Every year Trustees are elected to guide the policy directions and ensure the good governance of BABCP. It’s
election time again soon and details of how to become a
Trustee are published elsewhere in the call for nominations
supplement included with this issue of CBT Today.

Some Trustees are elected to specific roles (President Elect,
Honorary Secretary and Honorary Treasurer), whilst others
are elected simply as Elected Members. Having been a
Trustee for several years before becoming President, I am
familiar with Trustee roles. So I would like to comment a
bit on my experiences and also encourage you to
consider standing as a Trustee.

I guess the first thing to say was that becoming a Trustee
was not as daunting as I had expected. I received a lot of
briefing information and an orientation event, which really
helped a lot. Naturally, there are a lot of things you only
find out from doing the job, but other Trustees were
helpful and welcoming.

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Accreditation telephone service resumes

Following consultation with the membership and by request, BABCP is again providing
a telephone service for Accreditation queries. The service is facilitated by
Accreditation Liaison Officers (ALOs) in the Bury office.

It is expected that members will have already consulted with the information
and guidelines available on the BABCP website for answers to basic queries
before utilising this service. The ALOs do not expect applicants to use the service
to ask basic application or administration questions about the process.

Initially the service is available between 2.00pm and 4.00pm on Wednesdays only.

To use the service, please call 0161 705 4304 then press option 1.
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Submission guidelines
Unsolicited articles should be emailed as Word attachments to editorial@babcp.com. Publication cannot be guaranteed.
An unsolicited article should be approximately 500 words written in magazine (not academic journal) style. Longer articles will be accepted by prior agreement only.
In the first instance, potential contributors are advised to send a brief outline of the proposed article for a decision in principle.
The Editors reserve the right to edit any article submitted, including where copyright is owned by a third party.

Disclaimer
The views and opinions expressed in this issue of CBT Today are those of the individual contributors, and do not necessarily reflect the views of BABCP, its Trustees or employees.

Next deadline
9.00am on 17 August 2015 (for distribution week commencing 14 September 2015)

Advertising
For enquiries about advertising in CBT Today, please email advertising@babcp.com.

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Being a Trustee

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For all that, it is a commitment in terms of both time and attitude. There are about six full-day meetings a year, plus the likelihood of co-option to one or more of BABCP’s committees, with all the attendant preparation. Apart from that, you will need to be focussed on BABCP and available for consultation by telephone and email on a regular basis. Even so, the duties are not arduous and are incredibly rewarding, as it is a chance to make a difference to the organisation.

For me, being a Trustee was about giving something back to an organisation that I had been a mainly silent member of for 30 years. Although I am primarily a researcher and teacher, and my days of clinical practice are long behind me, I believe passionately in BABCP, both for what it has done since its inception in the promotion of evidence-based practice, and for its future potential as an organisation in widening understanding of, and involvement in, CBT. The organisation is going through a time of great change, with rising membership which we hope to broaden in the future, and aspirations for ever-increasing engagement with the public. This atmosphere of change has made it especially exciting for me as a Trustee, and I believe there has never been a more inspiring time to contribute as a Board member to the expanding work of BABCP.

BABCP relies heavily on its membership for its activity at all levels, but particularly through its Branches and Special Interest Groups, and the staff at BABCP office could not do their excellent jobs without the continuing support of members.

I hope you will take some time to consider whether you could help the organisation by running for election as a Trustee. If you feel this might be for you, you are welcome to email me at robnewell54@gmail.com or the Company Secretary & Office Manager Ross White at ross@babcp.com, who would be able to outline Trustee roles and also to give you contact details of one of the other Trustees.

Research Committee launches new grants round

The aim of BABCP is to promote the theory and practice of behavioural and cognitive therapy. One of the ways we do this is to fund research from the money raised by your donations through Gift Aid, a conference levy and from other donors.

BABCP is now in a position to offer a grant to either fund a PhD (for three years) or pilot research projects. The Research Committee may decide to award smaller grants to applicants for a shorter period (eg for a year or less) or for larger grants, and will take into account both the quality of the research and value for money in its decision-making.

The full eligibility criteria as well as details of how to apply for a research grant are available at www.babcp.com/Research.

Applications should be emailed to babcp@babcp.com by no later than 9.00am on Monday 28 September 2015.

A copy of your CV, as well as that of any academic mentor or PhD supervisor should be included. All applications will be sent for peer review and then discussed by the Research Committee. It aims to meet by early December in order to make recommendations to the Board on whom to award grants. Applicants should be informed of decisions by January 2016.
The 2015 BABCP Annual Conference will take place from 21 to 24 July at the University of Warwick. The Scientific Committee has reviewed a very large number of submissions this year, resulting in a high quality set of day workshops (21 July), and then symposia, skills classes, keynotes, clinical roundtables, and more from 22 to 24 July.

As usual, the first day will consist of a set of parallel one-day workshops, presented by experts from the UK and around the world. This is your chance to pick up skills in fields as diverse as social anxiety (David Clark and Eleanor Leigh), eating disorders (Ulrike Schmidt), OCD (Mike Kyrios), bipolar disorder (Steve Jones), depression (Rob DeRubeis, Barney Dunn and Richard Moore), perfectionism (Tracey Wade and Roz Shafran), trauma reactions (Mike Scott) and imagery (Lusia Stopa). The full overview of all the workshops can be found on the Conference website.

The following two and a half days will see keynotes from many of the same people and more (e.g., Cory Newman, Ailsa Russell, Michelle Moulds, Pim Cuijpers, Max Birchwood, Sue Spence). Along with these, there is a range of symposia and clinical roundtables presenting new clinical developments and ideas.

This year, we have also increased the number of skills classes, so that attendees can hear from clinicians about how to deal with specific issues that we encounter in the clinic. There are far too many to detail, so you will have to read the programme online.

On the social side, there will be an opening reception on 21 July, and a final party on 23 July. However, those who were at the conference the last time that we were in Warwick will be pleased to hear that there will be a barbecue and party at Warwick Castle on the evening of 22 July. We hope to repeat the lovely weather that we had last time and look forward to seeing you there.

Glenn Waller
Chair of the Scientific Committee

For further information and to register please visit www.babcpconference.com
BABCP 43rd Annual Workshops and Conference
University of Warwick
21 - 24 July 2015

Registration Now Open!
Full-Day Workshops on 21 July
Conference from 22 to 24 July

Confirmed Keynotes and Workshop Leaders:
Max Birchwood  University of Warwick
David Clark  University of Oxford
Pim Cuijpers  VU University Amsterdam
Rob DeRubeis  University of Pennsylvania, USA
Barney Dunn  University of Exeter
Steve Jones  Lancaster University
Charlie Heriot-Maitland  King’s College London
Tony Kendrick  University of Southampton
Mike Kyrios  Australian National University
Tom Lynch  University of Southampton
Michelle Moulds  University of New South Wales, Australia
Cory Newman  University of Pennsylvania, USA
Ray Novaco  University of California
Ronan O’Carroll  University of Stirling
Ailsa Russell  University of Bath
Ulrike Schmidt  King’s College London
Mike Scott  Private Practice
Roz Shafran  University College London
Sue Spence  Griffith University, Australia
Lusia Stopa  University of Southampton
Tracey Wade  Flinders University, Australia

Plus skills classes, symposia and clinical roundtables!

