

CBT Today

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BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES

Eleven areas to benefit from CBT expansion

Eleven areas of England will pioneer new projects which allow people with anxiety and depression to have better access to CBT.

The Department of Health says that the eleven areas will be providing innovative pathfinder schemes, specifically designed for their local communities, to help individuals to gain quick access to psychological therapy services.

This follows the former Health Secretary Patricia Hewitt's announcement in April that £2million would be provided to set up 10 more CBT centres.

Primary Care Trusts were given until May 31st to bid to be one of the pilot centres, which are due to open in September.

The Government has increased the number of pathfinder centres by one and is providing an extra £200,000 in funding, taking the total to £2.2million.

Amongst the eleven areas to benefit is Bury, in Lancashire – which, co-incidentally, is the constituency of new Mental Health Minister Ivan Lewis and also the home for the new central office of the BABCP.

The eleven new services which are being provided follow the success of two pilot CBT schemes in Doncaster and Newham which have been funded with £3.7million over two years.

The Department of Health say all eleven services are designed to reduce the time that patients are ill with anxiety or depression and allow them to regain their independence, particularly in returning to work and finding new jobs.

The Pathfinders will provide real evidence of the benefits that can be gained from improving access to psychological therapies, both to the individual and to the local economy.



Mr Lewis, MP for Bury South, has taken over additional responsibility for Mental Health from Rosie Winterton, following a shake-up of the Department by new Health Secretary, Alan Johnson.

The Government has also signalled a much greater focus in future on talking therapies, like CBT, promising a "radical overhaul" of mental health services.

Mr Lewis, who has a strong background in social services in Manchester, said: "Mental well being is one of the great challenges facing a modern society. Depression and anxiety are classless conditions which can equally destroy the life of the top business executive and the unemployed, low paid worker.

"much greater focus in future on creating access to talking therapies..."

"We know that mental health problems have a serious impact on both families and our economy. They account for a significant proportion of sick leave in all sections of the labour market.

"These pathfinders point the way to a radical overhaul of mental health services with a much greater focus in future on creating access to talking therapies which ensure people are supported to make a rapid and sustainable recovery."

The press release issued by the Department of Health announcing the eleven areas says:

"At any one time, one in six adults experiences a mental health problem - more than will suffer from cancer or heart disease - and many of these suffer from more common problems such as anxiety or depression. Clinical evidence shows

that better access to Cognitive Behavioural Therapy (CBT) can help cure depression and reduce time off work due to ill-health. Patients also prefer talking therapy, rather than being dependent on medication alone."



BABCP President, David Veale said: "We are pleased that the Government is still committed to improving access to CBT. However, we are disappointed that the roll-out is slow and the amount of new

money for each service is relatively small. It will therefore be difficult to evaluate the impact within each new area. We hope that the Government sticks to its manifesto commitment and truly improves access to CBT. In many areas, the waiting lists remain depressingly long and there is no effective choice."

Pages 12-13: **The eleven new pathfinder sites for CBT**

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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.

CBT Today is published quarterly and is posted free to all our members.

Contributions and letters are welcome, but please keep them short.

Deadline for next issue:
5th November 2007

All contributions should be sent to:
matt@babcp.com

Next issue published: December 2007.

All enquiries about membership or advertising to:

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CBT petition: sign up now!

NEW Premier Gordon Brown is being petitioned for an extra 10,000 CBT therapists.

BABCP President David Veale has submitted the petition to the Downing Street web site.

Hundreds have so far signed the petition – but David is urging more BABCP members to sign up and show their support for increasing access to CBT.



The petition calls on Mr Brown to provide increased funding for the recruitment, training and employment of an additional 10,000 cognitive behaviour therapists.

This would enable people with mental health problems to have improved access to talking therapies, in line with the Government's manifesto commitment.

A series of experts have repeatedly recommended 10,000 therapists - yet the Government has given the go-ahead for just 11 more CBT centres in England.

David Veale said: "This is not enough to meet the increasing demand for access to CBT from tens of thousands of people suffering from depression, anxiety, panic



attacks and a wide range of other mental health problems."

He added: "The petition has received encouraging support with more than 200 people signing it in the first few weeks.

"Reaching that number of signatories means that the Government will now have to send me an official response to the petition.

"However, it is important that the new Prime Minister's Government is also shown the strength of support from a wide range of people – both BABCP members and non members.

"I hope as many people as possible will sign the petition, encourage others to do so - and press for more people to be given the help they need."

Sign the CBT petition @
<http://petitions.pm.gov.uk/Therapists/>

Readers letter

10 INGREDIENTS OF CBT

As CBT expands into its 'third wave', it is embracing an ever-wider family of psychotherapies. However, it remains important that we try to define the core components of CBT.

I think there are ten main ingredients, which are summarised below using the acronym 'CHANGE VIEW'

- Change:** thoughts and behaviour
- Homework:** between sessions
- Act** in collaboration: therapist & client
- Need** for structure: within sessions
- Goals & problems:** clarify them
- Evidence based approach**

- Visualise:** a formulation diagram
- I can do it:** self help philosophy
- Experiments:** test out beliefs
- Write it down:** to remember progress

Paul Blenkiron
Bootham Park Hospital, York.



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BABCP - Banking with a conscience



Treasurer David Baker says a detailed examination of the performance of existing funds versus ethically invested funds, found in favour of ethical funds.

He said: "Ethically invested funds outperformed our existing funds by between 20-50 per cent during the same period.

"So the evidence shows that we will not lose out financially from ethically investing - in fact, we could be better off financially.

"The equity which we have in Unit Trusts with the RBS will now be invested in ethical funds.

"All future funds for investment will also be screened to ensure that they are ethically invested."

The Co-Op has just celebrated its 15th anniversary of ethical investment. In 1992, it was the first bank in the world to introduce a customer-led Ethical Policy, covering issues of human rights, the arms trade, global trade and labour rights, environmental sustainability, genetic modification and animal welfare.

As well as turning away businesses whose operations conflict with the ethical concerns of customers, the Co-Op actively seeks to invest in businesses whose operations are supportive of their ethical priorities.

David Baker added: "It has taken a lot of hard work, energy and detailed investigation to make sure we got this decision absolutely right, but I'm confident that we have made a positive move forward.

"It may also be that our current account eventually goes to the Co-Op, but we need to ensure first of all that our day to day banking needs and especially the handling of members direct debits can be carried out without any problems."

The BABCP has switched £50,000 to ethical investment funds.

The move, ends the Association investment with the Royal Bank of Scotland, and follows a decision by the BABCP Board to adopt a policy of ethical investment.

Now the charity's current account - which can occasionally hold more than £100,000

at any one time - may also soon be transferred.

Ethical investment takes into consideration the social and, increasingly, the environmental implications of the way money is invested around the world, as well as the obvious financial consequences.

More and more organisations are switching to investments which do not cause environmental damage or lead to global warming.

Earlier this year, the BABCP Board gave the go-ahead to ethical investment in response to calls from members at previous AGM's.

The decision followed a presentation by the Co-Op Bank which revealed that a switch would not cost the BABCP money, nor would it conflict with the Charity Commission's legal requirement for charities to maximise their income.





(Above) The last edition of **CBT Today**

It's all change for the BABCP, with the election of a new President-Elect, John Taylor and two new Trustees/Board Members, Linda Matthews and Kerry Young. Professor Taylor will shadow current President David Veale for the next year, before taking office at the end of 2008.

*Here **CBT Today** profiles the three new faces who will be helping to take the BABCP forward.*



John L. Taylor
 President Elect

“Continue to develop and transform ourselves”

PERSONAL STATEMENT by John L. Taylor

I am a practicing clinical psychologist in the NHS with experience of building and managing clinical services. I am also a research professor with an interest in developing CBT interventions for people with intellectual and developmental disabilities.

As a member of BABCP since 1987, I have served on the Board as an Elected Member (2003-6) and on the Scientific Committee (2003 - present).

The BABCP is an important organisation in its established roles of providing excellent training for CBT therapists through its conference and workshop activities and accreditation of therapists and CBT courses.

However, it is set to become central to wide-ranging national government programmes concerning improving access

to psychological therapies, new ways of working in mental health and regulation of psychological therapists.

To meet this challenge, and to make a really significant contribution to developing CBT services for those who will benefit from them, BABCP needs to continue to develop and transform itself both internally and how it relates to the outside world.

In the role of President Elect, and then President, I would aim to facilitate and lead these changes so that the BABCP becomes recognised as the lead organisation for CBT in the UK.

Professor John L. Taylor
 Psychological Services Professional Lead
 Northumberland, Tyne and Wear NHS Trust, Northgate Hospital, Morpeth, Northumberland.

“Further but different”

PERSONAL STATEMENT by Linda Matthews



After 10 years in the voluntary sector working with families and single mothers who were victims of domestic abuse, I went on to train and qualify as a probation officer in 1992.

I trained probation officers to work with anger and offending behaviour using CBT packages. A colleague and I also wrote a CBT group work training programme for Probation Officers to work with sex

offenders. In the mid-90's, I completed two Masters courses in counselling and psychotherapy, one of which was in CBT.

My current post is as a Consultant Psychotherapist leading a multi-modality team of psychotherapists in Barnsley. My work is both organisational and clinical across primary and enduring mental health.

I have been accredited with the BABCP and UKCP since 2001 and have been for the last four years the BABCP's representative on UKCP. I am also a member of the

accreditation committee for BABCP.

I am looking forward to relinquishing my role with UKCP and to contributing further, but differently, to BABCP by becoming a Trustee for the next three years.

Linda Matthews



Asking the right questions?

President-elect John Taylor sees two main priorities for the BABCP during his coming term of office.

The first is managing the transition within the Association, as organisational change quickens.

