to help understand and increase both employee wellbeing and performance. In his pre-conference workshop and keynote presentation, Professor Frank Bond from Goldsmiths, University of London, spoke about how the clinical framework used to help formulate client problems from an ACT perspective could be adapted and applied to workplace and organisational settings. Professor Bond, who is also the current President of the ACBS UK & Ireland Chapter, informed the conference of a soon-to-be submitted meta-analyses about ACT in the workplace, illustrating just how far work in this area has progressed.

Relational Frame Theory

Colleagues in the CBS community have spent around two decades developing a basic account of human language and cognition known as RFT. It is hoped that the products of this work will be of benefit across psychology including to those who work day-to-day with clients. As a consequence, it is perhaps unsurprising that two of the pre-conference workshops sought to provide therapists and clinicians with a practical foundation in understanding RFT.

Throughout the conference, Professor Dermot Barnes-Holmes and his colleagues from the National University of Ireland, Maynooth, informed attendees of recent insights from RFT. One research stream is in the area of ‘fast and slow cognition’. The distinction is made between responses that you give slowly and have time for deliberation (eg those you might give on a questionnaire), and those responses that are given quickly and automatically (eg when having to press a key on a keyboard under time pressure). Although this distinction has been made elsewhere in psychology, Professor Barnes-Holmes’ work appears to be at the forefront of translating such basic effects into work that is meaningful to therapists in their day-to-day practice. Meanwhile his keynote highlighted how these and other developments could also be relevant to the psychology community at large. In this spirit, he drew attention to his current work with cognitive researchers in Europe and how this collaborative work provides some of the first direct empirical support for Paul Salkovskis’ theoretical insights into OCD.

Fellow travellers

Despite a primary focus on research and practice related to ACT and RFT, the conference also included material from other therapeutic areas that share a contextual perspective. For example, sessions focused on mindfulness, compassion-based approaches and Functional Analytic Psychotherapy (FAP) were also on the conference timetable. Even more broadly, some sessions illustrated the link that the wider CBS community is forging with other levels of sciences, for example evolutionary science and epigenetics.

Conclusion

ACT has been a growing and developing movement within BABCP and the wider therapeutic community in the UK for a number of years. One of the most important achievements of this conference was simply to provide a focus and an outlet for the efforts and insights of the growing number of CBS practitioners and researchers in the UK and Europe. However the conference organisers should be congratulated for doing so much more than that. Building on this success, ACT SIG and the ACBS UK & Ireland Chapter are already in planning a similar event in late 2014, this time in Ireland.

To be amongst the first to know about this event, simply send a blank email with ‘BABCP ACT Conference 2014’ in the subject line to act@eyas.co.uk. The conference organisers will be in touch with more information later in the year.

Dr Miles Thompson is a Clinical Psychologist and Senior Lecturer in Psychology at Canterbury Christ Church University

| February 2014 | 21 |

BABC_P ACT SIG presents

Supercharging your CBT or ACT Practice with RFT

Presented by Yvonne Barnes-Holmes

Yvonne is an internationally respected trainer in both RFT and ACT, and has been a tenured lecturer at the department of Psychology at the National University of Ireland Maynooth since 2003. She is a prolific author and has supervised numerous doctorate students. Her research interests have focused on the early development of cognition and verbal language and how RFT can help clinicians to better understand client perspective and activate desired behaviour change. She continues to maintain a small case load of complex clients and supervision of ACT clinicians.

For more information email workshops@babcp.com

Relational frame theory (RFT) offers the possibility of a theoretical functional basis for both cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT) and other types of clinical interventions involving verbal behaviour. The workshop will explore several areas that appear to be central to clinical understanding and intervention and which illustrate the utility of RFT in this regard. These areas are: functional verbal assessment; behavioural flexibility; constructing and using metaphor; changing perspectives; and assessing target relational networks. The workshop will be interactive in format and aims to provide attendees with opportunities for acquiring and practising relevant therapeutic skills and formulating a scientific understanding of the basic verbal processes that underpin these skills and their impact on clients.
Tr is a BABCP Accredited CB Psychotherapist, Supervisor and such writes, directs and teaches all the courses delivered at the Centre. Academic Director at The Centre of Therapy and Counselling Studies and as worked extensively with this client population over all ages. Andy is the Diploma Level Trainer. He specialises in the treatment of severe trauma having worked extensively with this client population over all ages. Andy is the Academic Director at The Centre of Therapy and Counselling Studies and as such writes, directs and teaches all the courses delivered at the Centre. Sandra McKenzie is a BABCP Accredited CB Psychotherapist, Supervisor and Trainer. She specialises in the treatment of adults who have experienced severe trauma. Sandra is the Clinical Director at The Centre of Therapy and Counselling Studies and oversees the delivery of Therapy at the centre.

