

Workshops in Cognitive Behavioural Therapy

International Institute for Cognitive Therapy

Belfast - Northern Ireland

Dear Colleague,

The International Institute for Cognitive Therapy is now offering a comprehensive training programme for those who wish to enhance their knowledge and skills in CBT. We have 8 great CBT workshops lined up and we are confident you will enjoy the experience while learning new CBT skills.

Each 2-day workshop is taught at weekends, once a month from September 2009 until April 2010.

It is important for CBT therapists to receive training on a regular basis. Many professional bodies such as the BABCP, BACP and IACP require that practising members spend a minimum of 30 hours per year in CPD activities. These are the topics you can now study:

- 1- CBT for Obsessive Compulsive Disorder*
- 2- CBT for Depression*
- 3- CBT for Guilt, Anger, and Jealousy*
- 4- CBT for Social Anxiety*
- 5- CBT for Panic Disorder and Agoraphobia*
- 6- CBT for PTSD: A new Heuristic PTSD Assessment model to maximise treatment Effectiveness*
- 7 - CBT for Health Anxiety*
- 8- CBT for Generalised Anxiety Disorder*

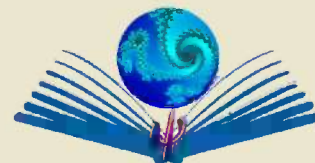
Workshops are eminently practical, aimed at professionals working in a broad range of health and social care settings.

Participants will learn through lectures, experiential exercises, small groups, video and audio demonstrations of real clients, role-play, and skills practice exercises.

Please read in the next pages of the flier everything you need to know about the Workshops in CBT that we are offering before enrolling in the training programme e.g. contents, objectives, fees, venue, entry requirements, dates, etc.

I look forward to meeting you in class

*Sylvia Buet
Director of International
Institute to Cognitive Therapy*



CBT FOR OBSESSIVE COMPULSIVE DISORDER

PRESENTED BY SYLVIA BUET, MSc, BABCP
Accredited Cognitive Behavioural Therapist and BABCP
accredited Trainer in CBT, Director of the International
Institute for Cognitive Therapy

DATES: 12/13 September 2009 (Saturday/Sunday)

This workshop will provide clinicians with the advanced therapeutic techniques to effectively make an accurate diagnosis, conceptualise and treat obsessive compulsive disorder using cognitive behavioural therapy. Particular focus will be placed on how clinicians can improve well-established exposure-based treatments which have been unsuccessful for certain types of OCD.

The course provides an overview of the nature of obsessive compulsive disorder, its clinical features, and how empirically-based interventions are applied in practise. Participants will also have the opportunity to learn about recent theoretical advances in the treatment of OCD to enable them to deal with more complex cases such as those with pure obsessions or mental rituals.

LEARNING OBJECTIVES

At the end of the workshop participants will learn how to:

- 1- Diagnose obsessive compulsive disorder
- 2- Make a differential diagnosis
- 3- Develop Case formulations for OCD
- 4- Engage and motivate clients to stay and engage in therapy
- 5- Manage comorbid disorders commonly associated with OCD
- 6- Use various psychometric tools for OCD
- 7- Correctly apply Exposure and Response Prevention for the different types of OCD
- 8- Devise effective behavioural experiments in combination with other CBT interventions
- 9- Develop advanced therapeutic skills to deal with pure obsessions
- 10- Apply different arguments to cognitive restructuring faulty appraisals for sexual and aggressive obsessions
- 11- How to deal with mental rituals and develop creative interventions to address them
- 12- Overcome roadblocks in using CBT treatments e.g. using exposure, when clients reach a plateau, when other comorbid disorders may interfere with the treatment of OCD, etc.

This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play, and group discussions. This training program is eminently practical in developing the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

CBT FOR DEPRESSION

PRESENTED BY PAUL QUINN, MSc, BABCP Accredited Cognitive Behavioural Therapist.

DATES: 10/11 October 2009 (Saturday/Sunday)

Since the early 1960's and early 70's most Psychological interventions focussed primarily on behavioural-based treatments for anxiety disorders. Somehow depression was not thought the appropriate target for such interventions as it was deemed a more biological state and thus less responsive to psychological treatment. The development of Psychotropic drugs had appeared to confirm this theory. However two authors Beck and Ellis released significant papers to begin challenging this theory. Beck 1963, 1964 (Archives of general Psychiatry) proposed new cognitive theories and therapy for depression. Again, in 1979 a publication by Beck et al (1979), Titled coping with depression proved ground breaking in providing a protocol for treating depression using a psychological model. Since this time numerous outcome trials (RCTs) have proven its clinical effectiveness in the treatment of mild, moderate and even severe episodes of depression.