The second is the challenge of turning the BABCP slogan - "the lead organisation for CBT in the UK" - into a practical reality.

Professor Taylor, who spent three years on the BABCP Board as a Trustee, is no stranger to the big issues which face the Association.

But he is also aware of the changes which will be necessary to ensure a smooth transition and succession, following the forthcoming departures of Howard Lomas as Executive Officer and both Philip Tata and Rod Holland from conference organisation in 2009.

He says: "The departure of all three long-serving members will present us with a huge organisational gap to fill. They have given BABCP decades of loyal service, experience, knowledge and commitment - and they will be an extremely hard act to follow.

"We need to ensure therefore, that this coming period of transition is effectively managed and that we fully understand all the implications of the changes necessary. We must tread carefully in our succession planning to ensure proper continuity and development. I'm aware that measures are in place to ensure that this happens."

As might be expected from an experienced clinical psychologist of many years standing, Professor Taylor appears to have the knack of posing even more questions than answers.

BABCP members may also find him straight-talking, down to earth and serious-minded.

He singles out the popular and well organised workshops and conferences, as

amongst the key benefits of BABCP membership and is keen to ensure their high-quality scientific content is maintained and then increased by the introduction of the e-journal early next year.

But perhaps more fundamentally, he believes BABCP's system of accreditation may also need to develop and adjust to new circumstances, as access to CBT increases nationwide.

He says: "I am pretty certain that CBT will continue to be the major focus of the Government's push to Improve Access to Psychological Therapies, because it has an extremely strong evidence base and, after all, CBT is what people want. I don't think there is any doubt about that.

"But how will we, as an Association, respond to the new challenges and opportunities provided by the increasing numbers of people who will be experiencing CBT - and what are the implications both for our own system of accreditation and for the level of competencies which may be required in the future?

"And how do we train more people quickly to deliver safe and effective therapies?

"I think what is beginning to emerge now, is that there will be a need to train people who are not necessarily all-singing, all-dancing CB therapists, but may be, for instance, GPs or nurses, who will also want to use some CBT techniques as part of their routine work with patients.

"That development will be a huge challenge for us as a charity because it will have major implications for how we work and operate in the future. For example, do we support different levels of regulation and do we want to be the official body which will accredit people at lower levels of CBT competency?

"These are some of the questions which

we will need to think carefully about."

Professor Taylor, a clinical psychologist and researcher in the NHS, based in Newcastle Northumberland and a member of the BABCP for 20 years, has clearly thought carefully about the future of the Association in other areas too.

He says: "I've had strong links with the organisation over the years, but as a CBT practitioner and researcher within the NHS, I think the BABCP has been the single most important organisation to me in terms of my professional life and development.

"It has been incredibly valuable and important to me - and I want to make sure it continues to be as important in the lives of other clinicians and practitioners.

"There are still lots of people who are practising CBT in the NHS, for instance, who are not members and don't necessarily even know about us. We need to make sure the BABCP is relevant to their professional lives.

"I want to see practitioners who are interested in developing their CBT skills, managers who are organising CBT services, and policy-makers who are developing policies around CBT, to all immediately think of our organisation, the BABCP, when they think about CBT."

He pauses and then continues. "The BABCP has had this strap line about being 'the lead organisation for CBT in the UK' for the last two or three years now. It seems to have been something of an aspiration before - I am not sure how many members even know about it - but I want that strapline to finally become a reality."

And of that, for the BABCP's new President-elect, there can be no question.

"An exciting opportunity to take the lead"

PERSONAL STATEMENT by Kerry Young



I qualified as a clinical psychologist in 1994. After a brief spell working in neuro-rehabilitation, I took up a post at the Traumatic Stress Clinic in London.

Here, I began to learn how fantastically effective CBT can be.

In 2001, I also started to work half-time on the clinical psychology training course at University College London.

Through these two jobs, I have become involved in training and supervising large numbers of CBT therapists. My current clinical post involves trying to adapt CBT for refugees and asylum seekers.

I think that I have a good grasp of the issues associated with the future of CBT in the UK. It will be an exciting opportunity for the BABCP to take the lead in representing CBT nationally.

Whilst I am in favour of the Improving Access to Psychological Therapies proposals, I also

believe that it is critical that the BABCP helps shape these policies to ensure good quality practice is prioritised.

I am also aware that the BABCP needs to negotiate our relationship with the UKCP and continue to establish our identity.

In summary, I believe that I have the necessary experience, time and enthusiasm to make me a productive Board member.

Kerry Young

Kerry Young
Board Member/Trustee



Board Bulletin

by Helen Macdonald, Honorary Secretary, August 2007

Meetings

The Board met in June 2007, at the MIC in London, and included a meeting with representatives from AREBT at lunchtime. Matt Finnegan (communications); Jenny Riggs (Chief Administrator; minutes) and Howard Lomas (Company Secretary) attended from the Office, with Rod Holland in attendance to feedback on the many areas in which he is involved.

Membership



The membership subgroup had continued to work on strategies for increasing membership of the organisation, including proposals that branches would be the focus of local campaigns, supported by Head Office and Branch Rep.

It is proposed that Branches' Branch Banners could now be funded. As the funds for branches are held centrally it is planned that the interest which is attracted to the gross amount be utilized to fund the purchase of Banners for each of the Branches. HL is awaiting agreement from the Branches on this issue.

The sub-group also continue to meet via teleconference, and will look at promoting membership within specific professional groups. We welcome ideas,

and will report on successes and best practice through this publication.

A new membership leaflet is being produced as well to support the campaign. The subgroup is also continuing to investigate different classes of membership and inclusion of all interested parties. This has included discussion of press releases to charities, invitations to service users or representatives who may wish to be involved in promoting CBT more widely. There is also a discussion in progress about having Patrons for the BABCP, similar to other charities.

Contact: Matt Finnegan, at the office; comms@babcp.com.

Reserves

As part of our responsibilities as a Charitable limited company, we need to ensure that we have appropriate reserves in relation to our activities and risks as an organisation. Howard Lomas is going to calculate an optimum amount for our reserves, so that the finance committee can ensure that this is achieved and maintained.

Budget

The finance committee are working up their terms of reference to make the various responsibilities clearer and the Committee are going to become more proactive in budget planning.

In 2007/2008, we need to take account of the strategy of the organisation to develop the Website and e-journal, with possible staffing increases in the office due to proposed changes which are given in more detail below.

Subscriptions need to be reviewed in order to ensure that we give good value for money and fund appropriate developments in line with our objectives. The AGM will be asked to approve an increase of the Membership Subscription by £6.00. However Student rates will only rise in line with inflation and the structure of subscriptions will be considered at the next Finance meeting. For example, options to pay by instalments during the year will be considered.

UK and Ireland Subscriptions for the year 2007/2008, with payment by Direct Debit would then become £47 and by cheque will be £53. The rates for overseas members will be calculated taking into account the additional postage costs.

Association/Irish Republic

Howard Lomas reported on recent developments in our relationship with the Irish members of the Association. Since we became a charitable limited company, it had become clear that members in the Republic of Ireland could not retain the same relationship with the British Association for legal reasons.



However, historically, the whole of Ireland has been part of the same branch of BABCP. It has now been agreed that there will be a separate Irish Association, representing the Republic, which will be part of EABCT. There will now also be a Northern Ireland branch.

Members in the Republic who do not wish to remain members of BABCP as well, will still be offered journals etc at concessionary rates, similar to those offered to the Danish and Finnish organisations. Accreditation will remain open only to BABCP members, which is the same as before.



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

Rod Holland reported back on a number of meetings and communications, including a meeting at The Oval which was attended by the then Health Minister. He reported on the proposed creation of 'Pathfinder Centres' aimed at delivering CBT and evaluating the effectiveness of this approach. The development of 'high volume, low intensity' working in CBT raises issues of training and supervision; with implications for recognising competencies and skills of such workers. These issues will be raised at the Brighton Conference, with a number of round table discussions happening during the conference.

The IAPT group has asked BABCP to look at 'feeder courses', with the possibility of the organisation providing a 'kite mark' or standard-setting for shorter courses, or those which are focussed on a specific area of practice, but do not provide the depth or breadth which would be required to move towards accreditation.

The work on Competencies now



encompasses supervision as well, and again the documentation is expected in September, initially to be posted on the Department of Health website. BABCP is to contribute to the funding of the competencies document, and our contribution will be formally recognised in the publication. We are also looking at petitioning the government to canvas support for the IAPT work, and perhaps develop a Parliamentary Strategy Group with Matt heading up these initiatives.



Response to White Paper

David Veale informed the Board that he is to attend a meeting with Lord Hunt, along with the British Psychological Society and other

organisations. They will address the regulation of the Psychological professions, and David will continue to keep us up to date on developments.

Patenting titles: 'Cognitive Behaviour Therapist'

In view of the current situation where statutory regulation has not been agreed for the psychological professions and there is a great deal of publicity about the need for an increase in the number of therapists, the Board agreed that it would be prudent to patent the title of Cognitive Behaviour Therapist in order to afford some protection for both the public and practitioners. Henck van Bilsen had the background and pursued this on behalf of the board.

Complaints

Chris Cullen will lead a group with Michael Townend to develop a more comprehensive code of ethics and update to our Guidelines for Good Practice. This will provide more thorough guidelines for those accredited through the KSA route, who do not have a relevant core profession which has its own code of ethics. There is also ongoing discussion about managing complaints procedures in the longer term, with discussions with UKCP about an independent complaints organisation. It is likely to be resolved when statutory regulation is agreed, but it is recognised that complaints can lead to public hearings which are expensive to organise, and the Board is taking this into account when looking at complaints and disciplinary procedures.

