Reading Well Books on Prescription is the first national scheme of its kind in England, and is delivered by The Reading Agency in partnership with the Society of Chief Librarians, with funding from Arts Council England and the Wellcome Foundation.

While the Books on Prescription scheme had run in Wales since 2005, and with many English library authorities running local schemes, there had been no similar national service set up which covered the whole of England. The scheme allows GPs and health professionals to prescribe self-help books from a core reading list that has been tested and approved by health professionals, and is freely available in public libraries. Library users can also access the book collections without having sought help from professionals.

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Helping young people with chronic illness
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Let’s talk about...

Results of a survey released in October 2015 revealed that nearly a third of people in England (28%) would feel uncomfortable asking someone close to them about their mental health problem. When asked why, the top reasons people gave were that they would worry that it would make the other person feel uncomfortable or embarrassed (58%); that they wouldn’t know what to say (32%); that they would worry the other person wouldn’t want to talk about it with them (32%); and that they wouldn’t feel that they could help (27%).

The survey conducted by YouGov on behalf of Time to Change, aimed to uncover the reasons why people might not feel comfortable broaching the topic of mental health and show that you don’t need to be an expert to support someone close with a mental health issue.

Sue Baker, Director of Time to Change, said: ‘Mental health problems are an everyday issue for millions of us, yet our closest family, partners, friends and colleagues can still feel uncomfortable and ill-equipped to talk about it. Despite recent progress in starting to break down stigma, our latest survey shows that some people still worry about saying or doing the wrong thing so end up not talking about mental health at all. Asking someone how they are, sending a text or arranging to meet up are some of the small but very meaningful gestures that can make the world of difference. Having an open conversation about mental health is easier than people imagine, and our campaign shows people who had done just that, and the difference it has made to their lives.’

CBT Today wants you!

Are you a budding writer, with a flair and desire for producing engaging magazine-style articles? Do you have an interest in social media? Do you want to help shape the communications strategy of the organisation?

If you can answer yes to these questions, then we want to hear from you.

The CBT Today editorial team currently has a vacancy for an Honorary Associate Editor. As well as producing editorial content for CBT Today magazine, you will also have an eye for sharing topical items on our Twitter feed, as well as sitting on the BABCP Communications Committee, which meets twice a year.

If you want to know more about this position, or to express an interest, please email editorial@babcp.com.

Patricia Murphy (pictured above), who held the position up until recently, helped ensure that CBT Today carried content which reflected the diverse environment in which CBT therapists and researchers operate.

Writing about subjects such as human rights, poverty and influential women in CBT, Patricia provided readers with an insight to the wider world. Her honesty and integrity in all matters will be sorely missed, both by the editorial team, as well as the Communications Committee on which she served.

Patricia isn’t lost to BABCP though. As an independent practitioner, she now concentrates on working with the Independent Practitioners Special Interest Group, so CBT Today’s loss is the IPSIG’s gain!

Thank you Patricia From the CBT Today editorial team and the BABCP Communications Committee

South East Branch presents

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>21 January</td>
<td>Using CBT to work with OCD</td>
</tr>
<tr>
<td>25 February</td>
<td>Memory-Focused Approaches in Cognitive Therapy for PTSD</td>
</tr>
<tr>
<td>3 March</td>
<td>Compassion for Schools Workshop</td>
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<tr>
<td>9 &amp; 10 May</td>
<td>CBT for Couples</td>
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All workshops are held at St Julians Club, St Julians, Sevenoaks, Kent TN15 0RX
Full details are available by emailing workshops@babcp.com or online at www.babcp.com/events
Prescribing prose, not Prozac

Continued

Studies in recent years claim that almost a fifth of adults in the UK experience anxiety or depression, and that three-quarters of this group may not receive any treatment.

With the book-based therapy having now reached around 445,000 people, the organisers claim that this has played an important role in helping to meet the public need for support in managing their mental health and wellbeing.

The majority of titles are CBT-based, and the report suggests that those IAPT therapists, psychologists and PWP’s who have taken up the scheme, use it at least once a month.

Aimed at common mental health conditions on its launch in June 2013, a further service to help people with dementia and their carers was launched in January 2015. Another list built around common mental health conditions, this time for young people aged 13-18, is now in development.

In the short space of time since then, the Reading Well Books on Prescription for dementia scheme has already had a significant impact on the health and wellbeing of its users.

The two-year evaluation shows that loans of mental health self-help books in the scheme have increased by 97%. English libraries have also seen a 346% increase in loans of books specifically aimed at people with dementia during 2015.

Ninety per cent of those who have borrowed a book from the core list of 30 titles on common mental health conditions said it had been helpful, with 85% saying that reading the books made them feel more confident about managing their symptoms. Over half (55%) felt it had actually helped reduce their symptoms.

Ninety-two per cent of those using the dementia scheme have found it to be helpful, while 79% of carers of people with dementia and 73% of people with dementia report that reading the books has helped them understand more about the condition.

One Reading Well Books on Prescription user, Carole Speakman said: ‘It was really useful to take the book home and work on it in my own time. The fact that it got me doing some of the exploration and understanding work made me feel as if I’d got some control back. I found myself looking forward to reading it. The library staff were wonderful. Whilst I was there, I mentioned I was in the dark ages with my computer skills. The librarian signed me up to classes there and then.’

Ciara Eastell of the Society of Chief Librarians, and The Reading Agency Creative Director Debbie Hicks released a joint statement about the report: ‘We are delighted with these results, which show just how effective reading can be in supporting people with a range of health needs.

‘The scheme’s success demonstrates that libraries have an important role to play in public health in local communities, and we look forward to rolling out more national health programmes like this one.

‘We are currently working on a new list to support young people with common mental health conditions, which will be launched in spring 2016.’

For more information go to http://reading-well.org.uk/books/books-on-prescription

@readingagency  #readingwell
The Scientific Committee has been working on setting up the two BABCP Conferences for 2016, and we are progressing well. As usual, the Spring Conference is being set up under the guidance of a specialist in the relevant domain (in this case, Andrew Beck).

How are we progressing? Well, we are very happy with the way they are shaping up, and we are sure that the following details will appeal to you as well.

I would like to thank the Scientific Committee and the wonderful Janine Turner for their hard work in making the conferences into ‘must-go’ events for CBT therapists and researchers.

Further details of both conferences will be announced in CBT Today, online at http://www.babcpconference.com and by email to BABCP members.

Start planning your trips to London and Belfast - very different experiences, but both should be great fun (and educational - must remember that bit). Come along and get updated, upskilled, and upended (well, that is my dancing, anyway).