For the programme, more information and registration please visit
www.babcpconference.com
Book before 31 May to get the Earlybird rate!
What is happening?
The BABCP Annual Conference has long been known for its excellent scientific and social programme. This year there will be something new thrown into the mix, with a joint symposium between our Association and the British Association for Psychopharmacology (BAP). The plan is for the same symposium to be held twice – once at our conference, then the following week at the BAP’s annual meeting in Bristol. Both organisations have recently become quadragenarians, so this would be the first time in both of our respective 40-plus years of history that this approach has been taken.

Why are we doing this?
Mental health needs research that is multidisciplinary and makes a difference to clients. A recent commentary in *Nature* emphasised the importance of such collaborations and proposed that, ‘Great strides can and must be made by focusing on concerns that are common to fields of psychology, psychiatry and pharmacology’ (Holmes, Craske and Graybiel, 2014). On a practical level, many of our clients come for CBT while also taking medication. New ways of thinking are needed that address issues that are clinically important such as how psychological therapies work, how they relate to medication and how we can help personalise our interventions for the individual client.

What is new?
Multidisciplinary collaborations and innovations require funding. Last year, new mental health research charity MQ: Transforming Mental Health launched their flagship research programme called PsyIMPACT, which funds innovative research that can improve the effectiveness and accessibility of psychological therapies. Alongside funding specific projects and people, they are funding this joint symposium to help realise the ambition of developing new interventions that can transform the lives of people with mental health difficulties. The charity is keen to support on-going interdisciplinary discussions in this area. If you have any innovative ideas around possible symposia or other events, do get in touch with them.

Symposium aims
In addition to providing a cutting edge update of the state of the mental health science in the topics addressed by the speakers, the symposium aims to reciprocally raise awareness of the activities of members of each organisation, as well as highlight key areas where there are clear opportunities for collaborative activity.

Symposium content
The BABCP/BAP symposium will have four speakers and a discussant, all of whom are eminent Professors.

Catherine Harmer - Psychological mechanisms of antidepressant drug action
Matt Field - Targeting core psychological dysfunctions in addiction
David Baldwin - Experimental medicine approaches in anxiety disorders
Emily Holmes - Experimental psychopathology and emotional memory.
Guy Goodwin, formerly head of the Oxford University Department of Psychiatry and President of the European College of Neuropsychopharmacology, will act as a discussant to integrate the talks and emphasise the benefits of working across fields.

Final comment
There is a lot going on at the BABCP Annual Conference and it can be hard to prioritise what to go to see. Even if you cannot make this particular symposium, we hope that this brief article has served to highlight that influential funding bodies are supporting collaboration across disciplines for future innovations that will benefit both research and clinical practice.

On page 16, CBT Today highlights the findings of a report into the UK mental health research funding, which was published in April by MQ:Transforming Mental Health.

"Great strides can and must be made by focusing on concerns that are common to fields of psychology, psychiatry and pharmacology"
Dear BABCP friends and colleagues,

The 45th EABCT Congress, CBT: A Road to Hope and Compassion for People in Conflict, which will be held in West Jerusalem August 31-September 3, 2015 is quickly approaching. Thank you to all those who have submitted their abstracts for symposia, workshops, open papers, roundtables, and panel discussions. We received many quality submissions, from over 35 different countries. We already have renowned speakers for keynotes, workshops, symposia, and round tables. We also intend to include multi-cultural discussions on topics related to conflicts between people, religions, and ethnic groups to add to the broad CBT-related topics that will be covered.

The Israeli CBT Association, together with the EABCT, is committed to make the 45th European Congress a unique positive experience. We are preparing a conference with cutting edge science, advanced clinical topics, and touches of Israeli culture.

Having listened to feedback from earlier conferences, at this congress there will be plenty of clinical presentations with an emphasis on the applied clinical aspects of CBT. This will take the form of live supervision by experts in the field, and round tables with master-clinicians who will present different clinical approaches to cases from different CBT points of views and models. We are excited that the opening keynote will be delivered by Professor Mark Williams. We hope all this will make Jerusalem 2015 a positive, memorable congress.

The registration and the submissions portal are open (posters can be submitted until the May 31).

Please find them and more information about the content of the congress at: http://www.eabct2015.com. Make sure you register soon to benefit from early bird registration!

Now is the time to prepare for the congress and plan your trip to Jerusalem. You will have a stimulating scientific, clinical experience along with the added enticements of unique, professional tours, as well as a variety of cultural and culinary encounters. There will be the opportunity to enjoy the many tourist attractions of Jerusalem’s 3000-year history as well as the many outdoor bistros, cafes, restaurants and discos to be found all over the city.

We look forward to seeing you and your colleagues here along with the many others who have expressed their interest.

Sincerely,

Sofi Marom, Jonathan Huppert, Joop Meyers and the steering committee of the Congress

Lehitraot BiYerushalaim
להתרומת ירושלים
See you in Jerusalem
According to the latest Office for National Statistics (ONS) data, male suicide is at a 14-year high. CBT Today Managing Editor Peter Elliott met with an organisation that is tackling the taboo of mental wellbeing in the traditionally masculine world of rugby league.

A winter’s midweek evening in Leigh, combined with muddy boots, sweaty rugby kit and the smell of liniment heavy in the cold January air is hardly a typical backdrop for a discussion about mental wellbeing.

But, thanks to the efforts of State of Mind, this is now becoming the norm among many of northern England’s rugby league clubs and communities. Formed in 2011, State of Mind began working towards improving the mental health, wellbeing and working lives of people in the rugby league community.

With support from the Rugby Football League, the sport’s governing body, and prominent former Super League players, State of Mind delivers education sessions in clubs around the rugby league heartlands of Greater Manchester, Lancashire, Merseyside and Yorkshire, with the aim of providing information on support services available to vulnerable people.

The organisation recently featured in an edition of the BBC Panorama series called ‘A Suicide in the Family’, focusing on the topic of male suicides. According to the latest figures from the ONS, suicide is the biggest killer of men under the age of 50, with men accounting for almost four in five of all suicides.

The death by suicide of England and Great Britain international rugby league player Terry Newton in September 2010 was the catalyst for a number of the sport’s followers to do something to highlight the issue of mental health within the rugby league community.

Newton had been banned from the sport for two years in February 2010 after becoming the first athlete to be found guilty of using human growth hormone as a performance enhancer. Malcolm Rae, one of the organisation’s founders, explained his involvement in setting up State of Mind: ‘I wrote to the two rugby league weekly papers expressing my sadness at the tragedy, saying I hoped that Terry Newton’s death had not been in vain. A couple of other rugby league fans contacted me.’

Those fellow supporters were Phil Cooper, a nurse consultant working in mental health at the Pennine Trust, and Ernie Benbow, who was an HR director and Wigan fan. Both became instrumental in State of Mind, as Malcolm explained: ‘We got our first meeting together, and my thought was that we could do a conference, and then we had contact from Brian Carney, and Terry O’Connor, former teammates of Terry Newton.

