

**Issue 2  
June 2008**

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**E-mail contact:**

**alina@psy.uq.edu.au**

# FEEDBACK

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### ***President's Report***

Welcome to the second Feedback for 2008. It's hard to believe that we are already almost half way through the year. As I mentioned in the previous newsletter, there have been many changes on the AACBT Executive Committee and we have all settled in and are working hard to promote CBT events and deliver new workshops to members. One thing we have noted is that while our membership is strong in numbers, we don't always see many members at events conducted by the committee. In order to maximize the benefit from your membership, we will be asking you to complete a very brief survey about the kinds of services and workshops you would like to see over the coming year. This survey will be included as part of your membership renewal, and I do encourage you to complete this, and to let us know what events you would like to take part in.

Membership renewals will be starting in mid-June, and renewals can be completed on-line. You should receive an email about membership renewals shortly. I send a number of emails to members about professional development opportunities, and there are usually a few that bounce back. We try to follow up any emails that do bounce, so that we can make sure to pass on important information to you, but do let us know if your email address or any other contact details change.

The 31<sup>st</sup> National Conference is taking place in Adelaide this year, and there are quite a number of excellent workshop opportunities, as well as what's shaping up to be a great scientific program. The deadline for the call for papers is the 30<sup>th</sup> of June, and I would encourage you to submit. You can find more information about the program as well as the conference in general at [www.aacbtsa.asn.au](http://www.aacbtsa.asn.au). Professor William Yule will be conducting a workshop at the conference, and he will also present a workshop in Brisbane in early September. Keep an eye on the What's On section of the website for more details. We are also hoping that Professor Allison Harvey who is also a keynote at the conference will return to Brisbane in early December for a workshop.

*The opinions expressed and advertisements posted in this newsletter are those of the authors and do not necessarily represent the views of the AACBT as a whole.*

## What's on?



### CBT FOR ALL

*31<sup>st</sup> AACBT National Conference*

*Sebel Playford, Adelaide, South Australia 17-21 September 2008*

*Inquiries: Amanda Burlock [aburlock@senet.com.au](mailto:aburlock@senet.com.au)*



### AACBT QLD

*WILLIAM YULE Workshop*

*September 2008*

### CHILD PSYCHOLOGIST

**The Psych Professionals** is a clinical psychological private practice located in the Cornubia / Loganholme area south of Brisbane. The practice specialises in treating Depression, Anxiety and PTSD, although also accepting a variety of other referrals.

Currently the majority of clients seen are adolescents and adults. The practice is however keen to appoint a specialist **Child Psychologist** in order to better service the referral network.

#### *Essential Requirements:*

Post-graduate qualifications in Psychology.  
Registration with the QLD Board of Psychologists.  
Eligibility to obtain a Medicare Provider number.

Eager to engage in continuous professional development and clinical supervision.

Excellent written and communication skills.

High level of professional ethics.

#### *Desirable Requirements:*

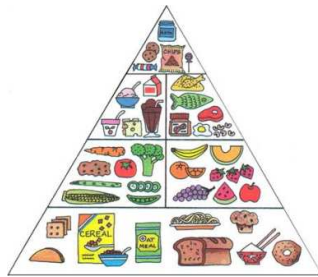
A Clinical Masters degree or  
a post-graduate qualification in Child / Educational / Developmental Psychology.

Expertise in both directive and non-directive play therapy.

Eligibility to provide specialist clinical services under Medicare.

The position can be part-time or full-time and will be negotiated with the successful candidate. You will be rewarded with a supportive and professional work environment, excellent remuneration, clinical supervision, and full administrative support.

Should you be interested in making a difference in the lives of children, please forward your CV to email: [psychprofessionals@bigpond.com](mailto:psychprofessionals@bigpond.com) or post to P O Box 7227, Loganholme QLD 4129. Should you need some more information, please contact Gerda Muller (Clinical Psychologist & Principal) at mobile 0411 554 932.



