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Keynote Addresses

Compassion Focused Therapy and the Fears of Compassion

Paul Gilbert, University of Derby
This talk will give a brief overview of the origins and nature of Compassion Focused Therapy. One of CFT key aims is to increase affiliative positive emotion to self and others. The talk will outline how these emotions evolved to become powerful regulators of threat processing and emotional reacting, and how affiliative emotion is linked strongly to well-being. However, this talk will also draw attention to recent research that shows that many people with mental health problems can have a fear and resistance to this affiliative and compassion based positive affect. This has major implications for threat regulation. This talk will explore current research on this difficulty and how to address it in therapy.

The Process of Change in Psychotherapy

Adele Hayes, University of Delaware
Key theories of change in cognitive behavioral therapy (CBT) for anxiety disorders and depression focus on changes in pathological associative networks, such as fear networks (Lang, 1984; Foa & Kozak, 1986) and depressive networks, interlocks, or schemata (Beck & Dozois, 2011; Teasdale & Barnard, 1993). Successful therapy is thought to involve the activation of these networks, affective arousal, exposure to corrective information, and a shift in meaning and affective response, often called emotional processing. Recent developments in learning theory also highlight the importance of developing and strengthening new associative networks to reduce the risk of relapse (Bouton, 2004; Foa, Huppert, & Cahill, 2006). A program of research on Exposure-Based Cognitive Therapy for depression will be presented to illustrate how destabilizing pathological networks can facilitate emotional processing and how processing predicts not only improvement in depression, but also the development of more adaptive networks or patterns of functioning. These findings will be discussed in the context of emotional processing theory and principles of therapeutic change that might be common in the treatment of anxiety and depression.

An Emotion Regulation Framework for Emphasizing Commonalities in Cognitive-Behavioural Treatments

Doug Mennin, City University of New York, USA
Cognitive behavioural therapy (CBT) has a rich history of alleviating the suffering associated with mental disorders. Recently, there have been exciting new developments, including multi-componential approaches, incorporated alternative therapies (e.g., meditation), targeted and cost-effective technologies, and integrated biological and behavioural frameworks. These field-wide changes have led some to emphasize the differences among variants of CBT. In this address, I will draw attention to commonalities across cognitive-behavioral therapies, including shared goals, change principles, and therapeutic processes and offer an emotion regulation-based framework for examining common CBT characteristics that emphasize behavioral adaptation as a unifying goal and three core change principles, namely (1) context engagement to promote adaptive imagining and enacting of new experiences; (2) attention change to promote adaptive sustaining, shifting, and broadening of attention; and (3) meta-cognitive change to promote adaptive perspective taking on events so as to alter verbal meanings. Further, I argue that specific intervention components including behavioral exposure/activation, attention training, acceptance/tolerance, decentering/defusion, and cognitive reframing may be emphasized to a greater or lesser degree by different treatment packages but are still fundamentally common therapeutic processes that are present across approaches and are best understood by their relationships to these core CBT change principles. Emotion Regulation Therapy (i.e., ERT) utilizes this principle-based approach by drawing together traditional and contemporary cognitive behavioral treatments with basic and translational findings from affect science to offer a framework for improving intervention for “distress disorders” (i.e., generalized anxiety, depression; Watson, 2005) by targeting
dysfunction in core motivational responses (i.e., threat/safety, loss/reward) and corresponding regulatory characteristics (i.e., worry, rumination). Outcome and mechanism data that provide preliminary support for the use of ERT to treat these distress disorders will be reviewed. I will conclude by arguing for shared methodological and design frameworks for investigating unique and common characteristics to advance a unified and strong voice for CBT in a widening, increasingly multimodal and interdisciplinary, intervention science.

Cognitive Mechanisms Involved in Ruminative Thought

**Ernst Koster, Ghent University, Belgium**

Extensive research has demonstrated that repetitive negative thinking styles such as rumination and worry can play an important role in the etiology and maintenance of affective disorders such as depression and anxiety. The past decades there has also been remarkable progress in understanding the cognitive mechanisms involved in ruminative thought where different theories emphasize that attentional factors play a key role in the susceptibility to rumination. In this talk I will discuss some of the key models of rumination and discuss the empirical evidence for these models. I highlight that there are interesting insights mainly from studies examining thought processes during rest (e.g., mindwandering). Based on these studies I will discuss both the value of established therapeutic treatments of rumination and I will introduce a number of interesting new avenues to reduce rumination.

