

AACBT Qld Executive

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We're on the Web!

See us at:

www.aacbtqld.org.au

National site

www.aacbt.org

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.

President's Report

A lot has happened since the previous newsletter. A very successful **29th Annual National AACBT Conference** was held in Sydney from 18-23 October. There were over **600 registrations** for the conference. Next year it's Queensland's turn, from **6-10 October 2007 on the Gold Coast**, so make sure you block out those dates now for fantastic workshops and a scientific program to continue the high standards from Sydney. Keynote speaker **Jeffrey Young** also came to Brisbane for a very popular workshop on 25 October.

We would love to see as many of you as possible at our **Annual General Meeting** to be held on **Tuesday 12 December** in the upstairs conference room, New Farm Clinic, Brisbane. This is a free opportunity to participate in your Association, have some end of year refreshments, and build on the enthusiasm generated by Jeffrey Young's workshop to discuss local applications of schema focused therapy and possibilities for forming an interest group on schema focused therapy. Non members are also welcome to attend, at a nominal cost for refreshments. See the website for additional copies of the AGM flyer, www.aacbtqld.org.au

Remember that all positions are open for election at the Annual General Meeting. Written nominations are required one week in advance of the meeting, to be signed by the nominee and two members of the AACBT. Available roles are President, Vice President, Secretary, Memberships Officer, Treasurer, Assistant Treasurer, Promotions Officer, Workshops Coordinator, Resource Officer/Library, Website Coordinator, and General Executive.

Heather



UPGRADE YOUR CAREER!!

AACBT is not only a provider of high-quality professional development; it is also a great way to build professional networks and skills. New in town? Just starting out in CBT? An experienced practitioner looking to share your experience and skills with others? There are many ways to participate more actively in AACBT. Join the executive committee to receive **free** membership and **free** professional development. Help out at a workshop. Write a workshop review or article for the newsletter. Share your ideas for workshops we could run or things we could do better. Help organise and run conferences. It's Your AACBT – get the full experience!

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Executive/Newsletter contributions: Heather Green h.green@griffith.edu.au

Workshops report

What a year for workshops! **Jeffrey Young's** workshop proved very popular, with approximately 90 people attending. See below for reviews. Two more workshops are yet to come, with **James Bennett-Levy** presenting a one day workshop on "Behavioural Experiments" in **Townsville** on **17 November 2006** and **Gold Coast** on **22 November 2006**.

The final event for the year will be a discussion on **Schema Focused Therapy: Local Perspectives**. This will be held in conjunction with our Annual General Meeting on **Tuesday 12 December, New Farm Clinic, Sargent Street Brisbane**. The evening is due to start at 6 pm with refreshments, AGM 6.30-7, and discussion 7-8 pm (including discussion of the possibility of starting a local interest group on schema focused therapy).

We are pleased to welcome **Cheryl Cornelius** to the executive committee as the new **North Queensland Liaison person**. Many thanks Cheryl for stepping into this role once Tania finishes up.

Don't forget the upcoming visit of **Arthur and Christine Nezu** who will be presenting in Brisbane and North Queensland in **May 2007** in conjunction with presentations for Queensland Cancer Fund.

Heather Green

Schema Therapy for Personality Disorders

Review of Two Day Workshop presented by Dr Jeffrey Young, Brisbane, 25-26 October 2006

AACBT was delighted to host a two day workshop on Schema Therapy for Personality Disorders by acclaimed cognitive therapist and author Dr Jeffrey Young, visiting Australia from the United States. Dr Young is the founder and director of the Cognitive Therapy Center of New York, and the Schema Therapy Institute. Dr Young's Schema Therapy expands on traditional cognitive theory and practice to treat a variety of long term emotional problems in both individuals and couples. Schema therapy provides an integrated approach to treatment, combining cognitive-behavioural, attachment, psychodynamic and emotion-focused therapeutic models.