With Depression affecting somewhere between 5-10% of the population with lifetime prevalence reported at some 25% with women twice as likely to experience it than men psychological therapies are proving an effective measure in managing this condition. This highly evidenced based and practical workshop will cover a range of CBT assessments and interventions for depression with active participation throughout.

LEARNING OBJECTIVES

This two-day workshop will cover:

- 1) Introduction to DSM- IV-TR (1994) criteria for depression including identifying mild, moderate and severe depression. We will examine Safran and Segals' (1990) suitability criteria for treatment as well as comorbidity, prevalence, risk factors and associated emotions to depression such as guilt anger and shame.
- 2) A detailed overview of Beck's (1967, 1976) cognitive model for the theory and treatment of depression will be illustrated.
- 3) Assessment including risk assessment will be demonstrated with routine Psychometrics to further aid our assessment.
- 4) A detailed case formulation of how to conceptualise a presentation of a major depressive disorder will follow including the consideration of roadblocks to effective treatment.
- 5) Current protocols for treatment using Beckian therapy will be considered alongside references made to other clinicians such as Padesky's (1995) and Leahy's (2000) treatment plans and interventions for depression. This will include how to do activity scheduling, tracking of negative automatic thoughts, setting up behavioural experiments and challenging core beliefs.
- 6) Relapse preventions and Blueprints for recovery schedules will be considered including behavioural activation models.
- 7) Current research including NICE guidelines for depression will be critically appraised.

This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play, and group discussions. This training program is eminently practical in developing the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

CBT FOR GUILT, ANGER AND JEALOUSY

PRESENTED BY SYLVIA BUET, MSc, BABCP Accredited Cognitive Behavioural Therapist and BABCP accredited Trainer in CBT, Director of the International Institute for Cognitive Therapy
DATES: 7/8 November 2009 (Sat/Sun) FEE: £220

This workshop will help participants to enhance their CBT skills to deal with guilt, anger and jealousy more effectively. These emotions are commonly associated with an array of psychiatric disorders. The main focus of this workshop is to present innovative ideas and arguments about how to use cognitive restructuring to challenge underlying beliefs leading to guilt, anger and jealousy.

Guilt problems will be addressed during the first day of training from a purely cognitive perspective. Excess of responsibility is a feature leading to guilt present in disorders such as generalised anxiety disorder, obsessive compulsive disorder and depression, among others. More than 40 compelling arguments and cognitive interventions will be proposed. Participants will be able to easily derive questions from those arguments to modify clients' dysfunctional underlying beliefs that make them experience guilt. The second day of the training will cover anger and jealousy combining both cognitive and behavioural interventions. A new integrative cognitive behavioural model of jealousy (Leahy, 2008) will be presented and practised. Leahy conceptualises jealousy as a form of agitated worry. Participants will be able to design CBT intervention plans derived from formulations to address jealousy following guidelines provided.

The emphasis of the second day of training will be placed on providing participants with enhanced skills to use Socratic questioning more effectively with these emotions. Many innovative arguments for challenging underlying beliefs leading to anger and jealousy will be explained and practised.

LEARNING OBJECTIVES

At the end of the workshop, participants will learn how to:

1. Make an assessment of anger, jealousy and guilt and define when these emotions are symptoms of psychiatric disorders
2. Identify themes and cognitive distortions associated to anger, guilt and jealousy
3. Develop case formulations for guilt, anger and jealousy problems
4. Become more creative in developing questions to challenge underlying assumptions and beliefs with the aid of more than 40 arguments and cognitive interventions
5. Become familiar with Leahy's model of Jealousy

This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play and group discussions. This training program is eminently practical in facilitating development of the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

CBT SOCIAL ANXIETY

PRESENTED BY PAUL QUINN, MSc, BABCP Accredited Cognitive Behavioural Therapist.
DATES: 5/6 December 2009 (Sat/Sun) FEE: £220

Social anxiety sometimes referred to as social anxiety is classified as the third most common Psychiatric disorder with only major depression and alcoholism having a higher lifetime prevalence. Clinically significant social anxiety prevalence rates are reported globally between 7-13%.

