

PRE-CONFERENCE PARALLEL ONE-DAY WORKSHOPS

INSTRUCTIONS TO REGISTRANTS:

Pre-Conference Workshops: All full-day workshops run concurrently and delegates are therefore requested to select one workshop from the five being offered. Kindly be advised that whilst the conference organisers will always try to give registrants their preferred workshop, due to the high number of applications anticipated and the need to restrict places on all workshops to a maximum of 50 to preserve their interactive element, first preferences may not always be possible. Registrants are therefore encouraged to indicate a second choice workshop at the time of booking.

In-Conference Sessions: The five different sessions offered each morning and afternoon run concurrently. Delegates are therefore requested to select one session from each list on each day. Kindly be advised that whilst the conference organisers will always try to give registrants their preferred option, due to the high number of applications anticipated and the need to restrict places on some of the sessions to preserve their interactive element, first preferences may not always be possible. Registrants are therefore encouraged to indicate a second choice at the time of booking.

PRE-CONFERENCE WORKSHOP ONE:

Trauma-focused Cognitive Behavioural Therapy (TF-CBT) for Traumatized Children and Young People

Overview: The cognitive model of PTSD in children and young people (Meiser-Stedman 2002) will be presented and explained. This model will be used to consider: how children and families react to traumatic events, risk factors for suffering PTSD, and how TF-CBT and related interventions decrease distress and increase functioning. Based on the notion of "processing", ways in which a healing environment can be created around the child will be discussed, so that processing of the event is more likely to occur spontaneously. Direct intervention with the young person, with the family and with the school will be discussed. The evidence for TF-CBT will be considered critically, but not discarded. Narrative exposure of some description is a crucial component of intervention, which means that clients generally need to 'remember', before they can 'forget'. The ethical and clinical dilemma of encouraging young people to do the very thing that they are trying to avoid will be considered. Persuasion rather than coercion is necessary to ensure that they effectively process the memory, which has important implications for how the rationale for treatment is explained to clients, and their fully informed consent is subsequently gained.

Key Learning Objectives: By the end of this workshop, the participants should have a good knowledge of:

- how children and families react to trauma
- how a cognitive model can explain these reactions
- how developmental and systemic factors impact on such a model
- how to intervene effectively using TF-CBT taking into account developmental and systemic issues
- how to deal with ethical dilemmas of exposure-based treatments

Training Modalities: The workshop will use a variety of training methods including:

- interactive presentation of theory with case illustrations (with clients' consent)
- small group discussion

Workshop Leader: David Trickey is a Consultant Clinical Psychologist, currently working as Lead Consultant Paediatric Psychologist at Leicester Royal Infirmary; he will start a new appointment in November 2009 as Lead Consultant Clinical Psychologist for a new trauma service in Luton. He has extensive clinical experience working with children and families and specialises in working with complex trauma and traumatic bereavement. In addition to direct work with children and families, he offers consultation and supervision to other professionals, provides teaching and training for various professional groups, has presented at national and international conferences including a number of keynote addresses, and supervises doctoral research. He acts as an expert advisor to police and as an expert witness in civil and criminal court cases, particularly in the areas of trauma, bereavement and child testimony. He is sometimes consulted immediately following a trauma and asked to inform the crisis response. He is on the editorial board of Bereavement Care Journal and has undertaken further training in assessments of parenting, assessments of attachment, family therapy and eye movement desensitisation and reprocessing (EMDR).

References: MEISER-STEDMAN, R. (2002) Towards a Cognitive-Behavioral Model of PTSD in Children and Adolescents. *Clinical Child & Family Psychology* 5, 217-232.

PRE-CONFERENCE WORKSHOP TWO:

Cognitive Behaviour Therapy for Young People with Depressive Disorders

Overview: Depression is among the most common mental health problems in adolescents (eg Lewinsohn et al, 1997). Over half of those diagnosed retain their problem into adulthood. In young people depression is associated with social exclusion and poor academic functioning as well as significantly increasing suicide risk. Recent treatment trials (although few in number) indicate that conventional treatments for depression (psychological therapy and medication) are less effective for adolescents than for adults. There may be many reasons for this. For example, young people who become depressed may differ from adults who become depressed because of their genes or their environment. Depression in youth may follow a more entrenched and chronic course, may be more resistant to treatment, or treatments may be poorly matched to the specific needs of adolescents.

Aims and Key Learning Objectives: The aim of this workshop is to provide an overview of CBT adapted for the treatment of young people. The specific needs of young people and the contexts in which they live will be considered. Key tasks in CBT with depressed young people include engaging the young person in treatment and establishing a collaborative relationship with them. The role of developmental and systemic/family issues in adapting therapy and in the formulation will be examined and a range of therapeutic techniques and strategies will be presented and shared. A key resource for this workshop will be the CBT treatment manual which has been developed for use in the IMPACT trial. IMPACT is a large multi-centre RCT which will compare the effectiveness and cost-effectiveness of CBT, brief psychodynamic psychotherapy and treatment as usual in the treatment of depression in young people over 86 weeks.