The two day workshop proved very popular with approximately 90 people in attendance, some travelling from as far away as Western Australia and far north Queensland. Dr Young introduced participants to schema theory and techniques for treating treatment-resistant patients and those with personality disorders, for whom traditional cognitive therapy shows limited benefit. Compared to traditional cognitive therapy, schema therapy places greater emphasis on exploration of unmet childhood needs and resultant maladaptive long-term coping styles and entrenched cognitive styles (schemas).

Dr Young stressed the importance of the therapeutic relationship and long-term therapy with challenging patients, and talked participants through concepts such as limited reparenting and the use of emotion-focused therapy techniques. Strategies such as role-play and imagery play pivotal roles in Young's schema therapy, and were demonstrated during the workshop via segments of videotaped sessions and also a group imagery exercise. Dr Young discussed the need for empathic confrontation of patients – in other words, balancing empathy and understanding with a push for change. This is similar to Linehan's balance of acceptance and change in Dialectical Behaviour Therapy.

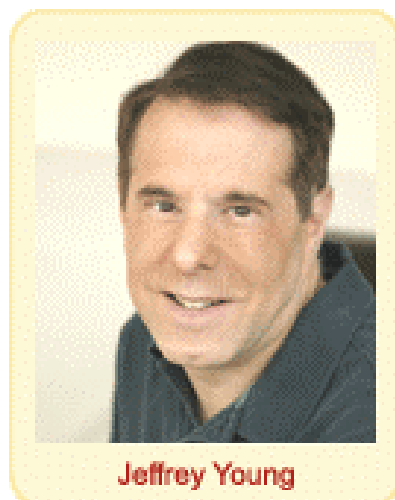
Schema Mode Therapy, introduced on Day Two of the workshop, is being developed to treat the most challenging patients such as those with Borderline, Narcissistic and Avoidant Personality Disorders. Mode Therapy condenses Young's 18 schemas into groups of "modes". Mode Therapy places emphasis on addressing "here and now" mood states in session, and provides mechanisms for overcoming patients' avoidance and overcompensating coping strategies. Videotaped segments were again used to good effect to demonstrate the use of mode therapy with a patient who had made limited progress with Young's schema therapy.

In addition, Dr Young discussed preliminary results of a three-year trial of Schema Therapy vs Transference-Focused Psychotherapy for Borderline Personality Disorder conducted in the Netherlands. Patients receiving Schema Therapy showed both a lower drop-out rate and a higher degree of symptom improvement than those receiving Transference-Focused Psychotherapy.

Overall, participants rated the workshop very highly. Open Leaves Bookshop were present at the workshop with a range of relevant publications including Dr Young's popular books. Dr Young proved to be an engaging and informative teacher, and there was a great deal of interest from participants in inviting Dr Young back to Australia to run a workshop teaching advanced Schema Therapy concepts and techniques.

Well, no workshop runs without a few hiccups! We certainly experienced some small difficulties with the set-up this time around, however our participants were very understanding, and we hope to iron out any such problems in future workshops. Overall it was an excellent two days, ending with participants looking forward to implementing schema therapy techniques in their own practice.

Ailie Perich



Jeffrey Young

Schema Therapy for Personality Disorders

Feedback on Two Day Workshop presented by Dr Jeffrey Young, Brisbane, 25-26 October 2006

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
• The publicised description of the event was accurate	44	27			
• The venue was appropriate	31	25	7	7	1
• I acquired new knowledge or skills through this activity	55	14			
• The material was relevant to my professional development needs	55	13			
• The presentation format was suitable for the content	52	14	1	2	
• The teaching level was appropriate	43	16	6	3	
• Sufficient opportunity was provided for active participation	34	23	9	3	
• Audiovisual aids and handouts were legible, relevant and helpful	52	15	2		
• The learning objectives were met as stated	49	17			
• The presenter was well prepared	56	13			
• Concepts were clearly explained	55	13	1		
• The material was of sufficient complexity and scope for me to learn	51	15	1	1	
• I would recommend this activity to colleagues and peers	56	10	1		
• The registration process was smooth and efficient	45	17	3	3	

Detailed individual comments were also received regarding the venue, catering, presentation style and content, registration process and general comments about the workshop. Many thanks to those who provided feedback.