‘It hit them badly. Brian Carney had done a profile and interviewed Terry Newton [broadcast on Sky Sports] 10 days before he died. When you look at it now, you can see the red flags waving, how distressed he looked, full of shame, saying, ‘I have let my family down, I have let my fans down, let the...’
game of rugby league down". He said it about 10 times, and you could see in his eyes that he was so distressed.

'It was fantastic having Brian Carney and Terry O'Connor on board. That gave us credibility within the game. They contacted their playing colleagues, including Terry Newton's friends, including Adrian Morley who was Great Britain captain at the time. He said he would be our first ambassador.

'We identified that, where rugby league is played, the suicide rate is above the national average, mainly through social demographic factors. But that was important leverage when we contacted public health people. I got a few of them together, including one or two people from Mental Health Trusts, and then it snowballed.'

Now retired, Malcolm was able to call upon contacts made during a long career in the NHS, which saw him take on prominent roles such as Nursing Officer for Mental Health and Forensic Psychiatry at the Department of Health, and chair of the Mental Health Society at the Royal College of Nursing.

I was invited to attend a State of Mind workshop led by Phil Cooper at Leigh East Amateur Rugby League Football Club, assisted by former players including Jimmy Gittins, who was paralysed from the neck down while playing rugby in 2002, ex-Ireland international Martin Crompton and former Warrington Academy player Will Stringer.

Each of the ambassadors spoke about their own experiences of depression and low mood, with all of them feeling that, at their lowest point, they had nowhere to turn.

Reaching out to the rugby league community in northern England allows for workshop attendees to understand the importance of being able to speak out about their health, in what is currently the English region most likely to see death by suicide, according to the ONS.

Such is the current profile of the charity that, last year, State of Mind, in conjunction with Sky Sports, received a Mind Media Award. This came after Sky Sports aired two films featuring interviews with former players during the State of Mind weekend in August 2014, with all Super League fixtures over a whole weekend dedicated to promoting the charity for the fourth consecutive season, something unprecedented in professional sport.

The weekend saw players at all Super League clubs wear State of Mind t-shirts during their pre-match warm-up, with advertising space given in stadiums and match programmes, as well as Sky Sports' efforts to promote the weekend's focus on promoting mental wellbeing in the sport.

At the time of writing, Super League are yet to announce the dates of this season's dedicated State of Mind weekend.
Beth Pritty recently completed the very first intensive PWP training course at University College London. Here, she reflects on her experience of this course as well as considering the implications for future IAPT PWP recruitment.

The role of a PWP allows individuals to deliver evidence-based, low intensity interventions to people experiencing common mental health problems such as depression, anxiety and panic disorder. To me this was an attractive opportunity to work in the field of mental health, develop skills and techniques based on CBT and support others to overcome difficult times.

To become a PWP, the usual route is to complete a 10-month training course which combines academic study at university for one day per week with spending the other four days based in an IAPT service, putting skills into practice. Instead I undertook an intensive version of the Post Graduate Certificate in Low Intensity Cognitive Behavioural Interventions from July 2014 to January 2015, meaning the course was condensed into six months.

During this period, we had 53 academic days, either spent at university in lectures and seminars, or studying independently. In the first 15 weeks of the course we had, on average, three academic days per week and two days in work, which then tapered out to one academic day per week and four days in work for the rest of the course.

Something I did not expect to feel when I started was de-skilled. I had previously worked in an NHS community drug and alcohol team, managing a caseload of 70-plus people, regularly conducting needs and risk assessments, and providing person-centred support. When the training began however, I soon realised that there were many extra skills necessary to perform the role of a PWP.

Some examples of these include using a funnelling style of questioning during assessment, and asking specific questions about physical symptoms, cognitions and behaviours. This was not something I had considered before, as it was not necessary in my previous roles. The structured nature of the interventions, such as Behavioural Activation, was new to me, as I had previously used a more flexible approach. Incorporating these skills needed much practice and role play but became easier as I became more accustomed.

The part I found most challenging about the intensive training was not the content, but the initial balance between days working in the service and days at university. Only being in my new place of work for one or two
days per week for the first three months made it more difficult to settle into the environment and build relationships with my colleagues. Happily, the team has been very supportive and approachable; even though I was not there very often initially, people made an effort to get to know me, so I soon began to feel more comfortable. This is particularly important for a Trainee PWP, where you need extra support from your colleagues in order to help understand your role within the service and to ask questions.

One major advantage of the intensive course is that we had been taught and practised all the low intensity interventions before beginning to treat patients. The benefit of this was that I felt confident in my ability to explain the interventions when I used them with a patient for the first time. My understanding from those who had completed the standard training pathway is that, in some cases, they began working with patients before they had been taught all of the interventions that PWPs can offer. The disadvantage of this is that the clinician may not feel confident in offering the most appropriate intervention to a patient if they are not familiar with it themselves.

When considering the implications of this intensive course for future training pathways, I am minded that there are many benefits. Having a more condensed version available means potential for there to be several cohorts of trainees per year, all qualifying at different times. With the current system there is a yearly ‘flood’ of PWPs qualifying in June, which may mean that IAPT services struggle to recruit new PWPs at other times of the year. There is also the benefit to trainees becoming qualified more rapidly and being able to take on more work in a shorter time. This is a positive for busy IAPT services that are experiencing an increasing demand for their assistance.

Completing the intensive PWP training was a challenging and enjoyable experience. I am now benefiting from the fact I am working in an IAPT service full-time and utilising supervision to reflect on my use of the interventions and developing my ability as a practitioner. My advice to anyone embarking on this course is to make sure you use the support of your new colleagues to help you put the teaching into practice.

Beth is a trainee PWP at the Islington Psychological Therapies and Wellbeing Service, also known as iCope.
Rational Emotive Imagery (REI) was created by Maxie Maultsby and later used by Dr Albert Ellis, originator of Rational Emotive Behaviour Therapy (REBT) and the person widely credited with creating the intellectual foundations of cognitive therapy. Ellis added some distinctive aspects to Maultsby's approach, yet acknowledged him as the originator.

Ellis’ widow Debbie Joffe Ellis reminds us that Ellis' ‘use of this emotive evocative method, and making it one of the methods often used in REBT, is evidence that REBT does indeed encourage people to experience and work with their emotions. REBT is not about only using cognition, a misconception held by some. It proves that people who say that REBT does not encourage "emotional experience" are very wrong in that assertion.’

When I had the opportunity to demonstrate REI to a group of clinical psychologists, they told me of the striking similarities to EMDR, which was created in 1989.

When a person enters a situation where they have previously experienced a negative emotion, such as anxiety and not concern, or anger and not annoyance, or depression and not sadness, the emotion may be evoked by the memory of the previously experienced emotion (which was created by a demand and inaccurate definition, not a preference, and a resultant neutral attitude). This is the point at which memory is most vulnerable to change.

In REI, the client is asked to close their eyes and to re-create that problematic situation in their mind's eye, then to experience the emotion. The client is then encouraged to change the emotion (created by the demand).