Aims of this CPD Event:
• To discuss the importance of assessment and examine appropriate models
• To outline the value of pre trauma case formulation (cognitive triads)
• To explore the value of post trauma case formulation (cognitive triads)
• To explore how core beliefs could exacerbate trauma or aid resilience
• To make links between resilience and the impact of trauma
• To review and introduce useful interventions

About the presenters:
Andy Gray is a BABCP Accredited CB Psychotherapist and COSCA Accredited

Dr. Guy Meadows
Guy has been studying human physiology for 17 years, of which 12 years has been devoted to sleep research and the prevention of sleeping disorders. He graduated with a first class BSc Honours degree from Glamorgan University, then an Msc (Distinction) at Kings College London in Human and Applied Physiology and finally completed his doctorate at Imperial College London. Whilst studying there he worked in the sleep research laboratories of the Royal Brompton and Charing Cross Hospitals where he investigated the effects of sleep on the regulation of human brain.

BABCP ACT SIG presents
Acceptance and Commitment Therapy for Insomnia Workshop presented by Dr Guy Meadows

The workshop will involve a mixture of both discussion and experiential practice of using ACT approaches for the treatment of chronic insomnia including acceptance, mindfulness, defusion, self in context, values and committed action.

Additional factors to be discussed during the day:
• Introduction to insomnia including common risk factors, triggers and amplifying behaviours
• Insomnia assessment - ISI, PSQI, sleep diaries, AAQ
• Sleep physiology - cycles and stages
• Sleep biology - clock, drive, sleep & wake brain centres
• Interaction between sleep disorders and mental and physical health
• Traditional CBT-I approaches including cognitive restructuring, sleep scheduling, sleep restriction and stimulus control
• Case study examples using ACT-I approaches for attendees to work through

Every attendee will take home a workbook outlining the content of the course.

Dr. Guy Meadows
For further information, including how to register, go to: www.babcp.com/Training/Events
Extended Training in ACT
and Contextual Behaviour Therapy:
ACT, FAP and RFT

Including assessment of your learning through regular supervision and monitoring
These modules can be taken as stand alone workshops or as the modules of the programme.

1. ACT Experiential Introduction With Skills Training with Martin Wilks & Henry Whitfield 26-27 April + 10-11 May 2014
2. ACT Intermediate Level Skills Training with David Gildanders & Henry Whitfield 7-8 June + 5-6 July
3. Relational Frame Theory (RFT), The Self and Perspective Taking with Dr Louise McHugh 22-23rd March
4. Supercharging CBT/ACT with Functional Analytical Psychotherapy (FAP) Training with Jonathan W. Kanter 29-30 November
5. Supervision to start after Intermediate level of ACT is completed with Joe Oliver

Mindfulness Training Ltd.
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To apply call 0800 849 6723 or visit www.presentmind.org

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Upcoming Mindfulness Master Classes,
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A series of sixteen events in 2014 and 2015, all located in Brighton and led locally by a range of nationally and internationally renowned speakers including David Whyte, Vidyamala Burch, Chris Cullen, Willem Kuyken, Christina Feldman and John Peacock
£75 per day - for more details and for registration please check our website:
http://www.sussexpartnership.nhs.uk/gps/education/smc/mindfulness-training

ACT Made Simple
with Dr Russ Harris
12 & 13 June 2014, Cecil Sharp House, 2 Regents Park Road, London NW1 7AY

You’ll also learn how to:
• Rapidly and easily conceptualize cases and figure out ACT interventions
• Get to values with clients who say ‘I don’t know’
• Strengthen and utilize the therapeutic or coaching relationship
• Get ‘unstuck’ when coaching or therapy is not progressing
• Interrupt disruptive behaviour in session
• Improve your own confidence, ACT-style
• Use ACT to help you cope with the stresses of difficult clients and prevent ‘burnout’
• Turn ‘stuckness’ into a positive
• Interpret the ACT model in a new, more flexible way
• Get on and stay on track with clients who get easily distracted (and train task-focused attention while you’re at it)
• Turn boring, frustrating sessions into vital, engaging encounters
• Effectively utilise ACT with a wide range of clinical disorders, including depression, anxiety disorders, addiction
• Use ACT with trauma, flashbacks and nightmares
• Move from ‘chunky, clunky’ ACT to “fluid, flexible” ACT

The trainer: Russ Harris a medical practitioner, psychotherapist and one of the foremost ACT trainers in the world. His workshops are highly acclaimed and he is renowned for his ability to make complex ideas simple, clear and accessible.