Glenn Waller
Chair, Scientific Committee

Submission for Open Papers and Posters closes Monday 4 January 2016
Establishing Guided Self-Help Groups

Trina Patel, Jamea Ricketts, Inderdeep Arhi and Esther Abo are PWP working at the Back on Track IAPT service in Hammersmith and Fulham in west London. Here, they write about establishing Guided Self-Help (GSH) groups as a means of working with specific client groups.

Group-based treatments have a well-established footing within other therapeutic disciplines, but are often regarded in the health service and the CBT community as a solution to long waiting lists. The therapeutic factors inherent within the group process include normalisation, peer support, development of social skills as well as promoting optimism and hope which has shown to enhance wellbeing. These benefits have helped to earn CBT groups a place in the NICE guidelines as an effective form of treatment in their own right, one that spans beyond a means of reducing waiting lists.

To expand the benefits of CBT groups into PWP work and to increase patient choice we developed Step 2 GSH groups in our service. This is an account of how two GSH groups - one for worry and one for depression - were established and how the learning could be used to improve the process of developing future groups.

We recruited through our service website, posters, weekly team emails, case discussion and existing waiting lists. Clients deemed appropriate for the group were offered a consultation with a facilitator to address any concerns, provide reassurance and make collaborative decisions about the usefulness of the group. Patients’ goals were used to identify those who may benefit from the GSH groups along with particular focus on a client’s ability to make use of a brief structured intervention. A minimum standard of literacy was required as well as a commitment to the whole five-session group.

There are common challenges when running groups, including time constraints, risk management and environmental factors; in our GSH groups other difficulties also arose. In the PWP role, time constraints is often a pressure and establishing the groups brought further administration work alongside handling existing caseloads. Therefore, additional time should be protected to support suitable recruitment and screening. As with any group, there were some clients who dropped out and this also demanded time to call individuals and review their treatment as well as managing discharge.
At screening, it has been difficult to determine whether comorbidity may hinder engagement with the groups. There have been clients with comorbidities, for example, social anxiety and worry who benefited from the worry group, whereas others did not feel the group addressed their wider difficulties. Accordingly, fundamental to successful engagement and appropriate referrals to the group was managing client and colleague expectations. Some clients assumed they would be required to share personal stories about themselves and therefore, psycho-education at the recruitment stage was essential in order to understand the skills-based nature of the group.

A mismatch of expectations may have contributed to higher attrition rates. This can pose a challenge to the group dynamics impacting on other client’s perception of the value of the group. That said, those who attended all five sessions did see improvements and provided positive feedback on their experience in the group.

At the start of every group ground rules were co-constructed. Clients were expected to attend all five sessions to experience the full benefit from the group. However, if a client missed a session they may have been offered an opportunity to catch-up via telephone or email, allowing flexibility to work in line with their needs. Clients were only informed of these ‘catch-up’ sessions after they missed a session to ensure this didn’t become an incentive to not attend sessions.

After running 10 groups for almost a year, we have received good feedback from many who completed the groups; however it would have been helpful to gather more feedback from service users who dropped out. PWPs do not receive specific training in facilitating groups yet this constitutes a significant part of the job role. This has been recognised by our service and therefore they authorised training in ‘Running CBT Groups’. This training has helped to develop competencies in managing the varied difficulties that arise in group work.

GSH groups provide a normalising and focused setting for intervention. They are an additional resource for IAPT services to individual therapy, they help expand a client’s choice of treatment modality, and allow PWPs to strengthen skills and knowledge of specific interventions by learning from one another. It is important not to ignore the impact that running groups has on waiting lists which enhances availability for service users.

The running of GSH groups within IAPT services could be greatly improved by including training on running groups within the national curriculum for PWPs. Services could benefit from future research focusing on overcoming difficulties associated with running groups, and evaluating their worth considering the time constraints of the PWP role.

Information on the Back on Track service is available at http://www.backontrack.nhs.uk/

At first I was very nervous, but after a week the therapist made me feel at ease and boosted my confidence to tackle my demons. An excellent service
- User feedback
Accreditation matters

Inspired by CBT Today’s look at the number of accredited members in Wales in 2014, BABCP-accredited practitioner, supervisor and trainer Elaine Davies decided to write about her own experience of the accreditation process.

I enjoyed last year’s article in CBT Today which showed the number of BABCP members in Wales who are practicing CBT, comparing them with the total number of accredited Welsh members.

However, I am still surprised to see the ratio between practising members and those who are accredited being so low. I have been reflecting on this and in the hope of motivating other members, I have decided to write about my own experience of becoming accredited.

I came to CBT along the counselling pathway. My counselling diploma was an integrative training before I moved towards a taught CBT Masters, and for the last ten years I have predominately stayed in the model of CBT. For the last five years I have been part of the 2Gether NHS Foundation Trust managing, supervising and upskilling staff in CBT.

When we apply for accreditation the process is such that others will examine our practice. They will want to understand that we understand our philosophy, demonstrate our core training and our knowledge and skills set. It is a time where we have to engage once again with theoretical knowledge and listen to our own negative automatic thoughts sometimes even our core beliefs. If we cannot challenge our thoughts such as ‘I will be found out’, ‘I am a fraud, I’m not good enough’ or ‘I won’t get through anyway’ during the process of accreditation then we need to turn to our supervisor for support.

I will admit though that time is a big factor in becoming accredited. There is evidence to be found, criteria to be met, a lot of writing and importantly a fair amount of heuristic investigation. I felt I was almost achieving another qualification.

My best tip here is to start collating the evidence in training and keep to a format weekly or monthly where updating of information occurs. BABCP have made this easy with downloads of registers and I find keeping them in one file for each year (and don’t forget your back-up if keeping electronically) all helps this process.

Once accredited keeping copious records is a must. You do not want to be up all night the night before the accreditation is due looking for all the evidence!

Taking a good look at our practice and knowing others will too, can be daunting at first but I guarantee when you come out of the process you will discover something else about you and your clients.

It was during my first accreditation application that I discovered that not all clients fit one form of therapy and perhaps throughout the life span we may need a different therapy at different times.

During supervision accreditation I realised that there were gaps in my ability to offer equality and diversity to all my supervisees. I engaged with further training before submitting my application which enhanced my practice. And really it is my CPD that has benefited me the most. Not just the extra knowledge to make me feel confident out there in what is sometimes an isolated practice but, also networking and being right on the cutting edge of new interventions.

Finally, employers are becoming accreditation ‘savvy’ and with the general employment climate being as it is, when applying for work in the talking therapies, we have to be prepared.