Social anxiety most commonly develops in early childhood and adolescence (Schneider et al 1992) and if left untreated follows a chronic and unremitting course. Comorbidity with other mental health disorders, particularly depression, is often reported with many misdiagnosed at first point of contact with mental health services. Recent psychological models have proved effective in the treatment of this common problem with early models by Hartman (1983, 1986) providing the platform for Wells and Clark (1995) more advanced cognitive model.

This workshop will be highly practical and evidence based providing participants with a wide range of CBT interventions for the assessment and treatment of Social anxiety.

LEARNING OBJECTIVES

This 2-day workshop will cover:

- 1) Introduction to DSM-IV-TR (1994) criteria for social anxiety differentiating between the generalised and specific types. In addition, the DSM-IV-TR (1994) diagnostic criteria of avoidant personality will be considered.
 - 2) Assessing for clinically significant social anxiety using Psychometric tools such as the Social phobia inventory (SPIN) (Connor et al., 2000) and the Fear of Negative Evaluation (FNE) (Leary, 1983) scales.
 - 3) A detailed cognitive behavioural assessment will be demonstrated to include the development of Social anxiety, genetic traits, family environment and life experiences.
 - 4) A detailed examination of Wells and Clarks (1995) model for social anxiety will be considered asserting that an individual's appraisals, attentional strategies and safety behaviours serve to maintain the condition. Furthermore, an individual case conceptualisation will be derived from a case study using the above model.
 - 5) Treatment plans and interventions using Wells and Clarks (1995) model will be applied as well as references to other specialist authors Hope et al (2006) treatment for managing social anxiety.
 - 6) We will consider current thinking in the field and examine individual versus Group treatment and how video feedback is an integral component of treatment.
 - 7) A blueprint for recovery will be developed to consider longer-term relapse prevention strategies.
- This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play and group discussions. This training program is eminently practical in facilitating development of the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

PRESENTED BY SYLVIA BUET, MSc, BABCP Accredited Cognitive Behavioural Therapist and BABCP accredited Trainer in CBT, Director of the IICT

DATES: 9/10 January 2010 (Saturday/Sunday)

Community surveys indicate about 7–28% of the normal population will experience an occasional unexpected panic attack (Brown and Cash, 1990; Wilson et al., 1991). However, not every person experiencing panic attacks, develops panic disorder. The UK prevalence is only around 2%. According to Clark's model, the main reason why the rate is lower than the number of people who experience panic attacks is because there is a relatively enduring tendency in those suffering from the disorder to misinterpret bodily sensations perceiving an imminent danger with catastrophic consequences at psychological, social, or physical levels.

Cognitive behavioural interventions have received the most empirical support for the treatment of PDA. However, clinicians still continue to struggle to deal with this type of disorder. Clinicians need to be adequately trained to become more skillful in applying more contemporary Cognitive models for the treatment of panic disorder and agoraphobia.

This workshop will provide a comprehensive overview of the assessment, conceptualisation and treatment of panic disorder and agoraphobia.

Different theoretical models of panic will be presented and contrasted, and their application to the assessment and treatment of panic considered. Particular attention will be paid to the design and implementation of behavioural experiments in the treatment of panic, which will include guidelines for effective symptom-induction techniques. Core elements of PD and agoraphobia, as catastrophic misinterpretation of bodily symptoms, safety behaviours and actual avoidance will be appropriately dealt with.

Participants will have the opportunity to watch videos or listen to audio recordings of real clients addressing different CBT interventions to deal with common panic sensations such as palpitations, dizziness and fear of fainting, lightheadedness, breathlessness, fear of choking, derealisation and depersonalisation, fear of losing control of bladder or bowels, ...

LEARNING OBJECTIVES

At the end of the 2-day workshop participants will learn:

- 1- To provide participants with the theoretical foundation to diagnose, conceptualise and treat PD/A including: Diagnosis of Panic disorder with/without Agoraphobia, psychometric tools and structured interviews to assess PD, maintaining factors, effectiveness of CBT for PD and agoraphobia, medication and CBT, nocturnal panic attacks, how to deal with comorbidity, how to minimise dropouts ...
- 2- Learn about the two main CBT models of Panic Disorder (Oxford protocol vs. Albany protocol), similarities and differences.
- 3- Be able to draw different cognitive behavioural case formulations of panic and agoraphobia depending based on case studies provided.
- 4- Correctly apply CBT interventions covered during the course for the treatment of Panic Disorder and Agoraphobia (discussion techniques, cognitive restructuring, and behavioural experiments).