Meeting with representatives of AREBT

The board were delighted to welcome members of the Association for Rational Emotive Behaviour Therapy to lunch during our Board meetings. Irene Tubbs, Greg Scott, Stephen Palmer and Cheryl Meikle all came to join us. There was a discussion of common ground. We discussed our relationship with UKCP, and implications of the current issues. The development of a register of evidence-based practitioners of psychological therapies was discussed, and the possible benefits and costs of such a proposal. The representatives of BABCP and AREBT agreed to meet via teleconference to look at these ideas in more detail and take it forward.

UKCP

Linda Matthews had reported back to the Board that UKCP are promoting the idea of moving to individual registration. This would move towards overcoming some issues that have occurred with organisational membership and representation within UKCP, which have affected our relationship over the years. Linda was formally thanked for her dedication and contribution in her role as UKCP rep., as she is preparing to step down from the role early next year.

Website

The website management team has now begun work on integrating membership data management into the function of the website. This will enable members to edit their own entry with change of details, thus ensuring more up to date information, and hopefully freeing more time which is currently taken in updating the details of members.

Publications

The new e-Journal, 'The Cognitive-Behaviour Therapist' is due to be launched early in 2008. The Editors have arranged meetings, so commissioning of articles is already under way. The special issue of 'Behavioural and Cognitive Psychotherapy' is also due to appear in 2008, and the proposed articles cover a broad selection of our field.

Research Fund

We have now received applications for the research fund, and a meeting of the assessors will take place in the

summer to consider these and continue the process of making an award. Craig Steel is leading the group which is responsible for assessing the applications.

Conferences

It was excellent to see so many members of BABCP in Barcelona, for the World Congress. I expect that I am not alone in experiencing a wonderful opportunity to update myself both on academic developments and clinical work in my specific areas of interest as well as broader moves in our field. Of course the networking was particularly good, and I met new people from all over the world as well as renewing contacts. The setting for the conference and social events was also superb, see elsewhere in this publication for more news and anecdotes.

As I write, the Brighton Conference is only a few weeks away, and there will be a number of business meetings and opportunities to ask questions about supervision, accreditation and meetings regarding IAPT as well. We will be hosting the meeting for the EABCT on the Saturday 15th September as well, and look forward to welcoming our international colleagues there. Of course we have our AGM at this conference. I would encourage as many people as possible to attend, to meet the Board and be involved in the organisation in this way. The agenda can be seen on the website at www.babcp.com, please let the office or Helen Macdonald have any items of any other business as soon as possible to help us to manage the meeting efficiently.

Office and administration

The Board extended its gratitude to the office team for their hard work and extra time put in on the office move.

Appraisals of the staff have been completed, with feedback and proposals for development in the coming year. The President and Hon Secretary carry out the appraisals with Howard Lomas and Jenny Riggs. This year, we discussed succession planning in particular, as Howard has announced his intention to move towards retirement. The President and Hon Sec, being experts in anxiety management, did not run off screaming at the prospect, although we noted increased anxiety levels and catastrophic thinking at the idea of Howard reducing his input....

However, it has been agreed that in about

Board Bulletin

(Continued)

a year's time, Howard will relinquish his role as Company Secretary, but will continue for a further year to cover the Management Account role. We are working on the aspect of his role that Jenny referred to most appropriately as 'general sandbagging' and consultancy; as these may be the most difficult of Howard's multiple talents to quantify and write job role descriptions for. We have asked them to define all Howard's roles as clearly as possible to discuss at the next Board meeting in October after the AGM. Howard and Jenny's contribution to the organisation was acknowledged and formally recognised. We are very grateful for all the work that they put in our behalf.



In view of Howard retiring from the Company Secretary role, we have agreed that Jenny Riggs will extend her role to take this on. She will be undertaking training and updating in order to fulfil this, and we also changed her

title to Chief Administrator, as this more accurately reflects her current role in the organisation.

Spring Workshops 2008

It has been agreed that one day of the workshops next spring will follow a supervision theme. With the development of supervision and trainer accreditation, it will be an excellent opportunity to develop and update supervision skills, and meet the CPD requirements towards supervision and trainer accreditation. The workshops will take place at King's College London, and there will also be a scientific programme for the other day of workshops, with details to be announced.

Edinburgh 2008 and beyond



remembered) World Congress there in 1988. There will be changes in the conference organisation team, with Roz Shafran and Warren Mansell taking on the role filled so successfully by Philip Tata for many years. He will manage the transition to the new team. It would be hard to express how much work Philip has put in to the organisation during the time he has fulfilled this role, and we are greatly in his debt! Rod Holland will still continue his role in operations management for the conference, but will begin a process of handing over management of conference administration from this summer. Again, it is difficult to describe just how much Rod puts into the organisation, and manages to contribute in so many ways, from high level meetings with external organisations, to the details of organising the conferences.

And finally...

I look forward to seeing as many of you as possible at the AGM, and at the Brighton conference in general. As ever, you are welcome to contact me at secretary@babcp.com.

Our conference is returning to Edinburgh next year, for the first time since the hugely successful (and fondly

Helen Macdonald,
Honorary Secretary.



Chester, Wirral & North East Wales Branch

One-day workshop **Supervision for CBT Supervisors**

by **Professor Mark
Freston**

Friday 19th October 2007

**At the Boat Museum,
Ellesmere Port**

9.30 am - 4.30 pm

Further details at www.babcp.com
or the BABCP office.

British Association for Behavioural and Cognitive Psychotherapies North West Branch

Tuesday 27th November
Steven Jones
Reader in Clinical Psychology
University of Manchester

1:00 – 4:30pm
**Cognitive Behaviour Therapy
For Bipolar Disorder**

Location: 2nd Floor, Zochonis Building, University of Manchester

Suitable for: cognitive behavioural therapists, nurses, social workers, clinical psychologists, counsellors, psychiatrists etc.

Admission charges:
£35 BABCP members, students, service users
£45 non-members
Refreshments Provided

Further information and registration:
www.babcp.com Tel: 0161 797 4484

IN THE CORRIDORS OF POWER

Emily Holmes spent three days with Jack Straw as part of the Royal Society's MP/Scientist Pairing scheme. Here is her report.



Dr Emily Holmes is a Royal Society Dorothy Hodgkin Research Fellow at the Department of Psychiatry, University of Oxford.

Emily's current research group is 'striving to gain a better understanding of certain cognitive processes underlying psychological disorders, particularly mental trauma and depression, in the hope that this will provide a scientific basis for the development of improved cognitive therapies (called Cognitive Behavioural Therapy or CBT).'

The ultimate aim of the research is to benefit people who suffer from depression, and in the long term aims to benefit people who become hopeless and suicidal when depressed.



Emily says: "Depression is a chronic, disabling condition in which patients have high risk

for suicide and in the UK there are approximately 5000 suicides per year, that is, more deaths than from road traffic accidents. It is therefore a key area to continue to investigate, with my current research hopefully contributing to this. While Cognitive Behavioural Therapy (CBT) is the most successful talking therapy to date, new treatment developments are still much needed to adequately tackle mental health."

"I had the good fortune to meet Jack Straw in Oxford and began to discuss science, psychology and mental health.

Other Research Fellows at the Royal Society had spoken highly of their experiences of the MP/Scientist Pairing scheme, so I felt very encouraged and enthused to take part myself. Jack Straw was a fantastically encouraging host and this really gave me the confidence to take part.

I spent a riveting three days shadowing Jack Straw. I spent a day in Westminster and two days in Blackburn, his constituency.

I sat in on meetings preparing for statements in the House of Commons, attended a Labour party constituency dinner and a press lunch.

In Blackburn I visited a local school, and sat in on advice surgeries with Jack and attended several resident meetings in the constituency.

I also got to hear him speak in the town centre to the public from his famous soap box (yes it really is a wooden box!).

It was a real honour to be able to take part in the Royal Society MP/Scientist Pairing scheme and an eye opening experience.

It really made me think more about the links between science and health and politics, and how relevant information about science might need to be responded to or disseminated.

One thing that stood out was the care Jack Straw took in each individual case in the constituency and the way this could link back to higher level issues at Westminster.

Seeing this cycle close up has enthused me in a new way about the democratic process.

It was an enormously thought provoking (and fun) experience and emphasised to me the responsibility of scientists to communicate our work, especially where it has benefited from the freedom of public funding and is relevant to the general public. "



Jack Straw, has been Labour MP for Blackburn since 1979 and was Home Secretary, Foreign Secretary and Leader of the Commons under Tony Blair.

He was recently appointed Secretary of State for the new Justice Department by Prime Minister Gordon Brown.

A qualified barrister and former President of the National Union of Students, Mr Straw has a reputation for local campaigning and can often be seen standing on a soapbox in his constituency, answering questions and debating the issues of the day with passers by.

He was Gordon Brown's campaign manager in the recent election, is a close friend of the US Secretary of State, Condoleezza Rice who he invited to visit his constituency and has hit the headlines in the past for his comments about "aggressive beggars, winos and squeegee merchants" and for suggesting that Muslim women should remove the full veil (niqab).





Howard Lomas **FROM THE EXECUTIVE OFFICER'S DESK**

Death of Eminent Cognitive Behaviour Therapist

There must be something about this time of year. Two years ago I reported the death of Vic Meyer, our Founder President. Last year at this time I reported the premature death of another former Chair of BABCP, Professor Ian Falloon and also the death of Michael Mahoney. Shortly after we went to press in August 2006, I was very saddened to hear of the death of Laurence Burns. Recently, as most of you will know, Albert Ellis died on 24th July 2007, aged 93. He was the originator of Rational Emotive Behaviour Therapy (REBT) which is the foundation of all modern cognitive behaviour therapies. We celebrate the life of one of the most important figures in our history. An obituary appears elsewhere in CBT Today.