Enhancing extinction-based therapies of anxiety disorders: cute dogs and other (unlikely) candidates

**Tanja Michael, Saarland University, Germany**

CBT is – for sound empirical reasons – widely accepted as the first-line treatment for anxiety disorders. Although it reaches high effect sizes, unfortunately not all participants profit sufficiently. Current psychological and neurophysiological models of anxiety disorders regard CBT as the clinical analogue of extinction learning that results in persistent modifications of the fear memory. This view suggests that CBT may be enhanced through techniques that facilitate the acquisition of a non-fear memory structure during therapy. It suggests equally that the encoding, storage and recall of the corrective therapeutic experience needs to be optimized in order to maximize treatment benefits.

The talk is divided into two parts. In the first part, I will provide an overview of the extinction learning - memory view of anxiety disorders with particular focus on the modulating role of cortisol on these processes. In the second part, I will present data from our group examining various aspects of the derived assumptions. Some of the results may seem intuitive – like those suggesting that the presence of a dog reduces the anxiety response towards a traumatic film or that exposure therapy works better in the morning than in the evening. Others, however, may seem counter-intuitive at first glance – like the result showing that memory control in a Think/No-think Task is associated with less distressing intrusions occurring after an analogue traumatic event.

The past present and future of psychological therapy for insomnia disorder

**Colin Espie, The University of Oxford**

Insomnia Disorder is extremely common and represents a risk factor for subsequent mental and physical health problems, yet it is poorly managed in practice. CBT has the strongest evidence base for treating persistent insomnia, but historically it has proven difficult to make it available. Digital (web and mobile) therapy offers a personalised behavioural medicine solution, that could stand alone or integrate with face to face therapy. This presentation will summarise the evidence base for various CBT delivery methods and propose a way forward for delivering effective care at population level.
Can school-based CBT programmes prevent anxiety and depression in children?

Paul Stallard, University of Bath
Cognitive Behaviour Therapy has established itself as an effective psychological intervention for children and young people with anxiety and depressive disorders. The positive results from treatment trials has led to interest in whether CBT programmes can be more widely provided in community settings to prevent or ameliorate depressive and anxiety symptoms in children.

The widespread provision of preventive mental health programmes is an appealing concept with schools offering a natural and convenient location to deliver these programmes. However before the widespread use of school based preventive programmes can be advocated methodologically robust evaluations are required to demonstrate that they are effective when transported to everyday settings.

This presentation will provide an overview of school based anxiety and depression programmes and will summarise the results from two large UK randomised controlled trials. PROMISE is a school-based depression prevention trial involving 5030 young adolescents aged 12-16 from 8 secondary schools. Year groups were randomly assigned to a CBT programmes (Resourceful Adolescent Programme), attention control or usual school provision. PACES is a school based anxiety prevention trial involving 1362 children aged 9/10 from 40 schools. School were randomly assigned to either a health or school led CBT programme (FRIENDS) or usual school lessons.

The results from the trials will be presented and the implications of these findings for the future role of school-based anxiety and depression prevention programmes discussed.

Cognitive processes in addiction: new directions and clinical implications

Matt Field, University of Liverpool
Current psychosocial treatments for addiction rest on the assumption that clients are aware (or can be made aware) of the motivational and decision-making processes that cause them to engage in substance use, and that those processes can be modified in order to break the cycle of addiction. Whilst existing treatments are certainly effective, it is also clear that many of the cognitive processes that contribute to addiction are not available to introspection and they may not be amenable to change via conventional techniques. I will discuss evidence from the previous decade which demonstrates subtle biases in automatic cognitive processes and deficits in self-control in addiction, and will take a critical look at the clinical relevance of this work. Implications for treatment will also be discussed, including computerised treatments that target cognitive processes directly, and consideration of how the existing ‘gold standard’ treatments may exert their effects through the modification of these cognitive processes.

Subterranean Homesick Blues: How do we Improve the Mental Health of People with Intellectual Disabilities?