## Workshop Review



*Review of a one day workshop 'Facilitating healthy lifestyle change: Preventing or managing serious illness' presented by Dr. Bob Montgomery and Dr. Laurel Morris – Bardon Centre 29<sup>th</sup> March*

Dr. Bob Montgomery BA, PhD, FRAPS has been in private practice for thirty years and is currently the Adjunct Professor of Psychology at the University of the Sunshine Coast. He is at present Vice President of the APS and will commence his role as President in late 2008. He is married to Dr. Laurel Morris and together they have co-authored many self-help books. Dr. Morris has been in private practice for over 20 years and is an adjunct Associate Professor of Psychology at the University of the Sunshine Coast.

In addition to his impressive list of accomplishments, Dr. Bob Montgomery is also a diabetic. Through his personal experience, and that of his significant other, workshop participants were afforded a rich understanding of the challenges faced by clients with chronic illnesses. This workshop adopted a very practical approach to addressing the psychological obstacles faced by such clients and helping them to make healthy lifestyle choices. Participants were encouraged to consider:

- Given that 80 % of Australia's health budget is spent managing chronic illness, the challenge for health professionals is to make it appealing and enjoyable for clients to make healthy choices.
- Embedding motivational interviewing techniques within the therapy process.
- SMART goal setting and problem solving as essential skills for clients.
- A functional analysis of a client's behaviour to determine what purpose it's serving.
- Developing a client's self-efficacy as the key component of a successful intervention.
- Situation specific self-efficacy as the key to relapse prevention
- Developing distress tolerance by using a mindfulness approach
- The concept of the difference between lapse and relapse as a way of reframing a client's 'failure'.

This workshop was attended by a cross-section of health professionals including nurses, physiotherapists, clinical and health psychologists. In a 'green approach' all workshop participants were fortunate to receive a CD full of resources including relevant articles, assessment instruments and references that have direct application to practice.

### **Some useful reading:**

Sperry, L (2006) *Psychological treatment of chronic illness: A biopsychosocial therapy approach.* (APA)

Toumborou, J. (2006) *The effectiveness of health psychology interventions.*

[http://www.groups.psychology.org.au?Assets/Files?coh\\_Psych\\_Effectiveness\\_articles.pdf](http://www.groups.psychology.org.au?Assets/Files?coh_Psych_Effectiveness_articles.pdf)

## **Co-occurring substance abuse and mental disorders – some local research**

by Dr Genevieve Dingle (Postdoctoral Fellow, School of Psychology, University of Queensland)

If you've been reading the newspapers or watching current affairs lately you will have noticed a lot of stories about the prevalence of substance abuse problems, in particular binge drinking in young people. Government initiatives at Federal and State levels have acknowledged the links between substance abuse and other mental disorders, and specialist Dual Disorders jobs are starting to appear in Qld Health, which is a welcome sign. There is also significant research going on in Brisbane in the addiction field – including genetic research, brain imaging research at the Qld Brain Institute, and clinical research – some of which I'll describe in this article.

### ***Prevalence and impact of co-occurring mental disorders in clients of a private hospital alcohol and drug treatment service***

In a project recently completed by Pauline King and myself at the Rubicon alcohol and drug treatment program at Belmont Private Hospital, 104 patients admitted to the program between January 2006 and mid-2007 were recruited to the study and followed up after discharge (an average of 8.5 months later). Psychiatric diagnoses made by the patients' admitting psychiatrists indicated that an overwhelming majority of the sample (96%) had at least one other mental disorder, about a third of the sample had two comorbid mental disorders and a further third had three or more comorbid mental disorders. Most common mental disorders were major depressive disorder (57%), generalised anxiety disorder (20%) and borderline personality disorder (16%).

In contrast to much published research<sup>1</sup> that suggests significantly poorer outcomes for people attending substance abuse treatment who have co-occurring psychiatric disorders, our study showed that having a diagnosis of a mood disorder, an anxiety disorder or a personality disorder was not significantly related to patient attendance at the treatment program, or to any outcomes at the end of treatment or at follow-up<sup>1</sup>. Only depression symptoms (measured by the Depression Anxiety Stress scale) were related: higher depression symptoms at admission were related to longer program attendance, and higher depression symptoms at follow-up were related to fewer days abstinent in the past 30 days. These results suggest that co-occurring mental disorders are no impediment to adults seeking treatment for substance use disorders however depression symptoms need to be addressed after discharge to ensure positive outcomes in the longer term.