I would not be in the job I am in now.
Neil Harmer Award winner

Earlier this year at the Annual Conference, two of our Branches were recognised for their contributions to working for their local members

Winner of the Neil Harmer Award for Branch Excellence was Yorkshire Branch. A well-established Branch known for their regular high-quality CPD events, they held their annual autumn workshop at the Yorkshire Sculpture Park in October. Attracting over seventy delegates, the workshop led by Helen Macdonald, co-author of the self-help book Overcoming Chronic Pain, proved popular with regular attendees and new members alike.

Helen’s workshop on managing chronic pain provided a helpful balance of theory and practical skills. Topics covered included evidence based assessment, engagement and clinical interventions. Her interactional and dynamic approach was appreciated and feedback was very positive. Helen, a valued Yorkshire Branch committee member, is pictured with other committee members at the workshop with the Neil Harmer Award.

Also recognised as Highly Commended was the Glasgow Branch. Since they began operating in October 2013 their main focus has been to provide accessible CPD events to members within the Glasgow area.

Working closely with the existing Scotland Branch, the Chair and the Treasurer were able to develop a memorandum of understanding, which was a good example of what can be achieved through good governance and collaboration.

Since then a representative has attended every Branch Liaison Committee meeting and committee members have met on a quarterly basis to agree on and plan CPD events based on the needs of their members.

They have liaised with other Branches regarding CPD topics and presenters and two of the Glasgow Branch committee members have placed their names on the Internal Presenters Register to enable their services to be accessed by other Branches.

The majority of events to date have been delivered by the Branch’s Chair and Treasurer to enable them to be self-sustaining and are pleased to report that the future of the Branch looks bright.
Retaining PWPs

Kirsty Saville is a PWP and an Associate Lecturer at Exeter University, with an interest in the retention of PWPs within IAPT. Here, she shares some detail and observations of recent research she undertook in this area.

What struck me when I decided to start this research was how many millions of pounds have been invested into IAPT with minimal research into keeping its PWPs. There is much speculation that attrition is high, with PWPs being trained at a cost to the services for which they work, undermining the original rationale for IAPT being a financially self-sustaining system.

I wanted to explore what the key factors may be into why PWPs leave or stay in the role and what can be done to nurture existing and future PWPs into perceiving it to be a long-term career path, as well as improving their outlook on the role and their own wellbeing.

I undertook a mixed methods approach on a 38-question online survey (which incorporated the Maslach’s Burnout Inventory), completed by 128 PWPs covering all IAPT commissioning areas and graduation years. The results showed positive correlations between the number of patients assessed per week and emotional exhaustion, which was also the case with the number of patients treated per week. Secondly, it showed that the more treatments undertaken per week was correlated with depersonalisation of patients. Lastly, the higher the levels of emotional exhaustion and depersonalisation of patients, the higher the levels of personal achievement.

Interestingly, personal achievement remained consistently high regardless of time since qualifying. A thematic analysis showed three major themes with fourteen sub-themes. The first was ‘what career paths PWPs aspire to’ (PWP, non-low intensity PWP and uncertain), secondly ‘positive PWP job related factors’ (enjoyment, gaining experience, having a senior PWP position and convenience, helping others with recovery, variety), lastly ‘negative PWP job related factors’ (lack of support, high volume caseload, lack of career progression, pay and burnout).

The results were surprising in a number of ways. Although it would make sense for the bond with the patient to grow, seeing each other for six sessions, it suggests that supervisors need to pay attention to the differences between assessments and treatments and the effect these have on employees.

In services without triage, it is not known what patients are presenting for in assessment, whereas treatment sessions can be more prescriptive in nature of the disorder and treatment, lacking the same variety and unpredictability as assessments which may mean PWPs are depersonalising the patients they see at Step 2.

It appears PWPs enjoy assessing various presentations, although this can also have emotional implications for the practitioner. This was highlighted by the vast majority of PWPs who require an ‘offload’ for the things they encounter within assessment, suggesting although they enjoy this aspect of the role, it can also be burdensome at times on their own wellbeing.

The positive job-related factors suggest a ‘stepping stone’ mentality of the role. PWPs had positive views on the characteristics possessed by other PWPs, such as ambition, leading to high attrition rates alongside negative job factors leading to that push. These positive aspects should be nurtured and encouraged for PWPs to reflect on the positives as well as their own wellbeing, which a reflective supervision setting would allow and encourage progression within the role.

A large minority (42%) do not see themselves as a PWP in two years, increasing to 70% at five years. In terms of considering the vast cost to the NHS to train and subsequently replace PWPs, it is vital that findings are considered to establish a ‘happy medium’ and maintain a sustainable work-life balance and employee satisfaction in the role.

The negative job-related factors also reinforce this idea that PWPs see the role in the shorter term and are experiencing burnout. It raises the question of whether the high workload mentality is sustainable, and if it is not possible for this to change then to support PWPs emotionally in some new form of supervision, different from the current case management and clinical skills format.

Consideration should be given to who undertakes these sessions and how this might fit within a CBT approach. It may also be that, like in the infancy of IAPT, a demonstration site is used to practice a new supervision modality over a period of time to see if PWP wellbeing and retention improve, alongside patient recovery rates as a result of this.

It is worth noting, however, that some PWPs wanted to leave for their pre-existing career goals (such as Clinical Doctorate or High Intensity training) and so it may be that these attrition rates remain unaffected by any improvements to the PWP experience.

Overall, I hope this research inspires many areas for future research, whilst suggesting a weakness in the chain of the current IAPT structure, which has implications for patients, practitioners, services and the wider NHS or private service funding consequences.

For more information on Kirsty’s research, you can contact her at kirsty2.saville@live.uwe.ac.uk
Andrew: Hello Romilly and Lydia, could you introduce yourselves and say something about how you became interested in using CBT with diverse groups?

Lydia: I’m a clinical psychologist and currently work in a specialist therapeutic team for children and families who are in foster or kinship care, or adopted. I often use CBT within my work and am in the final stages of getting my full accreditation, which is pretty exciting! I think my interest in cultural diversity started with coming from mixed heritage myself, as I am half English and half Russian. When I qualified as a clinical psychologist my first job brought me into contact with diverse populations, both because I was working in an ethnically diverse London Borough, but also as I was working in a PTSD service and often meeting refugees from different countries who had experienced trauma.

I realised how important it was to consider cultural factors within therapy but it also became clear that working with people from diverse populations encompassed culture on a broader level than ethnic origin (e.g. sexuality, physical ability) and related to this issues of equality within society and systems were often prominent.