Membership & Subscriptions

Membership of the Association has again shown a sharp increase in the last 12 months and at the 20th of August, 2007 stands at 6,289. This is a 6 per cent increase over the record total of 5,934 this time last year. Renewal rate remains constant at 93 per cent and 725 new members have joined this year.

Members will receive a separate notice with this magazine reminding them that the annual membership subscriptions are due in October. It will also advise of an expected increase in subs of approximately 13 per cent (£6 on the standard subscription) which covers inflation, funds further improved services to members and tries to ensure that our reserves are restored to the minimum recommended by the Charity Commission. Any increase will depend on the resolution passed at the AGM on 13th September which has yet to happen at the time of writing. Members paying by direct debit will be debited on or soon after the 16th October 2007.

Any members who currently pay their annual subscription by cheque but wish to switch to direct debit – and take advantage of the lower rates – can download a form from our website or the office. It must be returned to the office by 28th September, 2007 to allow processing time through the banks. Members continuing to pay by cheque can send their renewal to the office at any time. See the letter enclosed with the magazine for the new rates agreed at the AGM.

Gift Aid and The Research Fund

The Research Fund continues to grow – it currently stands at £25,750. But a further £20,000 is due to be transferred into the Fund from past Gift Aid donations. Grants for research are now possible and the first applications are currently being considered. It is vital that we continue to attract funds so that research grants can be made every year.

The main sources of income to the Fund are the conference and workshop levies and repayment of tax under Gift Aid. But we still have only about 450 Gift Aid declarations from BABCP members - from which we expect to claim a further £5,400 for 2007/08. This money is very welcome, but only represents 8 per cent of the membership who could join the scheme. If you don't claim your subscription to BABCP as an expense in your tax return, why not let BABCP reclaim your tax for our Research Fund?

The Research Fund gives grants for research into Cognitive Behaviour Therapy (for which you are entitled to apply). An annual subscription of £47 provides the Research Fund with £13.16. Download a form from the web site or phone/email the office.

Annual General Meeting and Annual Report

By the time you read this, the AGM will have taken place and the annual report from the trustees will have been presented together with the annual accounts. These will appear on the website, www.babcp.com in due course and a summary will appear in the next edition of the magazine.

The financial accounts are still in draft form as I write, but it looks as though our net expenditure last year of £26k has been turned into net income of £35k in a turnover of £501k. Most of the extra £35k income is as a result of increased Branch activity. So those funds, now held centrally in the BABCP bank accounts, are not available for central BABCP use.

Ethical Investment

The treasurer will have reported at the AGM that the long running debate about ethical investment of long term reserves has finally concluded. The Association had invested £50,000 in February 2004 in a Royal Bank of Scotland (RBS) Open Ended Investment Company (OEIC) – used to be called Unit Trusts. With advice from independent

financial advisers, two “ethical” OEICs have been identified which not only meet our trustees ethical considerations but also have outperformed the RBS over the same period.

We invested £50,000 in the two OEICs mid August (when the market was at a low) having fully cashed in the RBS investment a month earlier achieving £70,000 from the original investment. The questions raised at the AGM two years ago were in relation to this investment and I believe we have satisfied the questions.

Executive Officer Exit Plan

I have now formally given notice to the Board of my eventual intention to retire (again!). I intend to step down as Company Secretary from the AGM in 2008 and continue overseeing the accounts and offering consultative support for a further 12 months, before ceasing as a paid employee of the Association at the AGM in July 2009. By then it will have been 40 years since my first involvement began in the Association and its precursors - 38 years serving on committees, 34 years since becoming Secretary of the National Association and 12 years since becoming the first-ever paid Executive Officer. I will be approaching 64 years of age and feel it is time for a younger generation to take over (some may say well beyond such time!) Philip Tata and Rod Holland are also handing over conference organisation – but they are much younger than me!!

This decision has only been made possible since we have started employing increasing numbers of excellent staff at the office. A risk assessment 10 years ago identified huge problems if I didn't download my brain onto paper and begin to explain to other members and staff, my idiosyncratic administrative and organisational systems! Jenny Riggs at the office has not only understood most of my methods but she has also transformed them into a more conventional management system which



should survive even if the staff don't! The Board no longer need to speculate about what would happen if I fall under a number 49 bus! And I don't need to worry about it because there isn't one on the Outer Hebrides!

Outer Hebridean BABCP Office



I usually report at this time of year one of the main highlights of the year, my visit to the South Harris Agricultural Show. This year I went again. Another great occasion but this time the major lottery attraction called 'Daisy Drop' was not held. The new playing fields at the school were too immature to allow highland cows to perform on the virgin turf. Two great show attractions from previous years were, however, repeated this year: the performing ducks (the Drakes of Hazzard) herded around an obstacle course by a very clever sheep dog; and Chainsaw Pete - a Canadian lumberjack who used chain saws to carve a life size bear and a pair of otters from an enormous tree trunk! Life is never dull out here and neither is the weather. We enjoyed nearly six weeks of unbroken sunshine while the rest of UK drowned.

It has been good to see several BABCP members visiting us this year in the Hebrides - it never used to happen when I lived in Accrington! Maybe it is the porridge I serve at breakfast? We had one rather genteel guest who clearly enjoyed the porridge and politely asked me; "Howard, can I ask where you get your oats?" He was very embarrassed, but highly amused, when I responded, "isn't that a rather personal question?"

Tiaraidh an dràsda

Howard Lomas
Executive Officer
20.8.07

New CBT e-journal to launch next year: Call For Papers

The BABCP has announced the launch of a new on-line journal, tCBT.

tCBT is an interdisciplinary peer-reviewed journal aimed primarily at CBT practitioners in the caring and teaching professions.

Published quarterly, the journal will feature papers covering clinical and professional issues, which contribute to the theory, practice and development of CBT.

The e-journal will publish papers on new developments; practice-focussed articles which detail clinical interventions; research reports; detailed case reports; audits and reviews of clinical scales.

The e-journal will publish papers that have an education or supervision focus.

It will also include reviews of recently published literature which is directly relevant to practitioners.

Joint editor Michael Townend said: "A particular feature of the journal is that it has broad appeal; its electronic nature is designed to ensure timeliness of publication and professional debate whilst also ensuring rigorous standards in the dissemination of high quality materials with relevance to the practice of cognitive and behavioural psychotherapists."

tCBT will be issued to members of the BABCP and is being seen as the sister journal to Behavioural and Cognitive Psychotherapy. It will only be available on-line.

Co-editor Mark Freeston added: "We welcome authoritative contributions from people working, or otherwise involved, in the practice, research, education and supervision in the cognitive and behavioural psychotherapies. Articles must be original and focused upon cognitive behavioural psychotherapy. All articles must include at the beginning of the paper a set of 3-5 learning objectives that will be achieved through reading the paper. At the end of each paper a summary of the main points from the paper must be included with suggestions for follow-up reading."

The e-journal will also welcome additional multi-media materials that support, enhance or illustrate specific aspects of the submitted papers including video, audio or PowerPoint presentations.

The joint editors also welcome submissions or discussion of ideas for:

- Practice articles
- Review papers
- Case Studies
- Original Research Papers
- Education and Supervision
- Service Models and Forms of Delivery

Under the guidance of interdisciplinary national and international editorial boards, tCBT aims to reflect and influence the continuing changes in the concepts, methodology, and techniques within CBT.

For further information, please contact the Joint Editors:

Mark H Freeston, Newcastle University UK.
mark.freeston@ntw.nhs.uk

Michael Townend, University of Derby, UK.
m.townend@derby.ac.uk

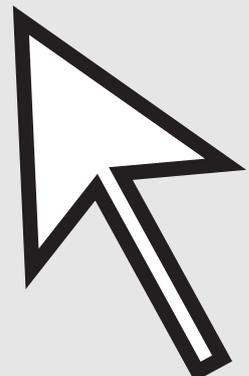
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PATHFINDERS FOR CBT

Eleven areas of England are to get new CBT centres. Here we give brief details of each of the eleven Pathfinders

The eleven new pathfinder projects for CBT announced by the Government have been warmly welcomed by patients and campaigners.



Ann Bowling is a Patient Advisor to the Doncaster IAPT centre which is run by BABCP member, Prof Dave Richards (pictured). She appeared alongside former Health Secretary, Patricia Hewitt in April, when 10 more new CBT centres were announced.

Welcoming the news that eleven areas would now benefit, Ms Bowling, who has been successfully treated with CBT, said:

“Psychological therapy has made a huge difference to my life and basically helped me to keep functioning.

“It involves helping yourself by recognising and challenging negative thoughts. It is now very much part of my every day existence and has helped me to get an entirely new, far more positive outlook on life.”



Paul Farmer, Chief Executive from the mental health charity, MIND is part of the ‘We Need to Talk Coalition’ which is campaigning for improving access to psychological therapies.

He said: *“We know that people want a greater a choice of talking therapies when they experience mental health problems. We are delighted that the announcement of the Pathfinder sites shows tangible and very welcome progress.*

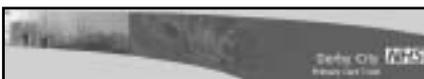
“This is a very important next step in making these essential therapies available to people when and where they need them, and we look forward to a full national roll-out as soon as possible.”

BABCP Member Mark Kenwright is

leading one of the centres at Ealing, in London. Part of his project will involve translating fellow BABCP member Chris Williams’s book on depression for the local Muslim community.

The Department of Health also singled out schemes in Derby and Salford for special mention.

Derby will help to tackle the mental health needs of people from black and other ethnic minority communities in the most deprived areas of the city. The service will focus on people who are unemployed or in danger of losing their job. In Salford the project will help women with pre and post-natal mental health problems and providing patients with diabetes with psychological support.