Lauretta Lewis

2007 Queensland Conference

The conference has now been booked for **6-10 October 2007** at **Holiday Inn, Surfers Paradise, Gold Coast**. View the Call for Papers and start working on your abstract!

Interested parties can contact Alina or me: alina@psy.uq.edu.au, h.green@griffith.edu.au

Heather Green

8th World Congress of Psycho-Oncology

Review of Conference, Venice, Italy, 18-21 October 2006

The International Psycho-Oncology Society (IPOS) held its 8th World Congress of Psycho-Oncology in Venice recently. I was fortunate to be able to attend in conjunction with an invitation to attend a pre-conference “workshop” on cognitive impairment associated with cancer and its treatment. The conference proper had an official program of pre-conference workshops in the nearby town of Ferrara, such as “Treating Traumatic Stress in Cancer Patients”, “Family focused Grief Therapy during Palliative Care and Bereavement”, and “Organising and Growing a Psychosocial Oncology Service” as just a few examples. Other workshops addressed research, sexuality, spirituality, cultural issues, burnout prevention and CBT, among other issues.

The workshop that I attended was an opportunity for about 50 researchers, clinicians and survivors involved with neurocognitive issues in cancer to meet together, exchange ideas and help develop the field. About half the participants had attended a previous workshop of the group in 2003 in Banff, Canada. It was a very stimulating two days. One theme that impressed me throughout the workshop and following congress was participation of cancer survivors in driving research, treatment and funding agendas. The meeting was made possible because cancer advocacy organisations have prioritised funding for bringing people together (such as different research groups) as they have found this to be an effective way of advancing research. Introductory and closing remarks for the workshop were given by both a researcher and a survivor. Extended sessions looked at concepts such as specific methodological issues, while research reports gave us the challenge of presenting our work in a very abbreviated way. Each speaker was allocated 8 minutes and a maximum of 12 slides for presenting work, followed by 5 minutes of questions. The idea was to focus on unpublished studies and research in progress, with emphasis on challenges or problems encountered. As this was a specialist group, no introductory background was needed. The organisers also suggested we bring written handouts for everyone as the presentations would be so short.

I found the workshop very worthwhile and certainly that was the feedback I heard from others as well. It was very helpful to get a sense of common issues encountered in this type of research and also to compare it with domains such as HIV and multiple sclerosis which have encountered some similar issues. For those who are unfamiliar with this area, here is my quick summary of the current consensus in this field. There are multiple mechanisms by which cognitive function can be impaired in people with cancer, including direct and indirect effects of cancer, effects from some treatments (e.g. specific chemotherapy agents or regimes), and possibly also dysfunction (or perceived dysfunction) secondary to psychological disorders such as mood and anxiety disorders. Cognitive impairments do not affect all individuals with cancer, can be quite subtle from the perspective of a neuropsychologist or neurologist whose practice includes patients with more severe neurological impairments, and can be manifested in a variety of cognitive domains making it difficult sometimes to show effects on group comparisons. Most researchers have not found a relationship between objective and subjective measures of cognition in people with cancer, yet there is evidence for increased rates of objective impairment in this patient group, making it a difficult issue to treat clinically. There is certainly a lot of scope for future research in this area and hopefully meetings like this will help to create higher quality research and more collaborations.

Going from intimate, dialogue based work to a congress of 1400 people provided quite a contrast. Fortunately, I was fuelled by the excellent food available in Venice since the congress could feel quite overwhelming at times. One day went from 8 am to 7.30 pm and, with no afternoon tea breaks, even the shorter days were pretty energy demanding. Sleeping in was not an option since the sneaky organisers put really good sessions on first up! Psychologists seemed to be the largest group represented, but there were also psychiatrists, medical oncologists, nurses, social workers and occupational therapists so I think almost any AACBT member would enjoy this type of congress if interested in the specific area.