After some years working in London I got the opportunity to work as a clinical psychologist in Tanzania. As you can imagine, this further fuelled my interest in how CBT can be applied across cultures! Through my work at Dodoma Psychiatric Hospital, I trained a small group of clinicians in basic CBT skills, and I am delighted to say that they continue to utilise them. I now provide supervision to the Tanzanian psychologist who took over from me, which is a constant source of stimulation and fascination for me.

On coming back to the UK, Faramarz Hashempour and I met to discuss setting up a SIG within BABCP which would focus on diversity/cultural issues. Initially called the Diversity SIG, I became the first chairperson, but it took time and energy to establish ourselves. I have to acknowledge the wonderful Stephen Gregson in this process!

Romilly: I’m a CBT therapist and work in Primary Care, as a workplace counsellor and in private practice in Oxford. I’m white British.

Diversity and equality has been very important to me for many years. Before re-training as a counsellor I worked with refugee advocacy agencies, for Amnesty International and for Oxfam. I met people from all over the world and saw many global issues from different people’s points of view, not just that given in the UK media. Members of my family come from the UK, US and Nicaragua.

When I re-trained as a CBT therapist I was struck by ‘gaps’ in my training. For example it was pretty clear that the people who had English as a second language were experiencing significant barriers in training. From what I read it was also clear that people from minority groups sometimes experienced barriers accessing talking therapy services. This made me want to bring skills and awareness from my previous career to contribute to my new profession’s growing awareness of diversity issues, so I joined the BABCP Diversity SIG. I hope to both learn and contribute going forward.

Andrew: The SIG voted to change its name from the Diversity SIG this year and is now known as the Equality and Culture SIG. Could you explain the thinking about the need for this?

Romilly: We wanted the SIG to have a name which everyone understands, and which clearly aligns to our aims. ‘Equality’ is a powerful concept, and is key to our aim of promoting equality of access to services. ‘Culture’ links to our core aim to promote effective cross-cultural working, both in the UK and in delivery of CBT services internationally. ‘Diversity’ remains at the core of what the SIG is about. But as a term we found it took some explaining!

Lydia: Yes, exactly – as Romilly says,
An introduction to the BABCP Equality and Culture SIG

Continued

whilst ‘diversity’ is the term which encompasses many areas that we want the SIG to focus on, such as being able to meet the needs of diverse client groups, being aware of the diversity of people and groups that CBT therapists include etc., in the early stages of the SIG’s formation, we found the term was almost too broad. This meant people approaching us at conference or other venues were unsure exactly what the SIG was interested in and so not quite clear whether it matched their particular interests.

Whilst this may have been related to teething problems and resolved with time as BABCP members got to know about us, we decided that we had a good chance to discuss this at our recent AGM with our newly-formed committee. The two interests that emerged strongly during this discussion were the role the SIG can play in ensuring equality issues are addressed at all levels in the BABCP membership as well as maintaining the focus on how CBT applies across cultural contexts. And so the E&C SIG was re-launched!

Andrew: What would you like to see the SIG achieving over the next few years? Are there any priority areas for you that you think it should be focussing on?

Romilly: I guess my long-term vision is that issues of equality, cultural competence and diversity are central to both BABCP and to CBT practice. It is great that the BABCP Spring Conference in 2016 will have a focus on Diversity. It is also a real opportunity for us as a SIG.

The issue I personally feel most strongly about is about overcoming barriers for equal access to CBT services nationwide. I would love to see these barriers widely understood and challenged within our profession and in the design of services. The changes that are needed are at a political, organisational and personal level. I would love to see BABCP as an organisation having a strong voice on this issue at the political level. To do this, as I see it, it needs an internal (organisation-wide) coherence of vision and ability to communicate about it, based on evidence. I hope the conference will help us to move in this direction.

I see the SIG as having an active role in promoting this. But also at working at the more personal level, with supporting therapists develop their cultural competence via training and knowledge sharing.

Lydia: I think our initial focus should be on providing CPD that meets the needs of the BABCP membership with regards to both equality issues and topics concerning using CBT in a culturally-sensitive way. For some members coming into contact with such matters is part of their day-to-day practice and so we hear their keen interest in having some guidance and support and feel we are well-positioned to respond.

Andrew and I have already provided a day’s workshop on culturally-sensitive CBT and working with interpreters.

Part of disseminating these topics is about working with the other SIGs and Branches and we’re delighted to be doing this by collaborating with the London Branch to provide a workshop on transcultural CBT for OCD. For other members, I believe we need to raise their awareness of diversity issues and ‘pique’ their interest, and I hope we can do this by providing a variety of CPD events – but of course we need guidance from the membership on that! Perhaps through the CBT Café…?

As Romilly says, we’re really pleased and excited to hear that the 2016 Spring Conference will have Diversity as a key theme. It’s a real opportunity for us to hear from both members and leading researchers and clinicians about how we can address issues of equality and culture within CBT.

I wholeheartedly agree with Romilly again about the need to bring these topics within the core business of the BABCP. The British Psychological Society decided last year to ensure issues of ‘race & culture’ were at the heart of all BPS activities and every single SIG and division set up a working party to decide how to do this.

I believe the E&C SIG could be involved in a similar approach for the BABCP. It was great having a Board member at our recent committee meeting. The BABCP has already been able to speak out about some important matters, such as therapy to alter sexuality preferences and ensuring those on benefits are not misled about provision of CBT, but this is a key role for the BABCP and needs to continue.

Andrew: You have been working to clarify the aims of the SIG. Do you have a summary of where your thinking is on this at the moment?

Romilly and Lydia: This is very much a work in progress but if we could summarise where we see the SIG’s aims and objectives it would be:

- To promote equality, cultural competence and diversity in CBT research, training and practice:

  This would involve a number of different initiatives including:

  - Organising CPD events focused on raising the standards of culturally competent CBT delivery;
  - Developing and sharing best practice standards, guidelines and recommendations for working with service users from different cultural or social backgrounds, locally.
  - Sharing examples of best practice by providing opportunities for BABCP members to develop and share cross-cultural models of CBT practice and training and therapy delivery;
  - Increasing understanding of the barriers to services and promote equal access;
- Supporting BABCP members involved in CBT training and development work in Low and Middle Income countries; and

- Facilitating knowledge sharing learned in the course of cross-cultural working in a globalised context to inform CBT practice within the NHS.