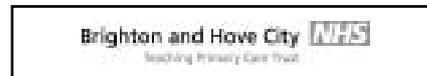


1. Derby City PCT (East Midlands)

The project will improve access to talking therapies for people from black and other ethnic minority communities in the most deprived areas of Derby. This service will focus on people who are unemployed or in danger of losing their employment. The site will further develop strong partnerships with local voluntary sector community groups and the Department of Work and Pensions (DWP) to purchase additional CBT therapy and Community Development Workers who will provide direct access to people from these communities, who often find it difficult to access mainstream services.

2. Stoke-on-Trent PCT (West Midlands)

Stoke-on-Trent will develop a Healthy Minds Network (HMN) of three teams that will provide a number of services to GP practices, including evenings and weekends, to improve the general well-being of their patients. This will include peer educators working with local communities to help them access the right service for their needs.



3. Brighton & Hove PCT (South East Coast)

Brighton and Hove will be given support and money to improve access to psychological therapies. Brighton is made up of a diverse population and we need to tailor our services to meet the range of need in the City in a sensitive and appropriate way. Although, we already have big plans to improve these services, the additional resources will make this work more quickly and to reduce waiting times significantly.

4. North Tees and Hartlepool PCTs (North East)

The Open Doors service is an innovative approach to improving access to psychological therapy in Hartlepool and Stockton. Working with GP practices, NHS Direct and local employers, the project aims to offer effective support and treatment for those suffering from depression and anxiety, particularly as a direct result of a long-term medical condition, such as diabetes or heart disease.

5. Ealing PCT (London)

The Ealing Pathfinder site will be investing resources in additional Cognitive Behavioural Therapy (CBT) staff to deliver more rapid access to psychological therapies in the Borough. We will also be developing more culturally specific psychological therapy services within Southall e.g. translating Chris Williams self-help book ‘Overcoming Depression’ into Punjabi language audio CDs.

6. Hertfordshire PCT (East of England)

Hertfordshire PCT already have a track record of success of delivering psychological therapies within Enhanced Primary Mental Health Care services. They are now in a position to expand these services and develop an additional site. They are very keen to focus on psychological interventions for post-

natal depression and developing services for people with long term medical conditions.

7. East Riding of Yorkshire PCT (Yorkshire & Humber)

The East Riding Pathfinder site will expand its training in basic CBT to ensure that services are offered for older people and patients with long term conditions. The service will work with partners from across the voluntary sector to ensure that there is plurality of service provision and expertise in the delivery in this much needed area.

8. Salford PCT (North West)

Salford's psychological services have been redesigned and expanded, and are based on a stepped care model. This ensures that patients get timely access, and are directed from the GP to an appropriate practitioner with the right skills to help them. We are developing new care pathways for women with pre and post-natal mental health problems, and also to people with diabetes who need psychological support.

9. Buckinghamshire (South Central)

The Buckinghamshire Pathfinder site builds on the recently completed redesign of Psychological Services within local specialist Mental Health Trust and ongoing development of specialist mental health teams in doctors surgeries.

10. Dorset PCT (South West)

Dorset PCT will improve access to psychological therapies for working age adults with added focus on improving the mental health of people with long term conditions, such as diabetes. Priority will also be given to strengthening access to mental health care for offenders in the four prisons in the County.

11. Bury PCT (North West)

Bury is working closely with the voluntary sector to develop primary care based psychological services for young people. Work undertaken by the Be Healthy sub-group of the Children and Young People's Partnership, (including considerable consultation work), has identified significant unmet mental health need amongst children, young people and their families and a need for much more early intervention work to prevent relatively minor problems from escalating.

ARE YOU INVOLVED IN ONE OF THE ELEVEN PATHFINDER PROJECTS?

THEN **CBT TODAY** WOULD LIKE TO HEAR FROM YOU!

WE WOULD LIKE TO KEEP BABCP MEMBERS UPDATED ABOUT THE PROGRESS OF THE SCHEMES, SUCCESSES AND FAILURES, THE CHALLENGES AND OPPORTUNITIES, HOW YOU ARE DELIVERING CBT TO THE PUBLIC - AND IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES.

PLEASE CONTACT CBT TODAY @

comms@babcp.com or matt@babcp.com



ADVERTISEMENT

The National Phobics Society

is looking to recruit Cognitive Behaviour Therapists to work in a volunteer capacity with clients affected by anxiety disorders, phobias and related conditions. The role would include either face to face or telephone contact. You would need to hold or be studying towards a BABCP approved diploma in CBT, and have suitable knowledge and experience in the field of anxiety disorders. We are particularly interested in therapists based in the Manchester area, however there are opportunities available for all areas. The National Phobics Society is committed to equal opportunities and would welcome applications from all backgrounds.

Please visit our website at: www.phobics-society.org.uk for an application form or call 0870 122 2325 for further information.

National Phobics Society
The anxiety disorders charity



Working with mental health in primary care

A Complete Guide to Primary Care Mental Health. The Essential Reference and Teaching Resource.

Edited by: Pamela Myles and David Rushforth. (Constable & Robinson)

This handbook offers a reference and teaching resource for new mental health workers and other health care professionals working within primary care settings with people experiencing common mental health problems.

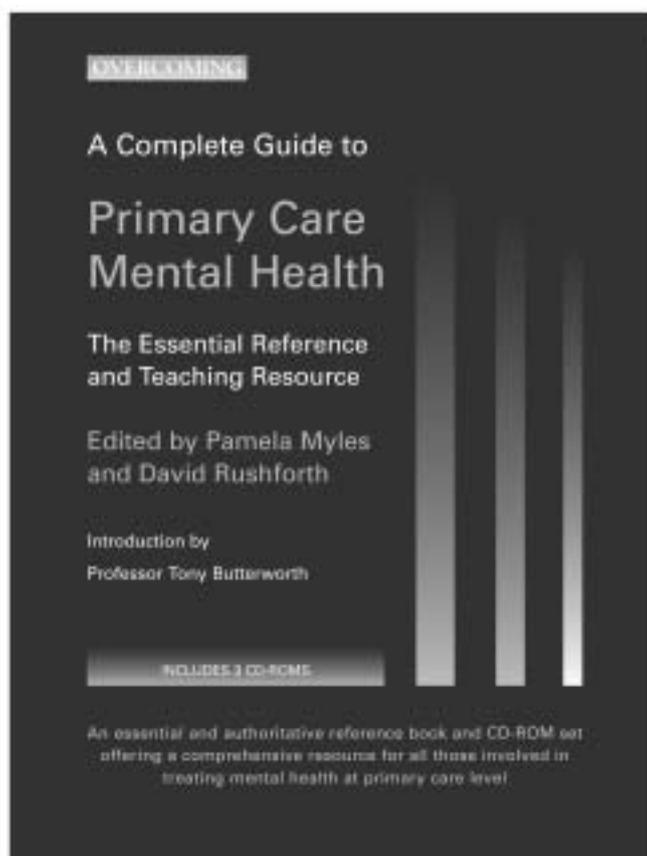
It gives a basic introduction to different aspect of working within primary care including:

Part 1: *The culture and processes of working in primary care, including policy and legal frameworks, history and development of service provisions and roles and responsibilities of primary care teams.*

Part 2: *Practice based working with users, carers and support agencies, covering topics such as social inclusion, advocacy and community and voluntary services.*

Part 3: *Clinical skills for primary care mental health practice. This includes a good introductory to common mental health problems (depression, anxiety disorders, sleep, anger and stress), bringing together diagnostic criteria and cognitive, emotional, physical and behavioural symptoms. It introduces principles and skills relating to verbal and non-verbal communication and core therapeutic principles. There is also a section on assessment, including identifying problem areas, risk factors and triggers. The final section focuses on clinical interventions; the stepped care model is outlined, including NICE guidelines for depression and anxiety. In addition, some clinical interventions are briefly covered within a self-help framework, including psycho-education, problem-solving, behavioural activation, graded exposure, identifying and evaluating negative thoughts, controlled breathing, relaxation and lifestyle strategies.*

Each chapter usefully provides aims and



“In general this is a comprehensive introductory guide to different aspects of working with mental health problems in primary care settings, covering a range of clinical and organisational topics.”

learning outcomes, exercises to practice the content covered, ‘test yourself’ questions, extracts of dialogue to demonstrate content and further related references to specific topics. CD-ROMs are included.

In general this is a comprehensive introductory guide to different aspects of working with mental health problems in primary care settings, covering a range of clinical and organisational topics. It particularly complements graduate mental health workers or assistant psychologists delivering step 2 self-help interventions for milder presentations and could be used as a helpful reference

guide alongside supervision. In addition, it could be a useful resource for other health care professionals working in primary care who are interested in understanding more about the recognition of mental health problems and what is to be offered within a stepped care approach when treating these difficulties.

As a general handbook it is not aimed at trained psychologists or CBT psychotherapists providing direct therapy to people with more complex difficulties in primary care. It does not cover issues relating to formulating or intervening within the cognitive-behavioural model in direct individual or group therapy or to how the basic self-help strategies can be applied flexibly to individual problems and challenging clinical situations. From the perspective of being trained clinical and counselling psychologists providing a large part of the primary care service to people with mental health problems within our trust, it is interesting that this guide did not discuss the role of trained psychotherapists working in this area. We wondered if this reflects the general direction of primary care services moving away from valuing specialist trained therapists and moving towards employing less experienced mental health workers. This trend and the content of this handbook seems to overlook the complexity of some of the difficulties that we experience clients bringing to primary care services and the need to apply interventions in thoughtful way that can not always follow an easy formula.