The key learning objectives of the workshop include:

- understanding the evidence base for CBT in the treatment of depression in young people
- familiarisation with the CBT model of depression
- integrating developmental and systemic issues into CBT for young people with depression
- engaging young people in treatment
- adapting cognitive and behavioural techniques for young people

Training Modalities: The training methods will include some didactic teaching, case examples, role plays, exercises, and small group work. All participants should be prepared to take an active role in the workshop. This workshop is aimed at clinicians who are already comfortable with using CBT models and theories in their clinical work.

Workshop Leaders: The three workshop leaders are clinical psychologists. Chrissie Verduyn is Joint Clinical Director/Director of Clinical Psychology in Central Manchester University Hospitals. She has extensive experience of using and adapting CBT for young people, has been involved in a number of CBT research studies, and is the author of "CBT with Depressed Adolescents". Peter Fuggle is CAMHS Clinical Director in Islington North London and has recently been involved in setting up a new Child and Adolescent CBT Diploma at UCL. Shirley Reynolds is Professor of Clinical Psychology at UEA in Norwich and Co-Director of the Doctorate in the Clinical Psychology programme.

PRE-CONFERENCE WORKSHOP THREE:

Systemic Aspects of CBT with Children and Adolescents – from Theory to Practice

NB: This workshop would be best suited to people who already have experience of CBT with children and young people, including the use of formulation.

Overview: There is a considerable body of evidence confirming the major influence that family factors can have on development and behaviour. Incorporating systemic factors into therapy is essential when working with children and young people. Expanding the cognitive behavioural formulation to include family and wider systemic factors can provide a basis for understanding systemic process and there is a growing evidence base to support the use of family-based and systemic CBT for a wide range of presentations. Research has yet to clarify when particular family-based or systemic cognitive-behavioural therapy may (or may not) be specifically indicated and also where such approaches might "sit" alongside other more traditional and postmodern systemic therapies.

Key Learning Objectives: It is intended that delegates will:

- develop their skills in incorporating systemic factors in cognitive-behavioural formulation
- develop an increased awareness of a range of strategies that follow from a systemic formulation
- develop their ideas on how to take systemic factors into account when making treatment decisions
- consider the place of this form of working alongside other psychotherapeutic modalities

Training Modalities: This workshop offers delegates an opportunity to consider theoretical models for systemic CBT formulation and relate these to their own and each others' practice and to try out new techniques during the workshop. There will (according to the interests of the group) be specific focus on a number of key issues arising from this form of working, including: working with parental cognitions, involving parents as co-therapists, using the parents as a resource for the young person, working with whole families within the CBT model, working with wider systems, therapist issues, ethical issues, the pacing of therapy and the role of systemic factors within the treatment of particular disorders such as anxiety disorders, depression, OCD and eating disorders. The workshop will involve a range of teaching methods, including didactic teaching, small and large group interactive exercises, role-play and feedback, as well as supporting written material.

Workshop Leaders: Nicky Dummett is a Cognitive Behavioural Therapist interested in systemic CBT and in integrating CBT alongside other psychotherapies in meeting the mental health needs of children and young people. She works as a Consultant Child and Adolescent Psychiatrist in Leeds CAMHS, is a regular supervisor and trainer in CBT and has published on systemic CBT and guided self-help for depression in young people. She is past president and current training and accreditation lead of BABCP Children, Adolescents and Families Special Interest Group. Anne Stewart is a Consultant Child and Adolescent Psychiatrist working in a community CAMHS team in Oxford City. She has considerable experience in both CBT and systemic approaches and has developed an interest in integrating systemic factors within CBT. She has been a trainer and supervisor for the Oxford Cognitive Therapy Centre for many years and has published on the use of CBT in young people.

Key References: Dattilio, F.M. and Epstein, N.B. (2005). Introduction to the special section: the role of cognitive-behavioral interventions in couple and family therapy. *Journal of Marital and Family Therapy*, 31 (1), 7-14 Drinkwater, J. & Stewart, D.A. (2002). Cognitive Therapy in Children and Young People. *Current Opinion in Psychiatry*, 15, 377-381 Dummett, N. (2006). Processes for Systemic Cognitive-behavioural Therapy with Children, Young People and Families. *Behavioural and Cognitive Psychotherapy*, 34 (2), 179-189 Koch, C., Stewart, A & Stuart A. (in press). Putting CBT into its context: working with families and the wider system. In M.Mueller, H. Kennerley, F. McManus & D. Westbrook. *The Oxford Guide to surviving as a CBT therapist*. OUP Northey, W.F., Wells, K.C., Silverman, W.K. and Everett Bailey, C. (2003). Childhood behavioural and emotional disorders. *Journal of Marital and Family Therapy*, 29 (4), 523-545 Stallard, P. (2002). Cognitive Behaviour Therapy with Children and Young People: A Selective Review of Key Issues. *Behavioural and Cognitive Psychotherapy*, 2002, 30, 297-309.

PRE-CONFERENCE WORKSHOP FOUR:

The nature and treatment of anxiety disorders in children and adolescents using the Cool Kids Program

NB: This workshop is ideal for anyone working clinically with anxious children and adolescents. This includes practising clinical psychologists, psychiatrists and other mental health workers, educators, and school counsellors.