This course uses a range of effective teaching methods with a mixture of formal presentations, video and audio demonstrations, case presentations, role-play, and group discussions. This training program is eminently practical in developing the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

PRESENTED BY SYLVIA BUET, MSc, BABCP Accredited Cognitive Behavioural Therapist and BABCP accredited Trainer in CBT, Director of the IICT

DATES: 7 February 2010 (Sunday) (1 DAY ONLY)

Many people are unduly worried about their health. Health anxiety is a broad term which refers to difficulties ranging from milder worries about somatic symptoms to full-blown hypochondriasis, which involves the fear of having a serious medical disease or the belief that one has such an illness which persists despite medical reassurance. Excessive health anxiety can be complex and difficult to treat. However, Cognitive Behavioural Therapy has now been shown to be an effective treatment for hypochondriasis in several randomised controlled trials.

The purpose of this workshop is to review the current state of knowledge about the aetiology, assessment, case formulation, and treatment of hypochondriasis. Many roadblocks and difficulties will be highlighted and discussed during the course of this training. Particular emphasis will be placed on showing participants how they can adapt common cognitive restructuring methods to this type of problem. It is a challenge to use CBT interventions with patients suffering from persistent health anxiety because reattribution techniques have the potential to provide reassurance to them and perpetuate their disorder. Four treatment components will be covered during the training: cognitive modification strategies, response prevention, exposure to feared health problems, and exposure to themes related to death.

LEARNING OBJECTIVES

At the end of the 1-day workshop, participants will learn how to:

- 1) Describe the important clinical features of excessive health anxiety, with an emphasis on hypochondriasis and its differential diagnoses
- 2) To complete an initial assessment
- 3) Develop a cognitive-behavioural case formulation and treatment plan for selected cases
- 4) Identify external stimuli and maintaining factors, including catastrophic bodily interpretations
- 5) Use psychometric tools to assess health anxiety and death fears
- 6) Identify and modify maladaptive health-related beliefs
- 7) Design behavioural experiments
- 8) Help the patient discontinue reassurance and safety-seeking behaviours including attending unnecessary medical investigations or avoidance of anxiety-provoking stimuli
- 9) Design an effective relapse prevention programme

This course uses a range of effective teaching methods with a mixture of formal presentations, video and audio demonstrations, case presentations, role-play, and group discussions. This training program is eminently practical in developing the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

**COGNITIVE BEHAVIOURAL THERAPY FOR PTSD:
A HEURISTIC PTSD ASSESSMENT MODEL TO
MAXIMISE TREATMENT EFFECTIVENESS**

PRESENTED BY SYLVIA BUET, MSc, BABCP Accredited Cognitive Behavioural Therapist and BABCP accredited Trainer in CBT, Director of the IICT
DATES: 6/3 March 2010 (Saturday/Sunday)

Trauma outcome studies have consistently found that the most effective treatments for Post-traumatic Stress Disorder are Cognitive Behavioural Therapies focusing on emotional processing of traumatic material. However, these empirically-supported treatments still fail for a high percentage of individuals. Recent estimates indicate that up to 58% of trauma patients who complete CBT are still diagnosed with PTSD at post-treatment (Resick, 2002; Tarrier, 1999), and that only 28% of patients in "real world" CBT clinical practises are successful completers of exposure therapy (Zayfert et. al., 2005).

In this workshop, participants will be offered a new heuristic model that aids the decision making process of clinicians when they need to match the best possible CBT intervention for the specific trauma characteristics of their patient. Buet's (2007) heuristic model is an expansion of Smucker et al's algorithmic model where a decision chart has been developed to help clinicians reduce failures in treatment. This new assessment heuristic model provides a guideline to match the specific trauma characteristics of the client with the best available CBT interventions.

A range of CBT approaches are extensively covered in this training program, in theory and practice, including Exposure Therapy and a new Cognitive Therapy model for PTSD (Ehlers' and Clark's, 2000).