Anouska Longley
Counselling Psychologist

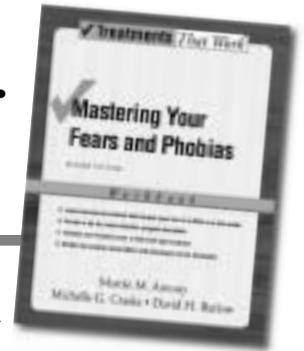
Dr Louise Dennis
Clinical Psychologist

Facing up to your fears...

Mastering your Fears and Phobias. 2nd edition. Workbook.

By Martin M. Anthony, Michelle G. Craske, & David H. Barlow

(Oxford University Press, 2006)



The 'Mastering Your Fears and Phobias Workbook' is part of the 'Treatments That Work' series based on providing clear theoretical principles derived from the latest research and evidence base for the treatment of specific phobias.

Being one of an estimated 10 million sufferers in the UK with a specific phobia, as a therapist I have often thought that I should tackle my fear and so it was with enthusiasm and a little apprehension that I agreed to review this workbook and accompanying Therapist Guide.

The workbook is divided into three parts which are clear and easy to follow. As expected from a manual based on a cognitive behaviour approach, each chapter begins by outlining its goals and homework is set at the end.

The first part includes a nice introduction to the different types of phobias, presenting three case studies of individuals with different phobias. Information is provided to help gain a greater understanding of these fears, for example how they developed, what maintains them and education explaining the physiological effects of fear and anxiety. The reader is provided with a comprehensive range of tools, such as monitoring forms, worksheets, self-assessments and checklists etc., which are available to photocopy from

the workbook or are downloadable from the website for this series.

The second part moves on to describing the general treatment strategies that may be used to overcome the phobia, including cognitive restructuring and exposure work to both the phobic stimuli and, if needed, to feared physical sensations.

The step by step instructions for the exposure work are very useful, as is the provision of a clear rationale and explanation of possible reasons why it may not have worked in the past, giving the reader a bit of hope for the forthcoming exposure tasks.

Examples of different ways to induce various physical symptoms are also provided for those who also need to be exposed to feared physical sensations.

I felt that the most difficult part of this section was trying to refrain from the urge to jump ahead to the chapter relevant to my phobia – something I suspect other readers may also have difficulty with!

Part three of the workbook focuses on specific strategies for each of the phobias. These cover blood and needle type phobias including doctors and dentists, claustrophobia, animals and insects, heights, driving, flying and a final chapter covering phobias of storms,

water, choking and vomiting.

Each chapter in this section includes a definition, prevalence rates and educational information specific to the phobia. For example, the chapter for blood/needle phobia includes information on the diphasic response along with instructions for applied tension to help reduce the risk of fainting.

Examples of suitable material for exposure work is given, such as film titles, TV programmes, pictures and places to go, which, for some phobias where it can be tricky to gain appropriate exposure, is very useful.

A helpful trouble shooting section is also included for the majority of phobias, identifying possible problems that may be countered along with suggestions of ways to overcome them.

In summary, this is an excellent manual for overcoming phobias and fears, providing clear, step by step instructions and worksheets in a user-friendly format.

As for tackling my own phobia, I guess I'm still missing that vital ingredient that no manual or therapist can provide ... the motivation to conquer my fears. When the time comes, however, I most definitely will be calling on this workbook to help guide me along the way.

...and providing effective treatment

Mastering your Fears and Phobias. 2nd edition. Therapist Guide.

By Martin M. Anthony, Michelle G. Craske, & David H. Barlow

(Oxford University Press, 2006)

The Therapist Guide is an accompaniment to the Mastering Your Fears and Phobias Workbook which is part of the 'Treatment that Work' series. The therapist guide mirrors the workbook and, as such, is divided into three parts

The difference between the two books lies in the depth of information provided, with the Therapist Guide providing the clinician with the underpinning knowledge base.

The first part of the manual provides detailed information regarding the nature of phobias, prevalence rates, criteria according to DSM-IV and differential diagnoses. The latest research regarding advancements in treatment approach, strategies, relevant underlying psychological theory and treatment rationale is also provided, an example of this being the addition of cognitive restructuring to facilitate exposure.

Part two describes the main components of treatment, these being education and cognitive restructuring aimed at correcting distorted thinking and exposure therapy enabling the reader to learn that what they fear most never, or rarely, happens and that they are able to cope with the feared stimulus and tolerate the anxiety.

(Continued overleaf)

Mastering your Fears and Phobias. 2nd edition. Therapist Guide.

(Continued)

The section on exposure therapy gives clear, step by step instructions for preparation and its implementation, which I found very useful especially as it emphasized the importance of the ability to tolerate fear and anxiety as a critical learning goal of therapy. This is based on new evidence regarding exposure, with the aim being to stay in the phobic situation long enough for learning to occur as opposed to until habituation occurs, and moves away from the aim being to reduce anxiety to being able to tolerate it.

A useful summary is also provided at the end of this section on the specifics of carrying out exposure work. This part concludes with a section on maintaining

treatment goals, the reasons for a return of the fear and pointers on how to prevent and rectify this.

The third part of the guide provides detailed information for each of the specific phobias including definitions, aetiology, assessment and treatment plan. This mirrors the information provided in the workbook – but with a bit extra.

My initial thoughts prior to reading the Therapist Guide were that it could be ‘surplus to requirement’ and that the workbook would probably provide enough information. Whilst the workbook would be adequate for treatment to be successful, you would

miss out on the wealth of evidence-based knowledge underpinning the advancements made in this area, which is provided in this guide.

Overall, the ‘Therapist Guide’ is a good, well written accompaniment to the workbook, providing the therapist with the latest research and treatment rationale to help develop effective treatment plans for individuals wishing to overcome their specific phobias.



Michelle Fox

Bringing hope to the anxious child

Overcoming Your Child's Fears and Worries

By Dr Cathy Creswell and Dr Lucy Willetts.

£9.99 (Constable and Robinson)

Learning to live with our children's anxiety is difficult. How do we balance our 'instincts' with conflicting advice from different people? How do we know when it's a natural and helpful life experience - or when it is less helpful? And how do we know when it's our role as parents to step in?

In answering these questions, this book is a breath of fresh air and a godsend for any parent whose child is anxious.

Whilst anxiety can be a longstanding problem if untreated, this book instills hope that the right management can help. The emphasis of the book is on building skills that are useful for life. From the start the book makes clear that parents can be a positive influence on how their child manages anxiety. A sense of collaboration between the authors and the reader, and the parent and their child, is instilled from the word go. The emphasis is on helping the child learn how to overcome his/her difficulties themselves rather than solving their problems for them, for example, by asking the child questions to help work things out for themselves.

It provides the reader with a helpful model for the development of anxiety and throughout a clear rationale is given for the approach taken. It is also very clearly structured and helps prevent the



reader getting too bogged down. For example, at the end of chapter one, parents are invited to consider ‘how best to use the guide’. Different chapters for older and younger children also help parents to manage an appropriate collaborative balance with their child.

The language used is clear and vivid; case examples throughout help aid understanding and enable families to realise they are not alone, bringing the book to life. A helpful list of resources, with web-based links, is also provided.

It covers everything I would want to see in a book of its kind and more. It is usable and reader-friendly and goes beyond many anxiety texts in addressing specific clinical difficulties and picks up on the needs that people commonly bring back after treatment.

This book makes the overwhelming understandable and gives a clear rationale for treatment. It helps people to move from a position of powerlessness to the position that something positive can be done. It even makes the outrageous suggestion that working together with a child to overcome their difficulties can be fun!

In my opinion this book is going to be a major resource for parents, young people, professionals and people in the voluntary sector and will be revisited time and again for many years. I am already telling colleagues to look out for it coming into print.

My only regret is I wish I'd written this book myself!



Dr Nicky Dummett
(Consultant Child and Adolescent Psychiatrist, Leeds; Chair of BABCP Children, Adolescents and Families Special Interest Branch)

Branch Liaison Meeting, London

(April 2007)

Thank you to everybody that attended our regular liaison meeting in London, and a special thank you to Secretary Howard Lomas, who traveled further than me.

As is the case of late we are having a good overall turnout from the majority of our regional branches.

A good part of our day was around the feedback and discussions that took place at the National Committee meeting the month before and how this relates to ourselves in terms of our representation of our membership.

Some of the topics covered were the recommendations of the Layard report and the developments of pilot studies around England.

Howard also discussed the benefits of increasing membership, which in the long term would generate more income and possible funding of small projects/research in the field of CBT.

A leaflet has been devised to raise the profile and attract new members and that regional branches could take an active part in its promotion.

Following on from this, a more detailed discussion emerged with regards shape, form and categories of memberships. This continues to be discussed at National Board meetings.

Howard highlighted at the meeting that communication between Board level and Regional liaison meetings had been improved.



It was acknowledged a big thank you was earned by Chris Alderton, the current chair, for all her hard work and efforts over the past couple of years.

Other topics are still ongoing and hopefully we will report following our September meeting at the conference.

On that note, I shall conclude and look forward to seeing everyone at our meeting in Brighton.

Please come and say "Hi" to your local Rep at our "meet the Rep Slot". Details will be in your conference packs.

See you all then
Maureen McGeoch

Eastern Counties

ACT - Introducing people to pain



Pictured at the Eastern Counties recent ACT Workshop in Bury St. Edmunds are:

(L/R) Sheila Winton, Neil Harmer, Mark Webster (Speaker), Nicola Taylor, Nicola Ridgeway and Donal Fitzgerald.

Eastern Counties BABCP in conjunction with West Suffolk CBT Service were delighted to welcome Mark Webster to carry out an introductory workshop on Acceptance and Commitment Therapy ACT.

Mark Webster chairs the ACT Special Interest Group and is a founder in the development of ACT throughout the UK. He is clearly committed to and passionate about the benefits of ACT and was keen to share the quickly growing evidence base of ACT in the treatment of a wide range of mental health problems/psychological disorders.