For some clients, rising above and more objectively and philosophically identifying the emotion for one minute, then changing their view or beliefs about the situation silently through their own self talk - and often acknowledging that they may not like that emotion or the situation, but they can accept that initial feeling and unconditionally accept themselves – they find they have changed the unhealthy emotion and are experiencing a healthier one. They experience a better outcome emerging as they free themselves from this debilitating emotion, such as anxiety, and move it into a healthy negative one of concern, so that they themselves can then move towards greater happiness enhanced by their freedom from constricting thoughts and the resulting increase in their creativity.

The key is identifying the initial surge of emotion (before it becomes debilitating), that is emanating from demanding thoughts, memories and inaccurate definitions (awfulness), and identifying the specific thoughts that are creating it, then changing them into preferences along with other healthy thoughts and attitudes. As homework is a vital part of REBT, the client is encouraged to do their REI each day for the next 30 days, so that they can notice the emerging changes.

REI is just one of the tools within the empowering, effective and multi-modal (which includes hypnotherapy) approach of REBT, which has blazed a trail and revolutionised psychology since 1955, and continues to do so.
The BABCP Independent Practitioners Special Interest Group (IP SIG) is a growing resource for CBT practitioners in the UK. Members can contribute and share information specific to independent practice such as tips on managing waiting lists, building relationships with referral agents, guidelines for good practice, marketing strategies, forms and client hand-outs.

Following on from last year’s online colloquia into contracting within independent practices, we are pleased to announce we are continuing to run further workshops using this approach. These workshops consist of a small group of practitioners connecting over Google Hangouts during a two-hour schedule. Each workshop is based around a topic relevant to the practice of CBT.

Taking place once a month, interested participants can register and undertake some preparatory reading to enrich the discussion. Participants are encouraged to express their views and share their learning. This is not a trainer-led experience, but one where participants are required to get ‘stuck in’!

Topics include the use of routine outcome measures, the strengths and weaknesses of working trans-diagnostically and the application of Stoicism – the underbelly of Socratic Questioning – to CBT clinical presentations. Much to our delight, this first event on Stoicism is now full and we will be promoting details of the next events via email to the IP SIG membership. So, keep an eye out in your inbox.

Jim Lucas
IP SIG Treasurer

For more information on the IP SIG, please visit our Facebook page (BABCP-IPSIG) or our website found at www.ipsig.co.uk.
Born in California, Steven James Leto has lived in Sweden for nearly 30 years, the last 15 of them working as an Art and English teacher. Negative Self-Image: Depression Comix is an online comic that he created as part of his process of dealing with a traumatic childhood and depression in later life, in which he tackles issues such as CBT, corporal punishment and low self-esteem. CBT Today invited Steven to talk about his use of the comic format as a therapeutic aid.

I have always loved art, and one of the many fruits of my own therapeutic process is a comic book that describes - and to some degree summarises - my experience with CBT.

At first I was reluctant to begin therapy. I was perhaps somewhat ashamed, afraid of the stigma that seems to be attached to those who admit to needing help. I felt that I knew myself better than any psychologist would after a number of relatively brief encounters.

Whatever the reasons, I was fortunate that the Swedish medical system allows for easy access and my regular doctor offered me the opportunity, so I decided to give it a try and I am very glad that I did.

When I have experienced depression, one of the symptoms that I have noticed is the complete loss of the creative impulse, something I mentioned on my first meeting with my therapist. These comics were born from a moment in an early conversation with her, when we were discussing some of my most basic assumptions.

She had mentioned that depression is often related to negative self-image. As the conversation progressed I began to sense some unspoken structure just below the surface of my usual operating consciousness. I told her so, and she asked me to describe it. I said it felt familiar but that it was difficult to articulate. She then asked me if I thought that I could paint it. This seemed like an amusing challenge and I said that I could at least try. So creating an image that expressed what I was feeling became my homework assignment.

My first painting expressed a sense of sadness that I felt lurking around my heart, related to some haunting childhood memories, which also eventually became the cover image for the comics.

During the following session when I was relating some of what I remembered and understood about other childhood events, she said, ‘Wow, it sounds like there are a lot of good images there.’ Once again I received the assignment to create pictures that expressed some of these events, and that is when it occurred to me that a comic format might be a good way to cover more ground. So the process of creating it was expressive, communicative and even revelatory, but then it also became a tool for continued work.

As a therapeutic aid, I found that trying...
to give form to feelings and deeper assumptions seemed to lift them into a part of cognition that made them easier to grasp and describe.

As the first chapter took shape, my therapist told me that she thought that I had created something that was probably worthwhile beyond what I had intended or imagined, and asked if she could share it with other colleagues and clients; I consented. The comics were printed and distributed to the clinic staff, and I was later surprised to hear that most were profoundly moved. We agreed that as part of my therapy I should continue to work with them and to make them available somehow.

I decided to post them on Facebook and was again surprised by the response. Distant relatives and other friends seemed to be moved to discuss similar issues from their own experiences; things that they had never before been willing to consciously engage. I had posted various examples of my artwork before but never had such a response. The positive feedback grew and the comic book took on its final form.

I did an e-book and a print version. But the only way I could think of to make it available was to begin looking up therapists who work with CBT at random, sending them an email with a link to the comics online. Once again I was flabbergasted by the response. I received praise and endorsements from organisations and therapists. I even received requests from therapists to show them to their patients.

One of the more interesting responses I received came from a colleague and good friend of mine. I was telling him about my experience in therapy and how it had been central to my recovery. He confided that he had also been struggling with depression but that he felt that medication was right for him, rather than CBT. I assured him that he had my support whatever he chose to do and that was the end of our conversation. Then a few weeks later he wrote to me saying that he had read my comics and had scheduled an appointment to begin talking therapy.

So, the process of producing them was an integral part in my own recovery. After a relatively finite period of CBT work, I was able to return to most of my normal routines and reconnect with a deeper sense of happiness in life. But the work goes on and, for me, the CBT process is closely linked with my comics now. While they were at first a way for me to better understand myself, they have also become a kind of cognitive map for me to view and review my unnecessary structures and habits of unhappy thinking.

I have been surprised and delighted by the power of what started as an apparent whim. I have wondered why the response to these comic-stories is so strong. And I suppose there are a number of reasons. They are partly confessional in nature and deal with things that are normally considered too ‘private’ to discuss. Once they appeared, they became a point of contact and basis of consideration for others and seemed to help them to consider their own feelings, including their predisposition toward therapy.

The idea of doing something useful for others drives me. Working with these comics continues to serve my personal process with CBT, and I hope also contributes toward others’ efforts to be empowered as fully adult human beings.

My hope is that these comics could be one alternative way of helping others to understand the efficacy and naturalness of seeking professional help. And I hope that they can help destigmatise depression, low self-esteem and receiving therapy. It is interesting to think about how many people suffer the unnecessary burdens of negative self-image, even when it does not lead to depression.

I suppose there is a significant gap in society between people in need of help and their actually getting or becoming willing to receive help. Maybe these comics could have a function there, in the arena of public awareness.