Chris Hatton, Lancaster University
There are estimated to be over 1 million people with intellectual disabilities in England, with research suggesting higher rates of broadly defined distress amongst both children and adults compared to the general population. This talk will discuss the place of psychological therapies for this population from a public health perspective, given that:

1) In terms of the major socio-economic risk factors for distress (e.g. poverty, unemployment, loneliness, physical inactivity) people with intellectual disabilities are likely to be near the bottom of socio economic hierarchies with little prospect of upward social mobility.

2) These higher rates of distress are largely a function of people’s aversive and disadvantaged circumstances, rather than an inevitable consequence of their intellectual disability.

3) The vast majority of adults with intellectual disabilities are not recognised as such within health and social care services, and are unlikely to be accessing effective psychological interventions.

4) Psychological therapy services for children and adults with intellectual disabilities known to specialist services are sparse and people with intellectual disabilities known to specialist services are less likely to gain access to mainstream psychological therapy services.
5) Inpatient services for the assessment and treatment of distress in people with intellectual disabilities are largely anti-therapeutic. The talk will finish by discussing how psychological therapies can be aligned with a public health agenda, with the aim of reducing distress and building resilience with a broader population of people with intellectual disabilities.

**Group Cognitive Behavioural Therapy for People with Asperger Syndrome and Anxiety Disorders: Findings from the PAsSA Trial**

**Peter Langdon, University of Kent**

A number of studies have established that children, adolescents and adults with Asperger Syndrome (AS) and high functioning autism (HFA) have significant problems with anxiety. Cognitive behavioural therapy (CBT) is an effective treatment for anxiety in a variety of clinical populations, and there is a growing interest in exploring the effectiveness of CBT for people with AS who have mental health problems. The current literature regarding the effectiveness of CBT for people with AS who have comorbid anxiety will be presented, along with the findings of the PAsSA Trial, which is a randomised single-blind cross-over trial. Fifty-four participants were randomised into a treatment arm or a waiting-list control arm. During treatment, individuals received 3 sessions of individual CBT, followed by 21 sessions of group CBT. The initial findings from this feasibility trial suggest that group CBT may be helpful for people with AS, and a further definitive trial is warranted.

**Behavioural Treatments for Depression: Don’t Call it a Comeback**

**Carl Lejuez, University of Maryland**

Behavioural Treatments for Depression have a long and storied history, but largely disappeared from the interventions landscape in the 80’s and 90’s. I will discuss the nature of these early theories and approaches and what precipitated their falling out of favour, as well as the factors associated with their apparent re-emergence in the past decade. In the context of this discussion, I will argue in many ways that the core of this approach never really went away, and outline the future prospects of behavioural interventions going forward.

**Personalized and Embedded Mobile Cognitive Behavioral Therapy for Depression**

**Heleen Riper, VU University, Amsterdam**

*Not available*

**Cognitive and behavioural management of emotional problems after stroke**

**Ian Kneebone, University of Western Sydney, Australia**

*Background:* Stroke is the greatest cause of disability in the developed world. Emotional problems are common after stroke and impact recovery. The problems encountered include depression, anxiety, anger, PTSD and fear of falling. Recent national and international guidance recommending attention to these difficulties has been added to by stroke survivors themselves demanding greater support.

*Content:* This address will consider emerging methods of identifying emotional difficulties in stroke survivors, and the evidence base for cognitive and behavioural means of preventing and managing them. It will include articulation of the stepped care approach as applied to stroke and a description of the ASK (Action Success Knowledge) programme, an intervention being trialled by speech and language therapists to prevent depression in survivors with communication disorder. Finally, a transdiagnostic framework for the implementation of CBT for emotional disorders in this population will be presented.

*Conclusions:* Protocols have been developed to systematically screen for emotional problems after stroke and are being improved via validation of existing instruments in this population and the development of new tools. Evidence suggests a number of approaches may be useful in the prevention and treatment of...
emotional problems after stroke. The application of these may be informed by a use of a stepped care model and a specific framework for the application of CBT in stroke survivors.

Why CBT Therapists Need to Take a Good Look at Themselves

James Bennett-Levy, University of Sydney

This keynote will address questions such as: How do therapists develop therapy skills? What makes us good or poor therapists? What is reflective practice? What do we mean by ‘self-reflection’? What is the value of personal development in therapist training? Do we all need personal therapy, or are there other options?