It was both interesting and refreshing to be presented with a model and theory of the human condition which emphasises the importance of normal human pain.

ACT is unashamedly distinct from the medical and diagnostic model of working with mental health problems.

ACT's use of metaphor and analogy in the teaching of patients/clients/students underlies its experiential and very humanistic approach. Indeed, the introductory day itself was full of a mixture of theory, metaphor, analogy and experiential work.

ACT is clearly an approach that readily challenges and test some quite traditional assumptions held by therapists/psychotherapists.

The notion of deliberately intending to



introduce people to pain would be a specific example of such a challenge.

However, the neat distinction between pain and suffering pivotal to ACT, made us easily able to understand the rationale.

Helping people to control suffering by bearing and tolerating pain certainly made good sense to us all.

It was a thoroughly enjoyable day with plenty of opportunity for reflection and questions.

We look forward to inviting Mark back in the near future to expand our experience of ACT's wholly strategic approach.

Dr Nicola Ridgeway
Clinical Director WS CBT Service

Albert Ellis, grandfather of CBT



Albert Ellis, born Pittsburgh, Pennsylvania in 1913, founder of rational-emotive behaviour therapy (REBT), the ‘grandfather’ of CBT died on July 24th.

“As the pioneer of a branch of psychotherapy which stimulated the growth of Behavioural and Cognitive therapies, all of us owe him a great debt, not only for his insight, but for the fact he chose to dedicate his life and considerable dynamism to the development of his ideas and practice of REBT. Without doubt Dr. Ellis will be one of those rare humans - gone but not forgotten.”

Dr. David Veale, BABCP President

Ellis developed REBT as a more direct and active alternative to treating psychological disorders than the traditional psychoanalytical methods that were available at the time.

He published his first book on REBT, *How to Live with a Neurotic*, in 1957 and went on to pen over 50 more books and in excess of 600 articles on REBT, sex and marriage.



In 1982, Ellis was recognised for his massive contribution when the APA named him as the second most influential

psychologist of the 20th century. Carl Rogers beat him to first place and Freud came in third.

His final book ‘Personality Theories’ is due to be published next year by Sage. Al will almost certainly be remembered as a controversial figure. A flamboyant style and a liking for profanity would undoubtedly catch people’s attention, but not necessarily give a true representation of the depth and sophistication of his theoretical work.

Early influences on his theory, along with his own clinical observations, include Epictetus, Confucius, Buddha, Kant, Pavlov, and Wolpe to name only a sample.

His emphasis on aiding people to develop flexible, adaptive beliefs, self-acceptance and encouraging tolerance of discomfort, in pursuit of their goals, remains at the heart of REBT. Contrary to popular misconception, Beck and Ellis

were not forever at odds with each other. Both have often paid tribute to the other’s contribution to the growth of appreciation of the central role of cognition in emotional disorders. Indeed it is not uncommon to see Ellis’ famous ‘ABC’ model incorporated into texts on cognitive therapy.

Notably however, REBT has always tended to be less tied to psychiatric diagnosis than BT or CT, Ellis instead developing a theory of personality that transcends diagnostic categories.

Ellis will be remembered by many for his methodology in getting his REBT message across.



Alongside publications and lectures, he famously held his Friday night workshops at his Institute in New York. Here he would give live personal therapy sessions to any volunteer brave enough to take the stage.

Friday nights were a low-cost opportunity to glimpse Ellis in action. He was quick-witted, direct, confrontational and blunt. “What’s so fucking scary about dying?” he asked one woman who presented him with her fear of death as her problem for the night.

Ellis was 93 when he died in July. He stubbornly refused to succumb to the ravages of age saying that he would only retire when he was dead.

By Rhea Branch, Rob Willson and Anna Albright



Beck and Ellis - not forever at odds

Tributes

“The most influential psychologist/ psychotherapist of the 20th century. I met him three times, the last in 1999 when he was 86 years of age, still relentlessly travelling the world spreading the REBT message. My most abiding memory of Al is of him advising the workshop audience to “fuck your upbringing” thus expressing three elements that characterises Ellis’s work - shock, humour and truth. I feel privileged to have met him.”

John Blackburn

Rational Emotive Behaviour Therapist

“Many may remember Albert Ellis, either from hearsay or direct experience, as a brusque perhaps even abrasive man. Whilst his ‘no nonsense’ approach to training and therapy was no doubt a hallmark, Dr. Ellis was also extremely generous with his knowledge and time. As a student of REBT I recall receiving two lengthy letters from Dr. Ellis (short essays really) addressing the role of logic in helping people develop functional

Controversial, profane, generous and inspirational

thoughts. I remain struck by the attention he was willing to give to a trainee whom he had never met. Dr. Ellis was certainly not, in my experience, distracted by his status in the field of psychology and remained consistent and true to his most valued priority- the development and promotion of REBT.”

Rob Willson

Chair of the REBT Special Interest Group

“Albert Ellis was a very charismatic, productive and influential therapist, perhaps not always given all the credit he deserved, and certainly a great loss to many of us that found his honesty, commitment and energy inspiring. Missing but certainly not gone!”

Olivia Vega-Vega

“This is a great loss to the world of CBT as a whole.”

Matt Broadway-Horner

“He was a searchlight/beacon in the grey days when Fraud dominated! I recall having read him with great pleasure, hearing him speak and being given a great shot of fire! Expectations were fulfilled! Celebrate a great life!”

Francis Lillie

“We have lost a great mind and a great human - REBT will never be quite the same again without him.”

David Baker, BABCP Hon Treas.

“I was saddened to hear about the death of Albert Ellis. He was a great man and lived his life by his own values.”

Gladeana McMahon

“I’m currently at the Ellis institute from the UK, completing a summer fellowship. Al will be sorely missed !!!”

Don McKnight

“Both personally and professionally I am grateful to Albert Ellis. He was so when I began my training as a therapist. He was old and his hearing was not good but unlike Freud or Rogers he was still alive and still teaching. So I went to New York to imbibe the spirit of the man and by virtue of that to capture the spirit of REBT. He was focused, direct, challenging, shameless, relentless and entertaining – a good introduction for what was to follow in the classroom.”

Anna Albright

REBT trainee therapist



REBT Special Interest Group

“Musts, shoulds and oughts...”

Albert Ellis, the founder of Rational Emotive Behaviour Therapy (REBT) died in New York on July 24th 2007.

In the US he is recognized as a ‘giant’ in the field of psychology and REBT is acknowledged as the first of the Cognitive Behaviour Therapies.

Those of us who practice REBT are committed professionals who, whilst grateful for the rich body of material we are able to incorporate into our practice, are frustrated that REBT is comparatively unknown.

In the UK, Beck’s CT has been thought of as the default for a CBT treatment model and REBT has been CT’s relatively unknown sibling, albeit an older one.

Windy Dryden, who trained with both Ellis and Beck, has been responsible for paving the way for REBT to be introduced as a treatment model in this country and has contributed enormously to the collection of books available both for professionals and the public.

REBT is a structured approach to therapy, which helps patients to identify the rigid and extreme beliefs that underlie their psychological disturbance.

The REBT model is based on the assumption that beliefs are driven by the individual’s evaluations, interpretations and philosophies about the self, life and/or others. At its heart is the claim that psychological disturbance is caused by demands that are rigid and extreme by their very nature and which present themselves in the form of “musts”, “shoulds” and “oughts”.

In the 1980’s Ellis defined two types of REBT; ‘general REBT’, which is akin to CT and ‘specialized REBT’, which serves as the preferred treatment route where possible. The overlap between ‘general REBT’ and Beck’s CT makes the two approaches compatible as Cognitive Behaviour Therapies whilst ‘specialized REBT’ retains the unique and distinct features of REBT.

Our REBT special interest group has been set up to satisfy three core objectives; to promote understanding of REBT, specifically how it is currently practiced, to promote training in REBT and training relevant to REBT and to stimulate and support research into REBT.

To this end the REBT Special Interest Group will provide a forum for discussion. Additionally we will look to develop links with other groups interested in REBT and we look forward to actively participating in and contributing to relevant conferences.

The founding members of the Special Interest Group are Rob Willson (Chair), Toni Biagi (Treasurer), Steve Harris & Jason Jones (Research & Conference Officers), Anna Albright (Publicity Officer), Matt Broadway-Horner (Branch Liaison Officer).

We welcome interest in REBT. Enquiries by email to rebt@babcp.com

OCD and imagery techniques

The committee of the South East Branch of the BABCP, Tracey Sharpe, Jean Berry, Pat Murphy, Jim Willis, Sue Holtum and Cathal McCabe are extremely pleased with the achievements made and response from our local members in our first year of re-launching the branch. The year was marked by two excellent speakers - Professor Paul Salkovskis and Professor Stephen Palmer.



In March, the branch had the pleasure of hosting a one day workshop on CBT for OCD, from Paul Salkovskis.

In the leafy surroundings of the University of Greenwich, Kings Hill campus, to a packed auditorium of professionals from a range of different disciplines, Professor Salkovskis provided a comprehensive and informative examination of CBT for OCD.

In his relaxed, often humorous style he provided an overview of the phenomenology of OCD, discussed the best available evidence and latest research findings and how this has shaped developments in CBT approaches to OCD.

An in-depth exploration of therapy using footage of various case examples gave life to the described techniques and therapeutic style. This interactive and entertaining workshop was extremely well received by all who attended. It was also invaluable in raising the profile of the branch locally.

In June, Professor Stephen Palmer presented a skills based workshop on Imagery Techniques used within CBT therapy for adults and young people.

Professor Palmer's enthusiasm for his subject provided a stimulating environment for participants to actively participate in this skills based workshop.