Interesting sessions including updates on assessing and treating depression associated with cancer, lessons learned in running a private practice in psychosocial oncology, cognitive-behavioural treatments, and portrayals of cancer in movies (including a presentation and discussion from an anthropologist who works in this research area). The latter session provided a useful counterpoint to patient/survivor advocacy work in pointing out that it is perfectly OK for someone who has had cancer not to want to be a “Lance Armstrong” figure, identify with the “cancer survivor” label, or to fit into any stereotype.

Another session I enjoyed focused on how to publish in psycho-oncology journals. Multiple editors presented and, while some of the advice was specific for psycho-oncology, much of it was valuable for publishing in any area. Editors’ top recommendation? Make sure you read one or more issues of the journal before submitting your article as it wastes everyone’s time if you submit a manuscript that is unsuitable for the type of work that journal publishes (for example, submitting research very specific to a particular country to a journal that only publishes international comparison studies).

One drawback with the conference was the downplaying of poster presentations. It was very difficult for anyone to have an oral paper accepted unless it was part of a symposium, so I would recommend that anyone interested in presenting at this Congress consider submitting a symposium rather an individual paper. Also, there was no specific time for viewing posters. Registrants were expected to view posters during morning tea and lunch breaks which were not in the same areas as the posters.

Nurses will be pleased to note that they receive discounted registration for the Congress, with discounts also available for students and participants from specified economically disadvantaged countries. The inclusion of participants from 58 countries at the Venice Congress certainly made for a rich variety of experience and viewpoints. This Congress has been held every two years but is now becoming an annual event, with the next Congresses scheduled for London (16-20 September 2007) and Madrid (9-13 June 2008).

The IPOS website has further information about forthcoming conferences and meetings as well as other psycho-oncology resources at www.ipos-society.org

Heather Green

Hot Tip - Psycho-Oncology Resources

The International Psycho-Oncology Society has an online lecture series, the “Core Curriculum” in psycho-oncology, available through at www.ipos-society.org. High quality translations into multiple languages are also available at the site. The lectures currently available are:

- Communication and Interpersonal Skills in Cancer Care by Walter F. Baile, M.D.
- Anxiety and Adjustment Disorders in Cancer Patients by Katalin Muszbek, M.D.
- Distress Management in Cancer by Jimmie C. Holland, M.D.
- Depression and Depressive Disorders in Cancer Patients by Luigi Grassi, M.D. and Yosuke Uchitomi, M.D., Ph.D.
- Psychosocial Assessment in Cancer Patients by Uwe Koch, M.D., Ph.D. and Anja Mehnert, Ph.D.

Heather Green

We are not alone....

AACBT is only one of a number of non-profit organisations of interest to cognitive behavioural therapists. This quarter we profile one of the other groups with whom we share some overlapping interests: The Association for Private Practising Psychologists (Queensland; APPPQ). Thanks to President Steve Duncan for making this information available. We hope to profile more non-profit groups in future so if you know of one you would like to include, please let me know at h.green@griffith.edu.au

Heather Green

Profile: Association of Private Practising Psychologists (Qld; APPPQ)

AIMS AND OBJECTIVES OF THE APPP(Q)

- (a) Advance private practice.
- (b) Promote training, skills and knowledge of practitioners.
- (c) Promote and maintain high standards of professional ethics.
- (d) Inform members of other professions about services available and standards of service.
- (e) Negotiate with appropriate authorities on psychologists' fees.
- (f) Negotiate with government, public services, academic institutions, and other professional groups on enhancing the private practice.
- (g) Affiliate with associations or groups.
- (h) Liaise with and advise the Queensland Psychologists Board.
- (i) Encourage harmonious relationships between psychologists and members of related professions.
- (j) Prepare information about the management and fee structure of a practice.
- (k) Within the limits of legality, raise and manage money.