It makes me sad to think about how many people suffer unhappiness needlessly because of prejudices and preconceived notions about what therapy is. Negative Self-Image: Depression Comix is a title that is meant to lift a relatively serious subject matter into the light of bright colours and easy, open conversation. The key to so many things is communication and I believe art is just another form of it. Maybe comics are a useful balance between language and image.

Negative Self-Image: Depression Comix can be read online at http://depcom.smackjeeves.com or in Swedish at http://depression.smackjeeves.com

CBT Today | May 2015
New analysis reveals ‘historic under-funding’ of UK mental health research

According to a new funding analysis, there is a ‘picture of historic under-investment in UK mental health research’. This includes ‘virtually non-existent’ charitable funding, which has contributed to overall levels that fail to meet the scale or impact of mental illness.

These claims are made in the report UK Mental Health Research Funding, which was published in April by the charity MQ: Transforming Mental Health. Formed in 2013, the charity is focused on supporting research into mental health.

The report sets out the most comprehensive overview of UK mental health research funding ever produced, combining a major new six-year funding analysis with the most current existing data.

In particular, it is revealed that, for every £1 spent by the Government on mental health research, the general public gives just 0.3p. The equivalent general public donation for cancer is £2.75. Meanwhile, £9.75 is invested in research per person affected by mental illness, which is over 100 times less than the amount spent on cancer research per patient (£1,571). Most mental health conditions have even lower investment figures, including autism (£3.98 per person affected), depression (£1.55), and OCD (89p). For anxiety and eating disorder research, less than 21 pence is spent per person affected.

In total, the UK spends an average £115 million a year on mental health research – 85 per cent of which is from just three funders: the Wellcome Trust, the National Institute for Health Research and the Medical Research Council.

MQ Senior Advisor Professor Roz Shafran said: ‘This ground-breaking report highlights the scandal of underinvestment in mental health research in general and psychological treatment in particular. Highlighting the gap between the paucity of research funding and enormous impact of mental health disorders is the first step in beginning to close it.’

The report calls for sustained efforts to grow levels of mental health research funding in the UK and improved data and knowledge sharing. MQ will be producing the report on an annual basis to ensure continued monitoring and record progress.

For more information and to download the report, visit http://bit.do/MQ_report
In February, the first ever documentary about OCD to be shown in the Republic of Ireland was broadcast by RTÉ. Participating in the documentary, called OCD and Me, were members of the Irish Association for Behavioural & Cognitive Psychotherapies. CBT Today invited them to reflect on their part in this ground-breaking programme.

**About OCD and Me**
According to the RTÉ website, this documentary was ‘an attempt to get an understanding of disturbing mental illness [in which] we spend time with some people who have agreed to come forward and talk about their OCD’. It featured experts in the field as well as visiting St Patrick’s Hospital in Dublin and an anxiety support group in Sligo town.

I thought the documentary was a powerful, human insight into OCD and felt humbled by the amount I learned about the two men in the piece (Simon and Jacob) that I had worked closely with as inpatients. I knew about their OCD but not enough about them as people to get a true understanding of their day-to-day struggles. Revealing the person behind the problem de-stigmatises better than any didactic awareness campaign. Although some scenes were painfully poignant, I thought the balance between realism and respect was very good.

It helped that each person with OCD had independently put themselves forward for the documentary rather than being approached by our service which is in the so-called ‘not for profit’ sector in Ireland (providing about 15 per cent of mental health care through health insurance), and that there was a spread of clients from other services.

When the producers, Wildfire Films, said they were planning to make this documentary, our decision was whether or not to contribute. Fortunately Wildfire’s Adrian McCarthy and his team were highly ethical and skilled.

Our service has an experienced communications department that vetted and back-checked the company. My first instinct, like most people’s, was to say ‘no’ because of the ethical jeopardy and the horror of seeing one’s self on the airwaves! But one has to balance that natural protective response with the ethics of not being involved, of not helping to get the good news out there that CBT can and does work for OCD.

Michael McDonough
Consultant Psychiatrist

Continued overleaf
When I received a phone call in March 2013 about participating with the first-ever Irish documentary on OCD, I had mixed feelings. My first concern was to ensure the physical and emotional safety of the individuals who had already said they would discuss their OCD for a documentary. (I had been through this process twice in the prior 3-4 months when two other documentary teams had expressed an interest in OCD, but that was as far as it ever got). This was because I know two of the participants. Mella is a former client of mine and, over the course of time, I have got to know her son, Jacob. To be honest, I felt very protective of them. I quickly contacted both of them about the project. Even though each of them has spoken to the media about their OCD in the past, I believed it was important to talk about the level of exposure a documentary would bring as well as the pros and cons of participating with something on this large a scale (please do not forget how small Ireland and Dublin are).

I also discussed my thoughts with fellow programme contributor Martha Ryan, as well as with my supervisor to get extra perspectives. In the end, the production team was wonderfully receptive and respectful, and always found a resolution to any concerns that were present.

My next concern was to ensure the programme did not perpetrate the stereotypes and myths about OCD and its treatment. This was a goal that Mella and Jacob had as well. As the co-founder and now former Clinical Advisor of OCD Ireland, I have had experience with the media on this front, and again this was another easy conversation with the production team. In this instance, I agreed to provide information about OCD and CBT and to answer any questions over the next 11 months while the programme was being filmed and edited.

I am proud of the final product and of my contribution to the process. For me, the most significant lesson I learned in this experience is that many of the major concerns will be managed well if the documentary team is ethical, informed and receptive. On a personal level, this was a dream come true – one I have had since I helped to start OCD Ireland over 12 years ago.

Leslie Shoemaker
Counselling Psychologist

When I heard about the programme, I was concerned about how OCD would be portrayed and where the treatment focus would be. Knowing that Dr McDonough, Leslie and Martha were involved eased my concerns, as I am aware that they are members of BABCP and the Irish Association, and use evidence-based CBT models in their OCD work.

I was asked to do an impromptu meet and greet with Simon to reflect on his journey of recovery. I facilitated CBT group therapy for Anxiety Disorders while he attended our service. Simon’s eloquent reflections were powerful and highlighted the trials and tribulations of his recovery journey – his deeply personal account of OCD and CBT was both enlightening and heart-warming.

I was a bit disappointed that Simon’s recovery journey was not as strongly highlighted as perhaps the different struggles with OCD. I would liked to have seen some more focus on the range of work he did over a period of time, but I am aware that time limits did not allow that much detail for each participant.

I thought the programme was well-balanced with appropriate attention given to CBT as an evidence-based treatment. I really liked the fact that there was an emphasis on behavioural work for most participants.

The production team seemed to be genuinely interested in the work that we do and the OCD journeys of different participants. It was a pleasure and honour to be asked to take part.

Debbie Van Tonder
CBT therapist

I was pleased to hear about the documentary and met with the production team at the very early stages of development, in order to give insights from the therapists’
perspective when working with OCD. After meeting with me, the team asked if I would be willing to have a session with my client, Jacob, filmed, since he had already agreed to participate with the documentary. I was happy albeit nervous to do so.