A rationale was given for including imagery work with clients before participants were invited to practise imagery exercises with a colleague. The emphasis then moved onto describing more specific techniques that targeted issues including motivation, guilt, anger

and coping. We were also introduced to using a 5 column worksheet which provided an opportunity to consolidate learning, combining this with a real appreciation of the importance of these interventions across a range of psychological disorders.

Professor Palmer was also kind enough to throw in some imagery tips for those wishing to give up a bad habit and all this in the space of three action packed hours!!.

We are very grateful to Professor Palmer for an excellent workshop and delighted that he will be making another contribution to our event programme over the coming year details of which will be posted on the BABCP web site.

We hope that all South East members will agree that this workshop provided excellent value for money and we would encourage you to keep updated on forthcoming events.



Tees, Esk and Wear Valleys 
NHS Trust

THE LOGOS CENTRE
County Hospital, Durham

Cognitive Behavioural Therapy & Mental Health Promotion

ANNUAL CBT CONFERENCE

Friday 30th November 2007
Swallow Three Tuns Hotel, Durham

Also presenting three workshops:

Mindfulness based approaches in health care Friday 5th October 2007 <i>Dr Charlotte Procter</i>	Waking up to sleep problems Wednesday 17th October 2007 <i>Dr Helen Oatway</i>	Two day masterclass in trauma Wednesday 21st and Thursday 22nd November 2007 <i>Dr Sally Standart</i>
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Full details and registration forms can be found on the BABCP website www.babcp.com
For further details www.benchcom.co.uk/logostraining
Tel: 0191 241 4523 Fax: 0190 245 3802 Email: logostraining@benchcom.co.uk

BABCP

BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

Central Branch Workshop Introduction to Using Acceptance and Commitment Therapy (ACT)

One Day Workshop - Mark Webster

Monday 26th November 2007, 10.00am - 4.30pm
Department of Psychiatry, Oxford University

Background: Acceptance and Commitment Therapy (ACT) is based on the idea that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and the resulting failure to take needed behavioural steps in accord with core values. According to this view, trying to change difficult thoughts and feelings as a means of coping might can be relatively unhelpful, but new, powerful alternatives are available, including acceptance, mindfulness, cognitive defusion, values, and committed action.

Workshop Leader: Mark Webster is a UKCP Registered Psychotherapist. He is also chairman of the ACT Special Interest Branch within BABCP.

This workshop will enable clinicians to:

- Formulate clinical problems in terms of experiential avoidance and cognitive fusion
- Understand ACT processes
- Develop therapeutic techniques, particularly psychological acceptance, cognitive defusion and behavioural commitment strategies.
- £50 for BABCP members, £60 for non-members

For further details... See BABCP website or

Contact Stephanie Fitzgerald on 01865 226475 or by email: stephanie.fitzgerald@psych.ox.ac.uk

Postgraduate Diploma in Cognitive Behavioural Therapy
at the Institute of Psychiatry

**Institute of
Psychiatry**

Cognitive Therapy Past and Present - 1987-2007

Current trends in cognitive therapy

at The Maudsley

We invite you to celebrate 20 years of cognitive therapy training at the Institute of Psychiatry

The Institute of Psychiatry's CBT programme was established in 1987, and was the first in Britain. To celebrate our 20 year anniversary and highlight our ongoing commitment to future developments in the field, the Institute will be host to renowned national and international figures in CBT, who will present the state of the art in their fields. This event will be of particular interest to cognitive therapists in training and those looking to obtain an overview of CBT in Britain today.

Speakers: Louis Appleby, James Bennett-Levy, Trudie Chalder, David M Clark, Elizabeth Kuipers, Tom Sensky, Ed Watkins, Ruth Williams

Date/Time: Tuesday 13 November 2007, 1.30pm - 5pm, followed by a Reception
Wolfson Lecture Theatre, Institute of Psychiatry, De Crespigny Park, London SE5 8AF

Fee: £60, including reception (Cheques payable to King's College London).

For further information please contact Caroline Goffin

Tel: 020 7848 0886

E-mail: cbt@iop.kcl.ac.uk

Programme website: www.cbtoourse.org

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Dialectical Behaviour Therapy 2 day Specialty Workshops

DBT Skills Training Workshop 1-2 November 2007 Edinburgh

This two day skills workshop provides a brief introductory overview of DBT followed by an in-depth look at the four skills used within the skills training component of DBT. It combines the active practice of DBT skills with instruction on the everyday practicalities of teaching DBT skills in different treatment settings.

Treating the Multiply-Disordered Suicidal Client 21-2 February 2008 Reading

This two day workshop takes a close look at risk factors in repeated suicidal behaviour, and utilises the principles of DBT to develop a structured approach to the management and treatment of that risk.

DBT for Substance Misusers 25-6 February 2008 Glasgow

This two day workshop presents an overview of DBT for substance misusers. Participants will learn how cognitive-behavioural strategies are blended with acceptance and mindfulness approaches to help clients who have serious, chronic mental health problems in addition to substance misuse.

For further information and pricing please contact Ceri Davies
Tel 01978 350073 Fax 01978 358974 Email ceri.davies@extra-ibs.com

Register online at www.dbt.uk.net

Co-sponsored by Behavioural Tech LLC, Seattle, WA

British Isles DBT Training, Croesnewydd Hall, Wrexham Technology Park, WREXHAM, LL13 7YP



Central and North West London
Mental Health NHS Trust

Post Graduate Diploma/ M.Sc in: **Cognitive Behavioural Therapy**

Applications invited for January 2008 intake

Royal Holloway University of London in Collaboration with Central and North West London Mental Health Trust offer a professional training in Cognitive Behavioural Therapy. The aim of this programme is to equip mental health practitioners with practical skills and theoretical knowledge in CBT. Applications for January 2008 are invited from mental health professionals who are able to demonstrate appropriate clinical and academic experience, basic knowledge and skills in CBT, and who are employed in a setting where therapeutic work can be carried out.

Teaching and Curriculum

The course takes place one day per week (Thursdays) for 18 Months. Formal teaching sessions include didactic as well as experiential training in core CBT skills. The curriculum is designed so that basic and core aspects of CBT are covered in the initial modules with more advanced skills and working with more severe and complex clinical presentations being covered as the course progresses. Teaching sessions take place in modern facilities at 20 Eastbourne Terrace, Paddington London.

Supervised Practice

Supervised practice is an integral part of the training. Small group supervision groups are multidisciplinary, occur on Thursdays and are continuous throughout the programme. Students are expected to carry a case load of at least 4 appropriate training cases. Students must have completed a minimum of 8 clinical cases by the end of the course.

Assessment

Required assignments include the preparation of case reports describing clinical work undertaken under supervision as well as theoretical essays. Competence in CBT is assessed via tape recorded therapy sessions rated on recognized competency scales in CBT.

M.Sc Option

The standard qualification gained by students is the Post Graduate Diploma. This route is 18 months in duration. Students with the required academic background and preparedness may also apply to complete a Masters option (currently under development) which will involve the completion of a research dissertation under supervision. This route will involve an additional 6 months of study and training. Validation of the M.Sc option is currently underway and further information about this option will be available at selection interview.

BABCP Accreditation

The Post Graduate Diploma Course was visited by a course accreditation panel from the BABCP in February 2007. Confirmation of level 2 accreditation of this course is currently pending.

Fees

Current fees for 2007/08 intake are £5910 and includes supervision (for full 18 months). An additional fee will be payable for those undertaking the M.Sc option.

Selection Process

Eligible Students will be qualified health professionals such as general practitioners, community psychiatric nurses, occupational therapists, clinical/counselling psychologists, psychiatrists, social workers. Selection is via an application form which can be downloaded from our website at www.nwlcbttraining.net

Selection interviews are held early November 2007. Applications close October 5th 2007

Further Information

Dr Michael Worrell – Course Director
Email: Michael.worrell@nhs.net
Tel: 0207 2669588

Visit the course website at www.nwlcbttraining.net
(application forms and course description may be downloaded from the website)

Cognitive Behavioural Therapy

Postgraduate Diploma

Application deadline:
31st October 2007

Interviews:
Weds 21st November
Fri 23rd November
Weds 28th November
Thurs 29th November

Further Information:

Cassy Shillinglaw
Salomons
Broomhill Road
Southborough
Tunbridge Wells
Kent
TN3 0TG

01892 507658

cassy.shillinglaw@
canterbury.ac.uk

Salomons is set in 20 acres of parkland in the Kent countryside, within easy reach of London and Gatwick Airport. Overnight B&B is available on site.

Applications Invited for February 2008 Intake

This programme is designed to equip qualified mental health practitioners with the skills and knowledge to deliver Cognitive Behavioural Therapy. We would like to hear from you if you think this might be the right course for you. To be eligible you need a mental health qualification, some experience of behavioural or cognitive approaches and access to suitable training cases.

Programme Content

The programme will enable participants to develop their CBT skills through expert teaching and close supervision of practice. Participants will see at least six people for CBT during the course. The programme additionally emphasises the enhancement of skills through live and video feedback, with regular opportunities to practice CBT methods with actors and receive feedback from experienced therapists. Self-practice, where CBT methods are applied to participants' own lives is seen as another important element of training. The self-practice element includes an optional mindfulness group.

Assessment

The Diploma is assessed via the rating of two video or audio recordings of therapy with patients, using a recognised tool for assessing CBT competence. Three written case studies are also assessed, addressing CBT for depression, anxiety disorders and a specialist application of CBT. Finally, a short exam assesses practical competencies in applying CBT models to case material and in interpreting a research paper.

BABCP Accreditation

The course will contribute to participants' training requirements for individual accreditation with the BABCP.

Fees

£5,500 excluding VAT.

For further information please see our webpage at:
www.salomonscaspd.org.uk/practice_consultancy/masters.html



Salomons

Centre for Applied Social & Psychological Development