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<sup>1</sup> For example: Burns, L. & Teesson, M. (2002). Alcohol use disorders comorbid with anxiety, depression and drug use disorders Findings from the Australian National Survey of Mental Health and Well Being. *Drug and Alcohol Dependence*, 68: 299-307

<sup>1</sup> Dingle, G. & King, P. (2008) Co-occurring psychiatric disorders no detriment to adults attending substance abuse treatment at private hospital. Poster to be presented at the International Addiction Summit, Melbourne, July 2008.

### ***Clinical Indicators for alcohol detoxification and treatment***

In 2006, Dr Michael Bolton and Colleen Blums of Brisbane Private Hospital invited the Directors and senior clinicians from Brisbane Private Hospital, Belmont Private Hospital, Pine Rivers Private Hospital, Royal Brisbane Hospital, Biala (Prince Charles Hospital district), Currumbin Clinic and Logan House (Alcohol and Drug Foundation of QLD) to form the Alcohol and Drugs Clinical Indicators and Training (ADCIT) group. An initial aim of the group is to develop and trial a set of clinical indicators and outcomes for alcohol detoxification and treatment that could be used to evaluate the quality of the services and to benchmark with other services.

Clinical indicators are like process measures in health services<sup>1</sup> – they are usually simple Yes / No items completed for each patient upon discharge, which can then be aggregated to form a monthly % of all patients admitted to the service. For example, % of people who receive thiamine during admission, % of people who have a seizure during detox, etc. Benchmarks are then set for minimal standards for the service. Clinical indicators are used in many other areas of health including mental health however no specific indicators have been developed for alcohol and drug treatment.

The ADCIT group has now been meeting regularly for over 18 months. Because of differences in the nature and form of treatment (for example, the average stay at the Royal Brisbane Alcohol and Drug service is 4 days; while the average stay at most private hospital services is 2-3 weeks) and in the populations approaching the different services, it has been difficult to establish a set of common indicators that are relevant for all services. Nevertheless, the ADCIT group has arrived at a set of 7 clinical indicators, and is now gathering data to establish benchmarks<sup>1</sup>. There are already services in other states and in New Zealand interested in the results so they can implement the clinical indicators in their own alcohol treatment services.

### ***The roles of anxiety sensitivity and drinking expectancies in relapse following alcohol treatment***

Outcome measures are more familiar to psychologists: they are measures of symptoms, quantity and frequency of drinking, alcohol-related cognitions, etc that can be measured at admission, discharge and follow-up points to evaluate an individual's progress and also to evaluate a treatment program.

Michelle Engels and I are co-ordinating the outcomes part of the ADCIT project in which clinicians at the participating services are collecting information about the drinking behaviour, anxiety sensitivity and drinking expectancies in adults entering detoxification. We are testing a model of relapse (see Figure 1) that predicts that adults with high anxiety sensitivity (difficulty tolerating internal sensations of anxiety) and greater endorsement of expectancies such as tension reduction (eg: "drinking helps calm my nerves") will be at greater risk of relapse and will relapse earlier in the 12 months following discharge from treatment.

<sup>3</sup> Australian College of Healthcare Standards (2004) - Clinical Indicator Summary Guide - *Approaching to demonstrating the dimensions of quality* page 2

<sup>4</sup> Dingle, G., Bolton, M., Blums, C., Low, S., Brophy, J. et al. Development and trial of clinical indicators for alcohol treatment services. *Poster presented at the Australasian Professional Society for Alcohol and Drugs / Cutting Edge conference, Auckland NZ, November 2007.*

Anxiety sensitivity (AS) is a construct that has been extensively studied as a cognitive risk factor for panic disorder. Recent research from Canada and the United States shows that anxiety sensitivity may play an important role in substance misuse, for example high AS is predictive of later binge drinking in University students<sup>1</sup>; and high AS is associated with smoking and drug use to reduce negative affect<sup>1</sup>.

The results of this research will hopefully enable us to develop a more sophisticated model of links between co-occurring anxiety disorders and alcohol use disorders; which will allow for the development of better treatments targeting the underlying constructs such as anxiety sensitivity and overly positive drinking expectancies.