Registration: Early bird rate - £199 (ends 20th April), late rate - £239
If you have any queries please contact us at: admin@contextualconsulting.co.uk
To register, go to: www.contextualconsulting.co.uk
Jerusalem, the unique city cherished by millions of people throughout the world, is a spiritual center of great interest and beauty.

Jerusalem the ancient... with numerous holy places and treasures that have drawn pilgrims and tourists throughout the ages.

Jerusalem has been the focus of mankind for more than 3,000 years. Sanctified by religion and tradition, Jerusalem is a city revered by the three monotheistic faiths - Judaism, Christianity and Islam.

Jerusalem the modern... a thriving city that offers both the mystery and magnificence of the past and the luxury and efficiency of the 21st Century.

Jerusalem is the ideal city for conventions, congresses and international gatherings. It offers splendid facilities and a wide variety of tourist accommodations enhanced by a mild climate and beautiful landscape.

The city is also an ideal base for interesting excursions. In less than an hour one can reach the Mediterranean, Dead Sea, historic Galilee or the fascinating desert. Full or multiple-day excursions will take you to the sun-drenched glory of Eilat or the beautiful landscapes, nature reserves, waterfalls and religious sites of the Galilee and Golan.

For more information on Israel and Jerusalem:
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www.mfa.gov.il
http://israel21c.org/travel/experience-israel
www.jerusalem.muni.il/eng
www.itraveljerusalem.com
Best Practices: CBT for Depression & Suicide

It is encouraging that each decade brings fresh knowledge and new findings to advance the successful treatment of depression and suicide. After 35 years of teaching these topics, master clinician Christine Padesky decided to take a fresh look at CBT for depression and suicide. She contacted several leading researchers to identify best practice guidelines, especially those that might be new to even experienced CBT therapists.

“Fantastic and motivating, really understood how CBT used properly can work even with severely depressed clients.”
– Participant at 2013 workshop

On Day One, the workshop will focus on our most current understanding of what is effective in the CBT treatment of depression, including how to manage common therapist dilemmas as well as typical responses by depressed clients that interfere with their recovery. On Day Two, the workshop will largely focus on the assessment and treatment of suicidal thoughts and intentions.

To enhance learning, participants observe skillful demonstrations by Dr. Padesky and then try out best practice methods in role plays and guided exercises. Detailed 70-page handouts help sustain learning post-workshop. While depression and suicide are serious topics, this workshop is designed to be engaging, fun and uplifting. It provides an evidence-based foundation for therapist practice so you can honestly communicate positive therapy expectations to your depressed clients. Join us for this state of the art workshop that reveals a wealth of "Best Practices in CBT for Depression and Suicide."

19-20 May 2014
London
Institute of Education
University of London

A new two-day workshop by Christine A. Padesky, Ph.D.

Although "best practices" always include some familiar practices, this workshop is designed for therapists at all experience levels. It emphasizes strategies to manage common obstacles encountered by therapists working with depressed and suicidal clients.

To register, find more information, or download a detailed brochure, please go to www.cognitiveworkshops.com. Or call 0845 330 9069.
6th Annual Conference
Trauma across the Lifespan
April 3rd & 4th 2014
Apex International Hotel, Edinburgh

The UK Psychological Trauma Society is hosting its 6th Annual conference in Edinburgh in 2014 and will be looking at the impact of trauma from infancy to old age. The conference will bring together speakers who are leading the field in the understanding and treatment of trauma across the lifespan with the provision of skills-based workshops to complement the exemplary keynote speeches below.

Keynote Speakers
- Professor Kevin Browne
- Dr Christine Courtois
- Dr Miriam Silver
- Dr Imogen Sturgeon-Clegg

How early adverse life events and trauma can affect later family relationships
Treatment of Complex Trauma in Adolescents and Adults
Attachment and Developmental Trauma
Trauma in later life: the importance of understanding context

Workshops
There will be 10 workshops over the two days most of which are likely to be eligible for the ESTSS General Certificate in Psychotraumatology.

Full details of the workshops, biographies of all the presenters and details of how to register can be found on the UKPTS website, www.ukpts.co.uk

Fees
Full conference (both days) UKPTS / ESTSS Member: £200 / Non member: £250
Thursday 3rd April UKPTS / ESTSS Member: £100 / Non member: £130
Friday 4th April UKPTS / ESTSS Member: £100 / Non member: £130
UKPTS Annual Membership Full Rate: £45 / Student Rate: £25

Train in the original form of CBT

The Centre for Rational Emotive Behaviour Therapy (REBT) at the University of Birmingham is dedicated to the promotion and practice of REBT as the original transdiagnostic model of cognitive behavioural therapy (CBT).