Drawing on the Declarative Procedural-Reflective (DPR) model of therapist skill development (Bennett-Levy, 2006, Bennett-Levy & Thwaites, 2007; Bennett-Levy et al., 2009) and research and writing across a number of countries (e.g. UK, Ireland, Germany, Australia, New Zealand, Austria, USA) over the past 15 years, James will argue that self-reflection and self-practice of therapy skills are central to the development of therapist competence and expertise in CBT. The talk will discuss current understandings of reflection, and examine the empirical evidence for the value of self-practice and self-reflection (SP/SR) in therapist training. It will conclude with some ideas about how, as CBT therapists, we can best ‘take a good look at ourselves’ to enhance our professional, and personal, development.

How to help clients get the most out of therapy

Jasper Smits, The University of Texas at Austin, USA

Exposure therapy is an effective treatment for anxiety disorders, demonstrating outcomes that rival those of established pharmacological interventions. Fear extinction, or the establishment of new “safety” memories, is a putative mechanism of exposure therapy for anxiety disorders. Through repeated contact with feared stimuli, exposure therapy aims to help patients re-establish a sense of safety around these feared cues. Therefore, a successful exposure therapy outcome is directly correlated with (1) the degree to which exposure sessions provide salient information about safety, and (2) whether patients retain information learned in a session. This presentation reviews research on the efficacy of psychosocial and pharmacological strategies that target session success and/or the consolidation of fear extinction memories.

DBT: the perimeters and frontiers

Janet Feigenbaum, University College, London

Dialectical Behavioural Therapy (DBT) was originally developed and evaluated for women with Borderline Personality Disorder at high risk of suicide, self harm, and in-patient admissions. Since the publication of the initial efficacy trial in 1991 (Linehan et al., 1991) 23 subsequent trials and two meta-analyses have been conducted. Many of these trials have examined adaptations of DBT for a range of presenting problems/diagnoses, and clinical settings. On the back of this research, the NICE guidelines for BPD, and the publication of a number of practical manuals, DBT has gained considerable popularity as a ‘third wave therapy’. The questions to be addressed are: what are the strengths and limitations of the evidence base for the increasing implementation of DBT? and, where next for DBT?

Do cognitive models of psychosis differentiate individuals with psychotic experiences with and without a ‘need-for-care’? Implications for CBT for psychosis

Emmanuelle Peters, King's College, London

The majority of people with psychosis and a substantial minority of the healthy population report psychotic-like anomalous experiences, such as hearing voices. What factors determine whether such experiences lead to a pathological or benign outcome? Are the psychological processes identified by cognitive models involved in leading to a ‘need-for-care’? How can research on individuals with psychotic experiences who do not cross the psychosis threshold inform CBT for psychosis?
These questions will be addressed in this keynote. A range of studies on people who experience persistent, full-blown psychotic experiences but are not in need of care, will be presented. These individuals are an ideal group for identifying both potential risk and protective factors in the development of psychosis. As therapists we have much to learn from this unique group, who can help us to pinpoint what psychological processes are at play in keeping anomalous experiences benign. The findings of this body of work broadly support the predictions made by cognitive models of psychosis. Specifically, it will be demonstrated that maladaptive appraisals and response styles are key in differentiating individuals displaying psychotic experiences with and without a ‘need for care’. The implications for CBT for psychosis will be discussed.

Improving Care for Veterans with PTSD

Josef Rusek, VA Palo Alto Health Care System

To effective assist individuals experiencing post-traumatic stress disorder (PTSD) and other post-trauma problems, including the large numbers of Veterans returning from Iraq and Afghanistan, it is critical that mental health providers deliver best practices in assessment, prevention, and treatment. There remains, however, a large translational gap between research on evidence-based treatments and standard clinical practices. Moreover, models of individual and small group face-to-face treatment may need to be supplemented by treatment innovations. Several key challenges to improving care include finding ways to effectively train large numbers of mental health providers in evidence-based treatments, engaging individuals in treatment and active self-management of problems, and developing health care systems that are able to more nimbly implement new practices in response to research findings and policy changes. This Keynote describes a series of initiatives designed to explore possible solutions to these challenges, including the implementation of a national training programme in Prolonged Exposure treatment for PTSD, development and evaluation of online training methods and resources for practitioners, incorporation of web interventions and mobile health/smartphone apps into treatment, development of a practice-based implementation network and other aspects of a dissemination infrastructure.