That is a very broad remit and we are looking forward to working with SIG members and members of other SIGs and structures within BABCP to move this work forward over the next few years. We have a few workshops planned and then some exciting developments that should be announced soon. We are also planning to start a thread in the CBT Café where practitioners interested in CBT across cultures can share ideas and resources.

My long-term vision is that issues of equality, cultural competence and diversity are central to both BABCP and to CBT practice

Romilly Gregory

Andrew: Thanks to you both for taking the time to do this. I’m really looking forward to working with you both over the next few years. As for my own hopes for the future I would like to see a time when consideration of equality and diversity is so mainstream in the way that all clinicians and teams think that we can disband the SIG. I appreciate that might take a while!

To get in touch with the Equality and Culture SIG, email equality-sig@babcp.com

The SIG’s next CPD workshop is detailed on page 20 of this issue

Call for submissions to the BABCP ACTSIG blog

ARE YOU CREATIVE AND INTERESTED IN ACCEPTANCE AND COMMITMENT THERAPY?

DID OR WOULD YOU EVER:

- MAKE UP REUSABLE MATERIALS FOR YOUR ACT CLIENTS OR STUDENTS?
- MAKE A SHORT VIDEO OR ANIMATION ABOUT SOMETHING RELATING TO ACT?
- WRITE A COMEDY SKETCH ABOUT SOMETHING THAT IS RELEVANT TO ACT?
- WRITE A SHORT ARTICLE THAT WOULD BE APPROPRIATE FOR THE BABCP ACTSIG BLOG?

If so we would like to hear from you. If you send us materials that fit the categories listed, we may post it on our blog. If we really like it we will award you with a cheque for £100 as a prize for producing outstanding ACT content.

Content that is already widely known/available we will not award with prize money, though we may still post it on our blog.

Please email your submissions to Henry Whitfield at actsigblog@presentmind.org. We will award up to one prize of £100 once per quarter, reviewing submissions at the end of March, June, September and December. This is an ongoing offer. Prizes go to those who show novelty and originality.

We look forward to seeing your submissions. You can visit us at https://actsig.wordpress.com/
Equality for mental health

Many readers will be aware that 200 public figures recently wrote an open letter aimed at persuading the Government to increase spending on mental health services, which was reported widely by national media.

Here is the letter published in full

We, the undersigned, have joined together to mount a cross-party, cross-society campaign aimed at persuading the Government to help reduce the suffering of those with mental ill health by increasing investment into the provision of mental health services.

As ministers make final decisions on the Spending Review, we urge them to treat mental health equally with physical health. We ask for the same right to timely access to evidence based treatment as those with physical health problems.

We accept, and urge ministers to accept, that this will require additional investment in mental health services. But we are strongly persuaded that sustained investment in mental health services will lead to significant returns for the Exchequer, both by reducing the burden on the NHS through the improved wellbeing of our citizens, and by helping people to stay in, or get back into work.

We note the many comments from ministers and opinion formers acknowledging the huge cost of mental ill health not just to individuals and their families, including veterans of our armed forces, but to the economy as a whole. Some estimates put this cost as high as £100bn a year, spent on visits to A&E, lost jobs, unemployment benefits, homelessness support, police time and even prison places.

So the economic argument for a new approach is clear. And so is the human and moral argument. Because ministers have also accepted that whatever improvements in attitude may have been made in British society, with a greater understanding and awareness of mental ill health, those who experience it still do not get a fair deal from our health services. In effect, they suffer discrimination in our publicly funded NHS. This must be addressed.

To highlight just TEN of the many concerns we have in this area -

1) People with mental health problems do not enjoy the same access to services and to treatment as those with physical health problems. 75% of children and young people experiencing a mental health problem are thought to not access any treatment. And only 15 per cent of people who might benefit from talking therapies are actually getting such treatment.

2) Until this April there were no maximum waiting times for treatment for mental ill health, and we urge the government to use the Spending Review to show how these will be implemented and extended to cover all ages and all mental health services.

3) The financial incentives in the NHS discriminate against mental health. As a result, whenever resources are under pressure, mental health is the first to lose out.

4) Too many mentally ill people are being shunted around the country in search of a bed - and in some cases children are being admitted to adult wards due to shortages - a practice which would never be tolerated in physical health.

5) Too few people who lose their jobs are having the mental health impact of unemployment taken into account, and so lack treatment that might help get them back into work.

6) Too many children and adults are still ending up in police cells rather than hospital when going through a mental health crisis.

7) Too many people are inappropriately in prison essentially because they suffer mental ill health or have a learning disability or autism.

8) We remain deeply concerned that people with long-term mental health conditions live on average 20 years less than the general population.

9) It is very troubling that certain ethnic groups, particularly African-Caribbean and African - are over-represented in acute mental health services and locked and secure services. People from these backgrounds face more frequent use of coercion, suffer more use of physical restraint, end up in contact with the police more often than others and have less access to talking therapies.

10) Vital research to gain a better understanding of mental illness and to establish the most effective treatments is compromised by inadequate funding. Whilst mental ill health accounts for around 23% of the overall disease burden, it only receives about 5% of research funding.

We acknowledge that progress in awareness and understanding has been made. But this is not being matched by the levels of investment in an area which affects virtually every family in the country. We urge the government to seize the opportunity to end this historic injustice and commit the investment that will lead to an economically, and socially, stronger Britain.
Helping young people with chronic illness

It has long since been recognised that children and young people who live with chronic illnesses are more likely to develop difficulties with their mental health. Maria Loades, a clinical psychologist and lecturer at the University of Bath's Department of Psychology considers the challenges (and rewards) in dealing with such cases.

There is a particularly high prevalence of anxiety and depression in young people who are more functionally disabled by their illness, such as those with Chronic Fatigue Syndrome (CFS), also known as Myalgic Encephalomyelitis (ME), who, on average miss one year of school as a result of their illness.

It may be argued that if young people cannot do what they want to do, what they enjoy doing, or what others their age are doing, as a result of their physical health, then of course, this will be likely to impact on their wellbeing, and for some, may develop into more significant symptoms of a mental health disorder.

This may be compounded by ongoing and often realistic concerns about their physical health.

CBT can be challenging to undertake with such groups because the management required for the medical condition may, at least in part, contradict the approach one would use for the mental health presentation.

For instance, a young person with diabetes might have good reason to monitor and check their bodily symptoms as part of their medical management plan, but in excess, this could result in a health anxiety presentation, impacting on a young person’s functioning more than necessary.

However, entirely eradicating the checking would not be medically advisable.