Seeing as CBT is the leading approach for overcoming OCD I knew this was important because it would inform the audience of what the treatment entails. This is very much a hot topic for me as I have met with a number of people who went to non-CBT therapists inexperienced in working with OCD. Ultimately the clients’ symptoms worsened which made it more challenging for them to go and visit another therapist.

I had a few concerns around the practicalities of setting up our Behavioural Experiment, which I discussed in supervision. Jacob and I both wanted to keep the experiment authentic to our work and his current difficulties. As a result, we went ahead with an experiment that we would have carried out in our session regardless of it being filmed.

For me, my priority was focusing on treatment with Jacob while showcasing CBT. My main objectives were to dismiss any outdated and preconceived ideas that people might have about going to CBT, such as it being stuffy, formal and superficial; for the experiment to make sense to the audience; and provide the viewers with an idea of what to expect in therapy when overcoming OCD.

I found the production company lovely to work with and very honourable in their desire to capture the lived experience of OCD. I am really proud to have been part of this documentary.

Martha Ryan
CBT Practitioner

Support in the Republic of Ireland

Treatment: Referral from a GP to the publicly funded Health Service Executive or St Patrick’s Mental Health Services.

Support: OCD Ireland is dedicated to those experiencing OCD as well as offering support for family and friends. Free public talks are held at St Patrick’s Mental Health Services’ Dublin campus. More information is available online at www.OCDIreland.org.

Support in Northern Ireland

Treatment: CBT treatment can be accessed via one of the five NHS Health and Social Care Trusts in Northern Ireland.

Support: OCD Belfast meetings are held once a month and are limited to those who receive CBT treatment via NHS mental health services.

(From left) Michael McDonough, Leslie Shoemaker, Debbie Van Tonder and Martha Ryan
Warm Australian welcome awaits World Congress delegates in 2016

Ross Menzies is the President and Convenor of the 8th World Congress of Behavioural & Cognitive Therapies (WCBCT), which takes place in Melbourne, Australia, from 22 to 25 June 2016. Here, Ross writes an open letter to BABCP members telling them what they can expect at the Congress and beyond

The theme of the congress is advances and innovations in the behavioural and cognitive therapies across the world and we are seeking to showcase the latest and greatest developments in behavioural and cognitive procedures. We are particularly interested in research from emerging countries, and in regions where CBT has not been the dominant treatment modality in the past. We also invite delegates from beyond the traditional disciplines of mental health. CBT is not owned by any single profession - we want to hear about applications of the cognitive and behavioural sciences in experimental psychology, clinical psychology, psychiatry, nursing, social work, and a range of related areas in allied health and health policy. The 8th WCBCT is an inclusive event and is relevant to all individuals and organisations that seek to apply cognitive and behavioural principles to help people change their lives.

We hope to bring together over 4,000 practitioners, researchers and policy specialists from around the world to discuss advances and innovations in the behavioural and cognitive therapies. The Congress will provide delegates with a scientific programme of global significance and regional relevance, and will aim to share ideas, upskill practitioners, inform researchers, and facilitate networking amongst the cognitive and behavioural therapy community. We live in exciting times with research outcomes, clinical and other applied expertise, and policy developments constantly augmenting our understanding of how best to help treat dysfunction and maximise wellbeing. The 8th WCBCT will bring together the best practitioners, researchers and thinkers in our domain.

The scientific programme will consist of:

- State-of-the-art keynote addresses by internationally renowned experts covering key areas within the cognitive and behavioural therapies
- Invited addresses by international experts on specific topics
- Symposia - both invited and submitted
- Panel discussions and forums with experts – both invited and submitted
- A comprehensive programme of full-day and half-day workshops presented by world-class practitioners
- Coverage of controversies in the behavioural and cognitive therapies with invited debates and panels
- Streams of individual papers highlighting specific topics of interest
- Short oral presentations and interactive poster sessions
- Specific invited and submitted streams highlighting issues in the behavioural and cognitive therapies, including policy developments in healthcare systems, use of technologies, and working in multidisciplinary teams.

The Congress will be held in Melbourne from 22 to 25 June 2016. Melbourne was Australia’s first Olympic city, and is still considered the sporting, food and shopping capital of ‘Oz’. With its style and sophistication, the city is known for its distinct bohemian atmosphere and cultural charm. It is no surprise that this cosmopolitan treasure has been voted the ‘World’s Most Liveable City’.

Our Congress venue, the Melbourne Convention and Exhibition Centre (MCEC), was the world’s first ‘Six Green Star’ environmentally-rated centre. It is fully integrated with the Hilton South Wharf Hotel and is nestled on the Yarra River with fabulous restaurants, bars, cafes, shops, hotels and galleries. Notably,
the MCEC is among the most centrally located, large convention centres in the world. A simple stroll across the Yarra takes you directly into the heart of Melbourne.

In addition to this outstanding scientific programme, you can be assured of an exciting range of social events including dinners, dancing, wine tastings, and pre- and post-Congress tours. We understand that, for many delegates, Australia seems a long way to come. So be assured that we will do all we can to facilitate your trip ‘Down Under’ by offering you an exceptional range of tour options direct from the Congress website.

We want you to see all of Australia, the sixth largest country on the planet, when you come to us in 2016. Visit spectacular Sydney, with its iconic harbour and astonishing Opera House. Head to Queensland for the Great Barrier Reef, the beaches of the Sunshine and Gold Coasts, and explore the amazing Daintree Rainforest. Fly to the outback of central Australia to visit Uluru. Learn, from Indigenous guides, why the rock and surrounding land have such huge spiritual significance to the Aboriginal people.

These are just some of the options for your trip to Oz. Why not visit the beautiful Island state of Tasmania? The wine regions of South Australia? The stunning west coast with its national parks, beaches, and indigenous experiences? We want you to see the kangaroos and cuddle a koala – all this is waiting for you in Australia!

Finally, we wish to emphasise that the future of the behavioural and cognitive therapies rests in the minds of the young. So we make a special call to postgraduate students and early career researchers and clinicians – come and show us where you will take the field in the decades ahead. Come to Melbourne and make this the greatest meeting in the history of our disciplines.

Ross Menzies PhD
President and Convenor,
8th WCBCT

For more information, visit www.wcbct2016.com.au
East Midlands Branch presents

CBT for Panic Disorder

Presented by Dr Nick Grey
Wednesday 24 June 2015
9.30am to 4.30pm
Institute of Mental Health, Triumph Road,
University of Nottingham NG7 2TU

This workshop will make use of role-plays and other experiential exercises, show video demonstrations of therapy, and allow the opportunity to address questions participants have from their own caseloads.

Registration Fees
BABCP Member: £60, Non-member: £70
Registration closes Friday 19 June

ACT Special Interest Group presents

Acceptance and Mindfulness Skills for CBT Therapists
Presented by Joe Oliver and John Boorman
Thursday 11 June 2015
9.30am to 4.30pm
The University of London, Nutford House,
Brown Street, London W1H 5UL

This workshop is designed for the therapists who have some familiarity with mindfulness and acceptance-based CBTs, and would like to further develop their skills in using these approaches. Participants will learn how to:
- Engage clients in exploring their personal values to drive behaviour change
- Decide when and how to use mindfulness in a flexible, formulation-informed manner
- Develop the therapeutic relationship
- Work with thoughts and other experiences using a flexibility model of CBT

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.