LEARNING OBJECTIVES

This 2-day workshop will cover:

- 1) Introduction to trauma and PTSD: Diagnostic criteria for PTSD, limitations with the current definition of trauma, comorbidity, prevalence, types of trauma, PTSD risk factors, PTSD predominant emotions, current status of research on PTSD and effectiveness of CBT treatments.
- 2) Symptom management and stabilisation techniques when trauma processing work is not recommended.
- 3) An innovative heuristic PTSD assessment model to help clinicians in their decision making process about what interventions to use, for whom, when and in what order e.g. when to focus on stabilisation vs. trauma processing, assessment of predominant emotions, how to adapt CBT interventions depending on comorbidity.
- 4) How to maximise the effectiveness of Prolonged Exposure and how to overcome possible roadblocks in its application e.g. when client is dissociated
- 5) Ehlers and Clark's Cognitive model for PTSD (2000) – How to use reliving to uncover and reappraise trauma meanings.

This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play and group discussions. This training program is eminently practical in facilitating development of the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

CBT FOR GENERALISED ANXIETY DISORDER (GAD)

PRESENTED BY SYLVIA BUET, MSc, BABCP Accredited Cognitive Behavioural Therapist and BABCP accredited Trainer in CBT, Director of the IICT

DATES: 17/18 April 2010 (Saturday/Sunday)

CBT is now considered the only consistent and empirically supported form of psychotherapy for Generalised Anxiety Disorder (GAD). It has demonstrated the greatest overall improvement across studies, especially at 1-year follow up. However, failure rates can be as high as 60%. There are many difficulties that clinicians need to overcome to be able to help clients with this problem: One of them is the high rate of comorbid disorders associated with GAD. Studies of clinical samples have found that over 75% of patients with a current principle diagnosis of GAD have other co-occurring anxiety or mood disorders (Brawman-Mintzer et al., 1993; Brown & Barlow, 1992; Massion et al., 1993).

The emphasis of this workshop will be placed on identifying and preventing possible roadblocks which may hinder progress in therapy when dealing with this type of population.

LEARNING OBJECTIVES

At the end of this 2-day workshop, participants will have learned how to:

1. Describe the important clinical features of Generalised Anxiety Disorder and their differential diagnosis
2. Differentiate between normal and pathological worry
3. Different CBT approaches to treating GAD e.g. Metacognitive therapy vs. Standard Cognitive therapy
4. Complete an initial assessment
5. Develop a cognitive-behavioural case formulation and treatment plan for selected cases.
6. Use psychometric tools to assess Generalised Anxiety Disorder
7. Help patients discontinue the use of reassurance and safety-seeking behaviours and other maintaining factors
8. Apply cognitive therapy methods specifically for GAD and worry
9. How to make CBT treatments more effective and overcome possible roadblocks
10. Design an effective Relapse prevention programme

This course uses a range of effective teaching methods with a mixture of formal presentations, video demonstrations, case presentations, role-play and group discussions. This training program is eminently practical in facilitating development of the necessary therapeutic skills although all exercises will be carried out in a safe, non-threatening classroom environment.

APPLICATION FORM FOR COGNITIVE BEHAVIOURAL WORKSHOPS

Where did you hear about the Workshops?

Email Search engine Word of mouth
Printed Brochure

WORKSHOP YOU WISH TO ATTEND:

DATE OF THE WORKSHOP: _____

Name:

Address 1:

Address 2:

City:

Postcode:

Date of Birth:

Telephone n.

Mobile n.

Email address (in clear capital letters) essential to confirm place in the course. All communication is by email.

.....

Profession:

Organisation:

Training Fee enclosed: (It does include tea breaks but not lunch or accommodation)

.... £220 (2-DAY WORKSHOP FEE)

.... £110 (1-DAY WORKSHOP FEE -HEALTH ANXIETY)

Please make cheques payable to:

International Institute for Cognitive Therapy
118 Ardenlee Avenue, Belfast, BT6 0AD (UK)

If your employer is paying for the course. You need to enclose a letter from the person approving the funding with this application form confirming that they will be responsible for the payment.

Cancellation Policy

Cancellations can be made free of charge up to 30 days before the course date.

Cancellations made less than 30 days but at least 7 days before the course date will result in being charged 80% of the invoiced amount.

Cancellations made less than 7 days before the course date will result in being charged the full amount.

Contact the Institute

Contact the International Institute for Cognitive Therapy
If you require further information please contact Sylvia Buet by e-mail: sbuet@anapsys.co.uk or phone 028 90586361. You can also find all the details about the course, FAQs, at www.learncognitivetherapy.com

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