Similarly, in the case of CFS/ME, the evidence-based treatment approach to addressing the physical illness is CBT, focused on monitoring and managing activity levels, circumventing the boom and bust patterns which may arise, and regularising the amount of high energy activity done each day.

This amount of activity - known as the ‘baseline’ - is then gradually increased by around 10 to 15 per cent every one to two weeks.

Unhelpful thoughts and beliefs about activity (for example, the thought that doing activity is dangerous and that rest will help one to feel better) are addressed using cognitive techniques such as thought challenging and behavioural experiments where necessary.

However, this approach, at least to some degree, is at odds with a typical CBT approach for depression, for example, which would typically start with behavioural activation, focused on increasing the amount of activity that a young person undertakes that is enjoyable and/or gives a sense of achievement.

Circumventing the boom and bust pattern may, at least initially, require a young person to do less of what they enjoy, and their physical symptoms such as joint and muscle pain might make activities that were previously enjoyable less so.

This challenge presents the CBT therapist with a potential opportunity; it necessitates truly collaborative, formulation driven work, in which the system, including the medics as well as the family and education professionals, are key to facilitating and maximising the young person’s wellbeing in the context of their chronic illness and their ongoing developmental trajectory.

Whilst we must endeavour to maintain high quality, evidence-based practice, we must, particularly in the face of chronic illness, also be flexible and responsive to what presents, working in a client-centred way.

The reward is reaped when this work is successful in helping the young person to improve their emotional wellbeing, even in the face of the adversity that results from chronic physical illness.

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The reward is reaped when this work is successful in helping the young person to improve their emotional wellbeing, even in the face of the adversity that results from chronic physical illness.
Led by Vicki Curry and David Trickey, the programme took an innovative approach in alternating research-based and practice-based presentations in several areas currently generating a lot of interest in CAMHS: Autistic Spectrum Disorders (ASD), Mindfulness, Depression and Dialectical Behaviour Therapy (DBT)/working with Emotional Dysregulation.

In the area of ASD, Suzanne Murphy and Uttom Chowdhury’s presentations focussed on their recent evaluation of a CBT for anxiety group for teenagers, including input for parents as well as young people, and with components addressing social skill deficits as well as anxiety. This was compared with counselling, with early results for both approaches appearing favourable.

Responses from the audience highlighted the pressing need CAMHS staff feel for more understanding regarding how best to support this group of clients, and the importance of research such as this arising from ‘front-line’ practice. Like much of the research presented, results were ‘hot off the press’ with publication planned for the near future.

A research perspective on CBT and depression in young people was provided by Peter Fuggle, joined by Rachel James presenting a practitioner perspective; both of whom have been involved with the IMPACT study comparing CBT and brief child psychotherapy with adolescents, the results of which are due soon.

Again new research findings were discussed, with key points including that recent results from research in CBT for depression arising from studies based in mainstream CAMHS provide quite a complex picture, particularly regarding equivocal data on longer term follow-up outcomes.

An interesting discussion evolved, acknowledging the cognitive dissonance we may sometimes experience as practitioners when new research challenges our pre-existing learning and beliefs - we were reminded of the need to take into account the best available evidence in selecting our intervention, even where this may be ‘inconvenient’!

Brenda Davis presented on Sussex Partnership Trust’s ongoing research programme regarding the use of mindfulness with adolescents, providing interesting insights into the modifications needed.

Some video interviews from young people who had benefitted from the programmes helped bring home the great potential for mindfulness within our services. A fascinating presentation from Thorsten Barnhof, taking time from his research and mindfulness teaching in Berlin to join the symposium, included the findings of very recent research demonstrating the positive effects of mindfulness on stress sensitive brain and body systems.

Other highlights included presentations from Claire Hepworth and Lucy Taylor presenting an outline of the theory and research underpinning DBT, and a discussion regarding the rewards and challenges...
in implementing a full DBT service for young people.

Recommendations were made for practitioners wanting to extend DBT to their local services, with discussion considering how we can employ aspects of the approach effectively to address emotional dysregulation in young people; recognising that many areas are not currently able to provide a full DBT service.

Meeting and catching up with colleagues from around the UK and from diverse child and family services, there certainly seemed to be an appetite for similar future events so CAFSIG hope this may be the first of a series of such days!

It was also encouraging to find a lot of interest in the work of CAFSIG – as always we would encourage BABCP members to join our group and support our efforts to promote awareness of child and family issues in BABCP and in CBT practice generally.

If you would like to join CAFSIG contact the BABCP office for more information. If you are interested in becoming involved in the work of the CAFSIG committee we would love to hear from you – please contact us at cafsig@babcp.com

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Manchester Branch presents

The Compassionate Mind Approach to Postnatal Depression: Using Compassion Focused Therapy to enhance mood, confidence, and bonding

With Dr Michelle Cree

Friday 5 February 2016, 9.30am to 4.30pm
Manchester Conference Centre, 78 Sackville St, Manchester M1 3NJ

This workshop is aimed at practitioners who are working with women experiencing post-natal depression, anxiety, and bonding difficulties.

It will look at how shifting our relationship to ourselves from one of shame and blame to one of kindness, support, encouragement, non-judgment, and compassion profoundly affects us, even at a physiological level, and can offer us a way through even the most of difficult experiences.

The workshop will include practical experience of some of the compassionate mind training exercises. Participants are welcome to bring case material for discussion as we go through the day.

The workshop will briefly cover the fundamental principles of Compassion Focused Therapy but will assume some prior knowledge. Those new to the approach would benefit from visiting www.compassionatemind.co.uk for a more detailed understanding prior to attending.

Registration fees BABCP members: £60 Non-members: £70
Independent Practitioners Special Interest Group presents

Start Up a Private Practice
With Jim Lucas

Friday 5 February 2016, 9.30am to 4.30pm
Impact Hub, Walker Building, 58 Oxford St, Birmingham B5 5NY
Registration fees
BABCP members: £110, Non-members: £125

Control Theory Special Interest Group presents

The Method of Levels: A transdiagnostic approach to effective and efficient patient-perspective treatment
With Professor Tim Carey

29-31 March 2016 at University College London
5-7 April 2016 at University of Manchester

Registration fees for each venue:
BABCP members
One day: £65, two days: £130, three days: £180
Non-members
One day: £75, two days: £140, three days: £200

BABCP has produced a series of information leaflets aimed at the general public, explaining how CBT works in the treatment of various emotional and physical conditions.