BENEFITS AND ADVANTAGES OF APPP(Q) MEMBERSHIP

- Assistance with negotiating fees and charges for psychological services, negotiating rebates, improving and maintaining working conditions.
- Ability to access APPP(Q) data base and test library.
- Provides and promotes ethical guidelines.
- Part of Psychology Private Australia Inc.
- Collective representing and promoting private practicing psychologists (e.g. Yellow Pages ad).
- Networking and support.
- Collegiate support.
- Promotion and securing of adequate legal insurance cover.
- Effective, targeted, value for money conferences, workshops and seminars.
- Excellent handbook on running and maintaining a practice.

WHY SHOULD YOU JOIN THE APPP(Q)

- Assistance for your private psychology practice.
- Ideal forum to gain support from other private practicing psychologists.
- Promotion of your practice.
- Opportunity to advertise in the Yellow Pages under the APPP(Q) logo.
- Competitive indemnity insurance rates.
- Total and complete openness about how membership fees are accounted for.
- Opportunity to attend CPD seminars specifically designed to assist the private practicing psychologist at member's price.
- Up to date information on issues affecting psychological practice (e.g. changes to the law).
- Reasonable, competitive membership fees.

Note: There is an APPP(Q) Private Practising Psychologists' Handbook, covering all aspects of private practice, available to their members as a CD-ROM for a cost of \$8.00 incl postage.

APPP(Q) operates in conjunction with a national body, Psychology Private Australia. Their website states that "Psychology Private Australia is the umbrella federation of all the state private practising psychology groups in Australia". Their next major event is the 7th National Conference of Psychology Private Australia, to be held in **Hobart** from **3-6 May 2007**. Further information about the organisation and the conference is available at <http://www.psychologyprivate.org/>

APPP(Q) Past	APPP(Q) Present
<ul style="list-style-type: none"> ❖ Negotiated rebates with private health funds and continues to negotiate for increased rebates. ❖ Negotiated for private psychologists to do work for the then Workers Compensation Board now WorkCover. ❖ Negotiated a fee structure for psychologists reports for Legal Aid. ❖ Negotiated with Queensland Law Society for a fee structure for psychologists doing legal work. ❖ Negotiated with Veterans' Affairs. ❖ Prepared submissions to governments on issues relevant to psychologists. ❖ Prepared submissions for Psychologists Acts. ❖ Wrote and published a Manual for setting up in private practice. ❖ Seminars. ❖ Developed a fee structure. 	<ul style="list-style-type: none"> ❖ Yellow Pages entry for members. ❖ Referral service for members. ❖ Seminars/professional development. ❖ Professional Indemnity Insurance for Full, Associate and Student members. ❖ Networking. ❖ Support of peers. ❖ Case discussion. ❖ Advice on setting up a practice and issues relating to day to day practice. ❖ Legal issues (updates). ❖ Automatic membership of national body of private practicing psychologists (Psychology Private) ❖ Advocacy for members.

For further information, contact the APPP(Q) Secretary, Vera Budd

- phone 07 3869 2524
- email verab@powerup.com.au)

*Steve Duncan
APPP(Q) President*



Australian Association for Cognitive & Behaviour Therapy
Queensland Branch



FIRST NOTICE & CALL FOR PAPERS – GOLD COAST – 2007

6TH – 10TH OCTOBER, HOLIDAY INN, SURFERS PARADISE
AUSTRALIAN ASSOCIATION FOR COGNITIVE & BEHAVIOUR THERAPY

30TH NATIONAL CONFERENCE *30 Years of Science and Practice*

Call for Papers

The AACBT National Conference Organising Committee invites submissions of abstracts for papers, posters, symposia, and workshops.

Abstracts should not exceed 250 words and are required by the 30th of April, 2007. Each submitted abstract should include:

- the presentation title
- authors (presenter underlined)
- type of submission (paper, poster, etc.)
- contact details, including title, full name, affiliation, postal address, telephone, fax, and email

Abstracts should be submitted as an email attachment in MS Word to Professor Murray Dyck, Scientific Convenor: m.dyck@griffith.edu.au

Registrations of Interest

Non-members of the AACBT can register their interest in receiving registration information by emailing your name and preferred email address to Allison Waters (a.waters@griffith.edu.au)

AACBT Resource Library List

The AACBT Resource Library was established for the benefit of members. Available is a range of key publications in CBT across a range of areas, as well as videos/DVDs of major workshops hosted by the AACBT. The library is currently a mail only service. Members can borrow books for up to 4 weeks.