Learn more
Tel: 0121 414 3763
Email: cbthome@contacts.bham.ac.uk
Web: www.birmingham.ac.uk/rebt
Twitter: @CentreforREBT

We currently offer three REBT short courses accredited by the Albert Ellis Institute in New York:
- Primary Certificate in Rational Emotive Behaviour Therapy (REBT), 21–23 March 2014
- Advanced Certificate in Rational Emotive Behaviour Therapy (REBT), 25–28 September 2014
- Associate Fellowship Certificate in Rational Emotive Behaviour Therapy (REBT), 25–28 September 2014

www.birmingham.ac.uk/psychology
OCTC/University of Oxford Courses

Collaborations between OCTC and the University of Oxford, leading to academic awards from the university

Postgraduate Diploma in CBT
[Accredited at Level 1 by BABCP]
Course Director: Dr Sarah Rakovshik

With over 21 years' proven track record in CBT training, this course equips practitioners with the CBT skills necessary to work with disorders and problems at all levels of complexity. Open to all mental health professionals, it consists of 39 days of teaching over three terms (on Fridays), including weekly supervision groups. Graduates of this course can now progress to the MSc in CBT (see details below).

Postgraduate Short-Courses in
Advanced Cognitive Therapy Studies
Course Director: Dr Helen Kennerley

Specialist training for experienced practitioners: supervision principles and practice; advanced clinical work; high impact training skills; research skills for real world clinicians; CBT service development. Each short-course can be attended only or taken for academic credit. The research short-course is an ideal introduction and update for potential MSc candidates.

MSc in CBT
Course Director: Dr Helen Kennerley

Interested in carrying out quality research? Want to contribute to the evidence base for CBT? The new MSc in Cognitive Behavioural Therapy offers graduates of either the Oxford Postgraduate Diploma in Cognitive Behavioural Therapy (CBT) or the Oxford Postgraduate Diploma in Advanced Cognitive Therapy Studies (ACTS) an opportunity to progress to an MSc in CBT. This one year, research-based award provides the foundation for carrying out research and publishing an academic paper.

Further details and prospectuses are available on our website

OCTC events 2014

28-29 Apr  Helen Kennerley - An Introduction to CBT Supervision
30 Apr      Sue Clohessy - Effective Supervisory Relationships: Research & Practice
7 May       Lisa Palmer - Working with Resilience in CBT
8 May       Helen Kennerley - Socratic Method for Dummies (The Smart Therapists tool)
4 Jun       Helen Kennerley - Understanding Clients with Complex Problems: An Intro
5 Jun       Tordis Olschack - Chronic Fatigue Syndrome: CBT the Whys & Wherefores
16-18 Jun   Various OCTC staff - Schema-work series
23 & 24 Jun Helen Kennerley - Supervision workshops
25 Jun      Sarah Rakovshik - Deciphering the DSM-V: A Crash Course
26 Jun      Sarah Rakovshik - Bouncing Forward: A Transdiagnostic CBT Approach to Overcoming Adversity
2-3 Jul     Jon Wheatley - CBT for Depression: The State of the Art (& the science)
14-15 Jul   Melanie Fennell - Cultivating Self-Esteem with Cognitive Therapy

Online Training

Always available over the internet at a time that suits you! Visit our website and click on "Online Services" to see our training and role-play videos for a range of CBT therapy skills.
The essentials Series of Courses

For mental health practitioners who need to know about an approach without necessarily making it their sole approach to therapy.

- Cognitive Behavioural Therapy*
- Dialectical Behavioural Therapy*
- Acceptance and Commitment Therapy
- Compassion Focused Therapy
- Motivational Interviewing
- Brief, Solution-Focused Therapy
- Interpersonal Psychotherapy

We can bring any of these courses to your organisation and train a group of 6-16 people for an all-inclusive fee, thereby generating substantial savings in delegates' travel and accommodation costs. This means you can have genuine APT training, fully certificated and evaluated, for well under £100 plus VAT per person per day.**

Pyramid format is available on all of these courses, meaning that they are available in 1-day, 2-day and 3-day versions so you can tailor them to the needs of your delegates. For those who need only a 'working knowledge' of the subject the 1-day course will suffice, whereas those needing a full knowledge of the subject can attend the 3-day course. For those in between you can select the 2-day course.

For more information visit: www.apt.ac/essentials
For bookings: office@apt.ac or tel 0116 241 8331

* These courses are 'Gateway courses' to extended training and APT accreditation in these subjects.
** Minimum charges apply.

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