These leaflets are available to buy now, and are ideal for use in surgeries for members of the public to obtain basic information on the benefits of CBT. Choose from the following:

CBT for agoraphobia • CBT for anxiety • CBT for bipolar disorder • CBT for depression
CBT for eating disorders • CBT for fear of flying • CBT for OCD • CBT for PTSD • CBT for social anxiety
CBT - therapy worth talking about

They are available in packs of 25 and can be ordered by downloading and completing the order form at www.babcp.com/store
Acceptance and Commitment Therapy Workshops 2016

Acceptance and Mindfulness for CBT & Psychological Therapists
Interested in ACT and mindfulness but just want to dip a toe in the water? Based on the popular self-help book, ACTivate Your Life, this workshop is designed for therapists who want to enhance and develop their therapy practice by developing skills in acceptance, mindfulness and values procedures.

• Engage clients in exploring their personal values to drive purposeful life change.
• Learn to use mindfulness in a flexible, formulation-informed manner.
• Supercharge your therapy relationship to develop strong and meaningful connections.
• Develop a toolkit of powerful and new techniques to work with even the most tricky negative thoughts!

➢ London 29th Feb-1st March with Joe Oliver
➢ Birmingham 21-22nd March with Joe Oliver & Richard Bennett
➢ Manchester 25-26th April with Joe Oliver
➢ Glasgow 16-17th May with Joe Oliver

All participants will receive a free copy of the new ACT self help book, “ACTivate Your Life”

ACT for Psychosis Skills workshop with Joe Oliver
Do you work with clients who experience distressing psychosis? Wondering how ACT - and mindfulness in general - can help? Want to help your clients more effectively manage distressing symptoms so they can lead full, rich and meaningful lives? In this two-day, experiential workshop, will introduce the core skills and knowledge to help people recover from psychosis, using Acceptance and Commitment Therapy for Psychosis (ACTp). ACTp is a powerful behavioural approach that incorporates acceptance and mindfulness techniques to help people to disentangle from difficult thoughts, feelings or distressing experiences in order to engage in behaviours that are guided by personal values.

The workshop will draw on the presenter’s substantial experience using ACTp across a variety of settings and involve ACTp case formulation, group role-play and presenter’s audio/video material of therapy sessions.

➢ London 4-5th July

About Joe
Dr Joe Oliver is a Clinical Psychologist working within the NHS and is also Director for Contextual Consulting, offering ACT-focused training, supervision and therapy. He regularly delivers teaching and training on both ACT and cognitive behavioural therapies, in the UK and internationally and is an ACBS peer reviewed trainer. Joe is an effective and engaging speaker and consistently receives excellent feedback on his workshops.


Check out our other upcoming 2016 Workshops!
Self Esteem Made Simple - 11-12th Feb, London with Joe Oliver and Richard Bennett
Advanced ACT Workshop - 2-3rd Sept, London with Professor Steve Hayes
Living with the Enemy: ACT for Physical Health (intermediate level) - 10-11th October, London with Ray Owen

For more information on how to register, go to: www.contextualconsulting.co.uk
Couples Special Interest Group presents

Assessment, Formulation and Treatment of Common Sexual Problems
With Dr Thaddeus Birchard
Tuesday 9 February 2016, 9.30am to 5.00pm
The Royal Foundation of St Katharine, 2 Butcher Row, London E14 8DS

Experience of couple therapy would be helpful, though not essential. Basic knowledge of CBT theory and practice is necessary to get the most from the day.

Registration fees
BABCP members: £90,
Non-members: £110, Students: £75*
*Evidence of student status must be provided with registration
Lunch and refreshments are included. CPD certificates will be issued.

Equality & Culture Special Interest Group in collaboration with Freedom from Torture presents

Working Therapeutically with Asylum Seekers and Refugee Survivors of Torture
With Dr Jennifer Hall
Friday 15 January 2016
9.30am to 4.30pm
Freedom from Torture North West, 1st Floor, North Square, 11-13 Spear Street, Manchester M1 1JU

Aim of the Training: To increase confidence and skills in working therapeutically with traumatised survivors of torture

Learning objectives:
1. To explore engagement and holistic assessment with survivors of torture
2. To explore therapeutic work with traumatised survivors of torture
3. Raise awareness of the impact of torture
4. Consider the impact of working with survivors of torture

Registration fees
BABCP members: £55
Non-members: £65
Lunch and refreshments are included. CPD certificates will be issued.

West Branch presents

Continuing your ACT Journey - Next steps to enhancing your ACT work
With Dr David Gillanders
Thursday 3 & Friday 4 March 2016, 9.00am to 5.00pm
The Clifton Pavilion, Bristol Zoo, College Road, Bristol BS8 3HH

ACT is an evidence-based transdiagnostic intervention that has its origins in the behavioural tradition. It is concerned with helping individuals identify their values and taking committed action in the service of them. ACT identifies key processes that enable individuals to develop greater ‘psychological flexibility’ and teaches skills that help to change the relationship between an individual and their experience.

Registration fees
Early bird: registrations and payment received up to 18 December
BABCP members: £130, Non-members: £150
Full registration fee from 19 December
BABCP members: £150, Non-members: £170
Price includes two course buffet lunch, refreshments and entrance to the zoo on both days. CPD certificates will be issued.

To find out more about these workshops, or to register, please visit www.babcp.com/events or email workshops@babcp.com
## CPD WORKSHOPS

Training for your future

In addition to the training workshops listed below, CWI run year-long Certificate and Diploma courses in Evidence-Based Psychological Treatment, as well as shorter flexible CPD modules.

All the training is aimed at a mixed ability audience and held local to Reading unless otherwise indicated.