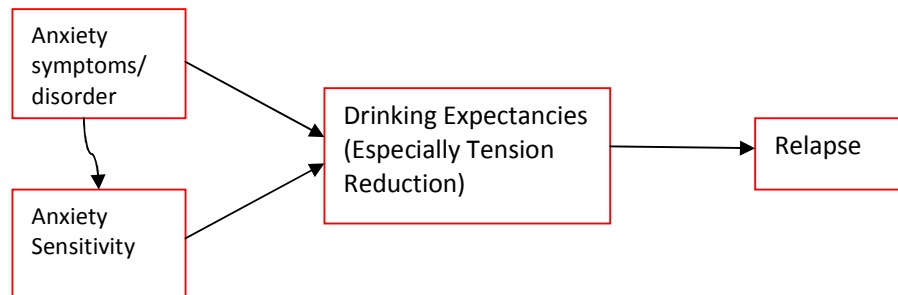


Figure 1. Model to explain the link between anxiety symptoms and relapse into disordered drinking, showing that anxiety sensitivity moderates the relationship between anxiety and relapse, and this link is mediated by positive drinking expectancies.

**NEW FROM AUSTRALIAN ACADEMIC PRESS**

**Danger Ideation Reduction Therapy (DIRT)**  
For Obsessive-Compulsive Washers.  
A Comprehensive Guide to Treatment  
Tamsen St Clare (SWAHS), Ross G. Menzies (USyd), Mairwen K. Jones (USyd)

**Complete Program includes:**

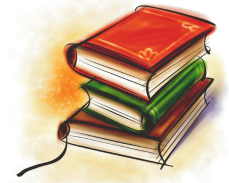
- Manual
- Resources CD and
- Occupational Interviews DVD

*DIRT* is a unique new evidence-based treatment program designed to specifically reduce expectancies of danger or threat in OCD washers. *DIRT* consists of six discrete treatment components aimed at reducing the number of intrusive thoughts experienced and concurrently allowing the client to successfully change the remaining thoughts and beliefs related to illness and contamination. The treatment includes attentional focussing, cognitive restructuring, corrective information, microbiological experiments, filmed interviews, and a probability of catastrophe task.

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## AACBT Qld Resources Library

**FREE BORROWING FOR ALL AACBT MEMBERS!!!** To redeem this offer all you need to do is be a member of the AACBT. It's that simple.

The AACBT has a wide range of resources including various texts and videos/DVDs plus accompanying resources available for any members of the AACBT to borrow. Topics covered within the AACBT library include not only CBT and various applications of CBT but also includes resources on Dialectical Behaviour Therapy (DBT), mindfulness, social skills training, and more. We are currently in the process of transferring all video resources to DVD to enable all those without a video player to access these fantastic resources.

For a complete list of these resources, and to access the library request form, check out the AACBT Qld website: [www.aacbtqld.org.au](http://www.aacbtqld.org.au)

### FORTHCOMING RELEASE FROM AUSTRALIAN ACADEMIC PRESS

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## AACBT MEMBERSHIP

Yes, it is that time of year again: Membership Renewal time! But don't worry. Unlike the interest rates, inflation, and the price of fuel, your AACBT membership fees are remaining stable. Yes, for only \$92 for Full Members and \$69 for Associate Members, you will be receiving another bumper year of:

- 😊 Your own membership card (currently being redesigned and updated).
- 😊 Discounts for our educational workshops and seminars.
- 😊 Concessional registration for the AACBT National Conference.
- 😊 Free subscription to AACBT's journal *Behaviour Change*.
- 😊 Quarterly editions of our newsletter *Feedback*.
- 😊 Subscription to our free AACBT On-Line email list.
- 😊 Optional inclusion of your name and preferred contact details on our Private Practitioner list.
- 😊 Free use of the AACBT resource library (via post) – including access to videos of selected previous conferences and workshops.
- 😊 Eligibility for nomination in the National and State Annual Awards.
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So in order not to miss out on any of these benefits be sure to renew your annual membership, which will be expiring on 30 June 2008. **Quick, easy, secure, and environmentally friendly Membership Renewal** will be available on-line as from June 2008. So diarise this important action now! No, not later – now!!

We will be sending out email reminders with some more information on the Membership Renewal process within the next few weeks, so please be sure to let us know if your email address will be changing in order not to miss out on these and other important information.

Gerda Muller  
Memberships Officer