Books

Andrews, Crino, Hunt, Lampe & Page. (1994). *The Treatment of Anxiety Disorders*. Cambridge, University Press.

Barlow & Rapee (1996). *Mastering Stress: A Lifestyle Approach*. Lifestyle Press.

Barlow, D.H. & Craske, M. (1994). *Master your Anxiety and Panic II*. Graywind Publications (only photocopy of handouts will be sent)

Beck, J.B. (1995). *Cognitive Therapy: Basics and Beyond*. Guilford.

Birchwood & Tarrrier (1994). *Psychological Management of Schizophrenia*. Wiley.

Clark, D. (2004). *Cognitive-Behavioral Therapy for OCD*.

Dattilio, F.M. & Freeman, A. (1994). *Cognitive-Behavioural Strategies in Crisis Intervention*. Guilford.

Fairburn, C. G. & Wilson, G.T. (1993). *CBT for binge eating: Nature, Assessment & Treatment*. Guilford.

Free, M. (2000). *Cognitive Therapy in groups*.

Halford & Markham (1997). *Clinical Handbook of Marriage and Couples Intervention*. Wiley.

Kroese, Dagnar & Lormidis (1997). *Cognitive-Behavioural Therapy for people with Learning Disabilities*. Wiley.

Morin (1996). *Insomnia: Psychological Treatment and Management*. Guilford.

Petersen & Gannoni (1992). *Stop, Think, Do*. ACER.

Sobell, M. & Sobell, L. (1996). *Problem Drinkers: Guided Self-change Treatment*.

Steketee, G. (1993). *Treatment of Obsessive Compulsive Disorder*. Guilford.

Wright, J.H., Thase, M.E., Beck, A.T. & Ludgate, J.W. (1993). *Cognitive therapy with Inpatients: Developing a Cognitive Milieu*. Guilford.

Young, J.E. (1994). *Cognitive Therapy for Personality Disorders: A Schema-focused approach*. Sarasota, FL: Professional Resource Press.

Young & Klosko (1994). *Reinventing Your Life*. Dutton.

Videos

AACBT Two Day Schema Focused Workshop presented by Dr Jeffrey Young, in Cairns (November 1998).

AACBT One Day Workshop on Dual Diagnosis (Substance Abuse and Schizophrenia) presented by Dr Kim Mueser (February 1999)

AACBT Two Day Workshop on Working with Images in CBT presented by Anne Hackmann (October 1999)

AACBT Two Day Workshop on Working with Self Esteem presented by Melanie Fennell (July 2000).

DVDs

AACBT 4 x 2 Hour Workshops on Teaching Clients the Core Skills of DBT presented by Nicole Prendergast
Separate DVD for each of Mindfulness, Distress Tolerance, Emotion Regulation & Interpersonal Effectiveness (September-December 2005).

AACBT Library Request Form*Conditions of Borrowing:*

Books must be returned within four weeks of delivery.

Videos/DVDs must be returned within two weeks of delivery.

In the event that an item is not returned within eight weeks of delivery the book or video will be considered lost, the borrower will be contacted and the cost of the book or video will be deducted from his/her credit card.

PERSONAL DETAILS

Name: _____

Address: _____

Contact Details Home: _____

Contact Details Work: _____

Email: : _____

Requested Book/Video

Title: _____

Author: _____

Date of Publication (if known): _____

Credit Card Details

Mastercard

Visa

Bankcard

Card Number: _____

Cardholder's Name: _____

Cardholders Signature: _____

Expiry Date of Card: _____

I hereby authorise the AACBT to deduct the cost of the borrowed item from my credit card in the event that the item is not returned within eight weeks of the delivery date.

Signature: _____ Date: _____

Library Address
Post Office Box 148
Herston QLD 4029

Ailie_Perich@health.qld.gov.au