### 1-day workshop £130

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<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>19–22 January 2016</td>
<td>Introduction to CBT and Evidence-Based Psychological Treatment</td>
<td>Dr Hannah Whitney</td>
<td>University of Reading</td>
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<td>This 4-day training will provide a thorough background to the fundamentals of cognitive behavioural therapy, and the role of evidence-based interventions within the NHS. On completion of this module students will have a detailed understanding of the generic approach to CBT, and be ready to be trained in disorder specific models and interventions. No previous CBT knowledge is needed.</td>
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<td>3 February 2016</td>
<td>The fundamentals of working with older people</td>
<td>Professor Ken Laidlaw</td>
<td>University of East Anglia</td>
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<tr>
<td>4 February 2016</td>
<td>Further CBT approaches with older people</td>
<td>Professor Ken Laidlaw</td>
<td>University of East Anglia</td>
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<td>24 February 2016</td>
<td>Cognitive therapy for social anxiety disorder</td>
<td>Professor David Clark</td>
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<td>2 March 2016</td>
<td>CBT to treat depressive and anxious rumination</td>
<td>Professor Ed Watkins</td>
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<td>8 March 2016</td>
<td>Low intensity interventions for generalized anxiety disorder (GAD)</td>
<td>Jenny Lam</td>
<td>University of Reading</td>
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<tr>
<td>15 March 2016</td>
<td>Low intensity interventions for obsessive compulsive disorder (OCD)</td>
<td>Alison Campbell</td>
<td>University of Reading</td>
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<tr>
<td>13 April 2016</td>
<td>Understanding and treating OCD effectively</td>
<td>Professor Sabine Wilhelm</td>
<td>Harvard Medical School</td>
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<td>14 April 2016</td>
<td>Beauty and the beast: the nature and treatment of BDD</td>
<td>Professor Sabine Wilhelm</td>
<td>Harvard Medical School</td>
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<td>11 May 2016</td>
<td>CBT for PTSD: the evidence-based way</td>
<td>Professor Anke Ehlers</td>
<td>University of Oxford</td>
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<tr>
<td>25 May 2016</td>
<td>Single session phobia treatment</td>
<td>Professor Lars-Göran Öst</td>
<td>Stockholm University</td>
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<td>8 June 2016</td>
<td>CBT for personality disorder</td>
<td>Professor Kate Davidson</td>
<td>University of Glasgow</td>
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<td>13 July 2016</td>
<td>Cognitive therapy for complicated depression</td>
<td>Professor Steve Hollon</td>
<td>Vanderbilt University USA</td>
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More information about our workshops, postgraduate courses and CPD modules can be found at:
cwi@reading.ac.uk or call 0118 378 6668 | www.reading.ac.uk/charliewaller | /CharlieWallerIn

Berkshire Healthcare NHS Foundation Trust

University of Reading
Self Esteem Made Simple:
Getting Unstuck with Acceptance, Mindfulness and Self-Compassion
Dr Joe Oliver & Dr Richard Bennett
11th & 12th February from 9.30am to 4.30pm
University of London, Nutford House, Brown Street, London W1H 5UL

Are you a therapist who works with issues relating to self-esteem? Do you work with people who struggle with their self-image? People who don’t know who they are? People who constantly judge themselves negatively? People who lack direction and drift through life? If so, this workshop will be of great relevance to your practice.

The concept of low self-esteem has become prominent in everyday language and is often applied to the kind of people described above. The idea that ‘high self-esteem’ is preferable to ‘low self-esteem’ is pervasive amongst therapists and the people who engage their services. However, due to the emphasis on self-rating and judgement, working to raise a person’s self-esteem lacks consistency with the principles and values that characterise more contemporary, or ‘third wave’ developments in cognitive behavioural therapies. Modern innovations suggest powerful new ways of helping clients to stop fighting for ‘high self-esteem’ and move to developing deep self-acceptance, and lead lives that are rich, fulfilling and fun.

This workshop will present cutting edge developments in contemporary theory and practice, drawing on Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) to help therapists simplify their interventions as related to notions of the self.

All participants will receive a free copy of the new ACT self help book, ACTivate Your Life.

The workshop will be presented from an Acceptance and Commitment Therapy (ACT) framework, and involve case formulation, group role-play, and presenters’ audio/video material of therapy sessions. Joe and Richard are both clinical psychologists who are experienced ACT therapists, researchers and trainers.

Go to www.contextualconsulting.co.uk for more information
OCTC Spring 2016

Guest events

13 April, Fiona Kennedy
Putting Dialectical Behaviour Therapy (DBT) into (your) Practice: A Taster Session
Dr Kennedy presents a ‘Taster’ one-day course outlining what DBT is and illustrating how it can serve as a full service but also how you can incorporate aspects of it into your practice. DBT is especially useful for clients who are ambivalent towards change. DBT offers strategies to increase commitment to the therapeutic process, prevent drop outs and maximise collaboration and effectiveness.

20 April, Katherine Pugh & Louise Isham
CBT Treatment of Worry for Patients with Persecutory Delusions: An Evidence-based Low-intensity Cognitive Behavioural Intervention for Psychosis
Persecutory delusions are a common, distressing and persistent occurrence. Research has shown that people with persecutory delusions experience high levels of worry and this predicts the occurrence of paranoid thoughts and increases delusional distress. The worry intervention was developed to target worry in people with persecutory delusions using cognitive behavioural techniques. It is an engaging and effective stand-alone therapy which is popular with patients.

21 April, Craig Steele & Amy Hardy
An Introduction to Cognitive Therapy for Post-Traumatic Stress Reactions in Psychosis
There is an established evidence base and treatment recommendations for CBT for PTSD and psychosis. However, people with psychosis often have significant histories of trauma, including being traumatised by their symptoms of their consequences. Post-traumatic stress in Psychosis is associated with worse outcomes, and can complicate understanding and intervention. This workshop will help you to the challenge by drawing on recent evidence to provide a framework for formulating and intervening with this client group.

28 April, Dougal Hare
Cognitively Informed Behavioural Psychotherapy (cCBT) for People with Asperger’s Syndrome/High-Functioning Autism
This workshop, based upon Dr Hare’s 2013 BABCP conference keynote workshop, will look at how emerging research into ‘real world’ cognitive and emotional functioning in people with autism spectrum disorders, including Asperger’s Syndrome/High-functioning autism, can be used to directly inform both the commissioning and delivery of services for this client group and individual clinical practice. The emphasis in this workshop will be on developing and using practical approaches within the framework of Small C, Big B therapy for Asperger’s syndrome (cBT-A5), based upon research and clinical work carried out in the North West over the past decade.

5 May, Trudie Chalder
Medically Unexplained Symptoms: A Scientist Practitioner Approach to CBT
Medically unexplained symptoms (MUS) is the umbrella term applied to several related syndromes characterised more by symptoms and functional disability than demonstrable organic pathology. Half of new attenders to medical out-patient clinics have at least one MUS and 50% of these patients will have co-morbid anxiety and depression, severe sleep disturbance and severe disability. Patients with MUS account for a large proportion of healthcare costs and utilisation. The management of MUS is one of the most important tasks facing health professionals.

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- PG Diploma in CBT
- MSc in CBT
- Credit bearing Short Courses in Advanced Skills

See our website for details of these courses leading to Oxford University awards
“I’ve had a number of inputs on CBT - this one clearly the best yet!”
Written feedback from an APT course delegate (CBT Essentials)

“The best training I have had since finishing university.”
Written feedback from an APT course delegate (DBT Essentials)

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Open courses: where you come to us.
Online courses: for organisations and individuals.

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