Registration fees
Early bird: registrations and payment received up to 22 May
BABCP Member: £70, Non-member: £100, Students: £45*
Full registration fee from 23 May
BABCP Member: £90, Non-member: £120, Students: £60*
*Evidence of student status to be supplied with application

Scotland Branch presents

A Brief Introduction to Compassion Focused Therapy

Presented by Dr Mary Welford

Friday 12 June 2015
9.30am to 4.00pm
Stirling Court Hotel,
University of Stirling FK9 4LA

Registration fees
BABCP Member: £85, Non-member: £105
Is Research Relevant to CBT Clinical Practice?
Hosted by Vicki Curry, Brenda Davies and David Trickey
Friday 9 October 2015
10.00am to 4.30pm
Anna Freud Centre, 4-8 Rodney Street, London N1 9JH
Registration fees
Early bird: registrations and payment received up to 31 May: £125
Full registration fee from 1 June: £150
To book your place, or for more information, please email v.curry@nhs.net

Acceptance & Commitment Therapy for Psychosis: A Mindful Approach to Recovery
Joe Oliver & Emma O’Donoghue
7th and 8th September, 2015
University of London, Nufford House, London, W5 5UL
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, Joe and Emma 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 behaviour approach that incorporates acceptance and mindfulness techniques to help people 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 presenters’ 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.
In this workshop you will:
• Understand how the problems of psychosis can be conceptualised using the ACT model
• Understand how ACTp can be a pragmatic treatment for people with early and established psychosis as well as carers of people with psychosis
• Learn how to use ACT metaphors and interventions for treatment of psychosis
• Learn key skills in facilitating ACTp in individual and group-based settings.
You will receive:
• The full manual used in the “ACT for Life” and “ACT for Recovery” group interventions for psychotic clients.
About the presenters
Joe and Emma are both clinical psychologists who are experienced ACT therapists, researchers and trainers. Their research group has recently completed two trials on ACT groups for service users and carers in psychosis settings. Joe is co-editor of this book, “Acceptance and Commitment Therapy and Mindfulness for Psychosis” and the new ACT self-help book, “ACTive Your Life”.
Registration fees
Super early bird - £49.99 (Registrations and payment received up to 1st June 2015)
Early bird - £54.99 (Up to 30th July 2015)
Standard rate - £59.99 (Up to 15th September 2015)
For more information or how to register, go to www.contextualconsulting.co.uk
Devon & Cornwall Branch presents

Working with Interpersonal Threat: From Social Anxiety to Paranoia
Presented by Dr Lusia Stopa and Dr Katherine Newman-Taylor

Friday 18 September 2015
9.30am to 4.30pm
Buckfast Abbey, Northwood Lane, Buckfast,
Devon TQ11 0EG

This workshop will be based on the current cognitive models of social anxiety and a new model of interpersonal threat in paranoia, developed by Newman-Taylor and Stopa (2013). The aim of the workshop is to equip you to address these fears in your clinical work.

By the end of the workshop, you will:
• Know how to examine the role of interpersonal threat in anxiety and paranoia
• Be able to assess and formulate these processes in your clinical work
• Start using interventions to address interpersonal threat in practice

Registration fees
Early bird: registrations received up to 31 July
BABCP Member: £60, Non-member: £70
Full registration fee from 1 August
BABCP Member: £80, Non-member: £90

West Branch presents

CBT for OCD
Presented by Joy McGuire

Tuesday 20 October 2015
9.30am to 4.30pm
The Clifton Pavilion, Bristol Zoo, College Road,
Bristol BS8 3HH

This workshop aims to help clinicians understand more about the nature of OCD, to feel more confident in developing a collaborative case formulation which promotes a solid therapeutic relationship where true guided discovery can happen in therapy. This workshop aims to be practical and highly experiential offering opportunities to explore methods of engaging and treating this client group using evidenced based interventions. The presenter, Joy McGuire, is an experienced CBT therapist who has a particular interest in working with OCD.

Registration fees
Early bird: registrations and payment received up to 31 July
BABCP Member: £65, Non-member: £70
Full registration fee from 1 August
BABCP Member: £70, Non-member: £75

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

Couples SIG presents

Couples-based Interventions for Treating Obsessive-Compulsive and Anxiety Disorders
28 and 29 September 2015
Presented by Donald H. Baucom

Registration fees: BABCP Members: £220, Non-members: £250, Students (Evidence required): £180

Comprehensive Clinical Case Conceptualisation and Treatment Planning for Couples Therapy
4 December 2015 9.30am - 5.00pm, Registration from 9.00am
Presented by Misa Yamanaka

Registration fees: BABCP Members: £90, Non-members: £110, Students (Evidence required): £75

Infertility: Psychological Aspects and Couple-Based Interventions
5 December 2015
Presented by Misa Yamanaka

Registration fees: BABCP Members: £90, Non-members: £110, Students (Evidence required): £75

All events will be held at The Royal Foundation of St. Katharine, 2 Butcher Row, London, E14 8DS
POSTGRADUATE TRAINING IN EVIDENCE-BASED PSYCHOLOGICAL TREATMENT
BABCP accredited at Level 1

Postgraduate Diploma
The Diploma is highly suited to independent counsellors as well as other mental health practitioners (clinical psychologist, counselling psychologist, mental health nurse, psychiatrist, social worker, psychiatric nurse, occupational therapists, GP, etc) who wish to develop their skills in CBT. The Diploma has been redesigned to meet the needs of the working professional and constructed to fulfil many of the criteria specified for personal accreditation with the BABCP. This one-year part-time programme, delivered one day a week during term time combines teaching from world experts in CBT with small group clinical supervision and clinical skills development. The course is ratified by the University of Reading and accredited by the BABCP at Level 1.

Cost: £7195
Application deadline: 12/6/15
Interview date: 30/6/15 and 1/7/15
Start date: September 2015

Postgraduate Certificate
The part-time Certificate is a non-clinical programme for those not yet in clinical practice. It contains much of the same teaching content as the Diploma but without the clinical skills components. The Certificate is ideal for those who want to gain theoretical knowledge in CBT interventions or need a refresher on up-to-date theories and models.

Cost: £2095
Application deadline: 3/8/2015
Start date: September 2015

Flexible professional development
An alternative route to achieving postgraduate qualifications is our flexible module approach. Students have the option of attending specific modules according to their individual professional needs and working environment. Each module holds a University credit evaluation and on successful completion these credits can be accumulated towards a University of Reading qualification in Professional Development in Evidence-Based Psychological Treatment. Students have up to four years to complete the training.

“A good balance of workshops, clinical skills and supervision. Really enjoyed the course and learned so much from it.”
Diploma student

Berkshire Healthcare NHS Foundation Trust
University of Reading

CWI@reading.ac.uk | 0118 378 5537 | www.reading.ac.uk/charliewaller
@CharlieWallerIn
NORWICH MEDICAL SCHOOL, FACULTY OF MEDICINE AND HEALTH SCIENCES, DEPARTMENT OF CLINICAL PSYCHOLOGY

SENIOR LECTURER OR CLINICAL SENIOR LECTURER IN COGNITIVE BEHAVIOUR THERAPY/EXECUTIVE DIRECTOR OF CBT PROGRAMMES • REF: ATS672

£47,328 to £54,841 per annum or £50,167 to £70,966 per annum for staff appointed to the Clinical Academic salary scale

The department of Clinical Psychology within the Norwich Medical School wish to appoint a Senior Lecturer/ Clinical Senior Lecturer to lead on a programme of development and increase in training to expand upon the current accredited programmes and provide a portfolio of training options for healthcare professionals. This new role requires active leadership in training, supervision and the development of curricula. A highly specialist knowledge of IAPT developments in both High and Low Intensity CBT is also required. The postholder would be expected to bring in substantial new funding streams for CBT IAPT and position UEA as one of the leading UK training providers in this domain.

The postholder will be expected to bid for funding in competition with other HEIs, and this expansion will require new models of delivery. The successful applicant will also contribute to the development of the teaching, assessment and supervision of research students to support their professional development in research competences. General tasks related to the Doctoral Programme can include teaching, supervision, providing support for trainees’ personal and professional development, and examining.

LECTURER IN COGNITIVE BEHAVIOUR THERAPY • REF: ATS676

£39,685 to £45,954 per annum pro rata

This is a two-year fixed-term, part-time post (0.4FTE), available immediately.

We are seeking to appoint a well-qualified professional with qualifications in Cognitive Behaviour Therapy (CBT) to this post. The specific role is to contribute to the Postgraduate Diploma in Cognitive Behaviour Therapy for Primary Care Mental Health that has been commissioned as part of the national initiative on Increasing Access to Psychological Therapies. Tasks related to the Postgraduate Diploma include teaching, providing support for students’ personal and professional development, support for supervisors and examining.

The postholder will hold a recognised qualification in CBT, a Masters degree and a relevant professional qualification, and will have knowledge of specific CBT models.

These posts will be subject to an enhanced Criminal Records Check from the Disclosure and Barring Service.

Closing date for both posts: 12 noon on 29 May 2015.

Further particulars and an application form are available on our website: www.uea.ac.uk/hr/vacancies/ or Tel. 01603 590493.

The University is a Bronze Athena Swan Award holder, currently working towards Silver.

Focused Acceptance and Commitment Therapy: Mastering the Basics

Presenters: Kirk Strosahl Ph.D & Patricia Robinson, PhD

Thursday 26th & Friday 27th November, 2015, 9.30am – 4.30pm
Cecil Sharp House, 2 Regents Park Road, London, NW1 7AY

Clinicians are being faced with the ever growing pressures of how to optimise client outcomes with as few treatment sessions as possible. This workshop will introduce participants to 'Focused Acceptance and Commitment Therapy' (FACT), a brief, powerful, contextual behavioral intervention approach rooted in the three principles of acceptance, mindfulness and values based change.

The workshop is super practical, demonstrating and practicing specific clinical techniques that make up the FACT approach. Focused conceptual interviewing skills, using the Four Square and Psychological Flexibility Profile to promote rapid case formulation and treatment targeting, and core interventions such as the Life Path and True North exercises. You will come away with a bundle of extra tools for your therapy toolkit!

Kirk and Patricia are dynamic and interesting speakers who, throughout the workshop will use a combination of lectures, experiential exercises, clinical role plays, guided practice and video demonstrations. Don't miss out on this rare opportunity to see two world experts in ACT present their powerful and innovative model.

Learning Objectives

Participants will be able to:

- Learn about the evidence for radical change in therapy
- Try out brief approaches to assessment
- Deliver brief acceptence case formulation strategies
- Plan powerful interventions to improve client openness, awareness and engagement
- Learn to use measurement tools that have tried and tested with a broad range of clients in a wide range of treatment settings

Rates:
- Early bird £99 (£450, 16th September)
- Standard rate £125 (£450, 16th November)

For more information on how to register, go to www.contextualconsulting.co.uk
OCTC guest events 2015

17 June, Debbie Brewin & Joanne Ryder
CBT Groups
This experiential, practical workshop equips participants with the skills to plan, design and carry out group CBT for anxiety disorders and depression in both Primary and Secondary care settings, whilst considering how CBT group therapy might be more widely applied across disorders.

24 June (& 5 Nov), Helen Mander & Katherine Pugh
CBT Treatment for Worry with Persecutory Delusions: An Evidence-based Low-intensity Behavioural Intervention for Psychosis
The six-session Worry Intervention helps people with persecutory delusions using cognitive-behavioural techniques. It also reduces distress associated with paranoia and improves levels of wellbeing. The workshop prepares participants to use the intervention with their own clients.

8 July, Melanie Fennell
MCBT—A New Approach to Recurrent Depression
This interactive and experiential workshop describes the cognitive elements of MBCT, encouraging discussion and debate and offering opportunities for participants to "taste" elements of MBCT for themselves. In particular, it addresses elements of the model in relation to recurrent depression.

9 July, Jonathan Wheatley
Imagery Rescripting in the Treatment of Major Depression
This workshop shows you how you can use imagery rescripting in the treatment of Major Depressive Disorder (MDD) and introduces a range of imagery techniques that can be applied to different client groups. Recent research evidence will be summarized and detailed case examples will be given.

11 September, OCTC annual one-day congress
Forging New Frontiers in CBT: An Audience with CBT Pioneers
OCTC celebrates its association with CBT pioneers in the beautiful setting of St Hilda's College, Oxford. Drs Gillian Butler and Melanie Fennell, along with Professors David Clark, Daniel Freeman, Emily Holmes, Willem Kuyken & Roz Shafran will contribute to a day that showcases their significant contributions to forging new frontiers in CBT. The 2015 Congress includes updates on theory, research and practice of diverse and exciting topics.

16-17 September, Nick Grey
Anxiety: Clinical Update & Masterclass
This two-day workshop demonstrates how to remain true to the core principles of CBT for anxiety disorders while adapting it to address the everyday challenges of real-world clinical work. The challenges of complexity, engagement, integration and co-morbidity are addressed and contemporary imagery work for anxiety disorders will be reviewed.

3 November, James Bennett-Levy
Creating New Ways of Being: A Self-Practice/Self-Reflection (SP/SR) workshop
Self-practice of CBT techniques and self-reflection has emerged as a valuable way for therapists to refine their therapy skills. Using the strengths-based Ways of Being model introduced in Experiencing CBT from the Inside Out (Bennett-Levy et al., 2015), this workshop provides the opportunity for participants to initiate New Ways of Being for themselves—and gain new insights for working with clients.

Online Training
Always available on the internet at a time that suits you! Visit our website and click on “Online Training” for full details of what we offer.
“I’ve had a number of inputs on CBT - this one clearly the best yet!!”

Written feedback from an APT course delegate

APT brings excellence in CBT training direct to your organisation for groups of up to 16 people at a time*. Over 100,000 people have attended APT courses.

Find out more at: www.apt.ac/cbt

*Also available online.