Overview: For some years we have been conducting the Cool Kids treatment programs for anxious children and adolescents at Macquarie University. Treatment is conducted over approximately 10 sessions and both parents and children attend sessions. A similar but slightly different program, involving some parental input is run for adolescents. The program has also been adapted for application in a school environment as well as for application as a distance education program. The treatment components include education, cognitive restructuring, parent management strategies, approach to feared situations, and rewards. Data from these and similar programs indicate a high degree of success with most children showing moderate to marked change and results maintaining for several years. We have previously run this workshop many times for both Australian and International audiences. The workshop has been formally evaluated and has received outstanding evaluations.

Key Learning Objectives: In this workshop we will discuss the identification, nature, and treatment of child and adolescent anxiety disorders. Discussion will cover diagnostic criteria, demographic information, interview and psychometric assessment, psychopathology, and treatment. In discussing treatment, we will go over each component of our program. At the conclusion of the workshop, participants should be able to:

- identify and diagnose anxiety disorders in children and adolescents
- have a broad appreciation for the psychopathology of child anxiety disorders
- have a detailed understanding of treatment programs for the management of child and adolescent anxiety (Cool Kids)

Teaching Modalities: The workshop will include a combination of didactic explanation, video case material and demonstration of treatment components. Questions and discussion from the participants is strongly encouraged.

Workshop Leader: Professor Ron Rapee, Department of Psychology, Macquarie University, Sydney

References and Workshop-Pre-Reading: The workshop will begin from an introductory level and cover more advanced and detailed concepts throughout. No pre-reading is required, but if participants wish to do some reading, relevant references are below.

Rapee, R.M., Spence, S.H., Cobham, V., & Wignall, A. (2000). *Helping your anxious child: A step by step guide for parents*. New Harbinger.
Rapee, R.M., Wignall, A., Hudson, J.L., & Schniering, C.A. (2000). *Treating anxious children and adolescents: An evidence-based approach*. California: New Harbinger.

Mifsud, C., & Rapee, R. M. (2006). Early intervention for childhood anxiety in a school setting: Outcomes for an economically disadvantaged population. *Journal of the American Academy of Child & Adolescent Psychiatry*.

PRE-CONFERENCE WORKSHOP FIVE:

New therapeutic developments in child CBT: disorder specific and trans-diagnostic approaches

Overview: Cognitive Behavioural Therapy (CBT) is currently the recommended treatment for a range of childhood disorders. But what do we mean when we say CBT? Is it the same for every disorder and should it be more or less trans-diagnostic? Until very recently CBT for children and adolescents has meant a theory-light, kitchen-sink collection of techniques rooted more or less in principles of conditioning, coping and content-challenging (thoughts) that largely defined the 1st [behavioural] and 2nd [cognitive] waves of CBT. More recently clinical researchers (mainly adult-focused) have been working to identify disorder-specific mediators (eg memory cohesion/content, specific trauma-related appraisals in PTSD) and trans-diagnostic mediators (eg psychological flexibility, tolerance for distress/uncertainty, and mindfulness in people with chronic pain, addictions and emotional disorders). These mediators are then integrated into CBT treatments with improved outcomes over earlier forms of CBT.

Key Learning Objectives: This workshop will present an overview of the current evidence for CBT as applied to childhood disorders, explaining what the NICE Guidelines mean when they refer to CBT and where CBT is currently headed. The aim of this workshop is to increase knowledge about:

- the evidence base for CBT as applied to children and adolescents
- the core components of CBT
- theories and techniques from adult CBT and experimental approaches that are already changing the way CBT is practised with children and adolescents

Knowledge of CBT is not a requirement for attendance on this workshop.

Teaching Modalities: Using didactic teaching, case discussion and demonstration, attendees will learn what CBT includes and what it does not, and how cognitive theories and the so-called 3rd Wave CBT approaches (eg Acceptance Commitment Therapy, Mindfulness, Schema Focused Therapy, Functional Analytic Therapy, and Dialectical Behaviour Therapy to name but a few) are influencing child CBT.

Workshop Leader: Dr Sean Perrin is a Chartered and Consultant Clinical Psychologist with more than 20 years experience of CBT treatment, training, and supervision. He trained as a Clinical Psychologist in the US before moving to the UK in 1995 to take up a Lecturer's post at the Institute of Psychiatry (IoP), and to work alongside William Yule, Derek Bolton and Patrick Smith developing, evaluating, and disseminating evidence-based approaches for childhood PTSD and anxiety (among other disorders). Current research projects involve pilot evaluations of cognitive therapy for SAD and GAD and cognitive and familial influences on post-traumatic anxiety. Dr Perrin leads the post-graduate diploma course in CBT for children and adolescents and sees patients in the National & Specialist Child Traumatic Stress and Anxiety Disorder Clinics based in the South London and Maudsley NHS Foundation Trust, Sydney.

IN-CONFERENCE PARALLEL STREAMS

THURSDAY 3RD DECEMBER 2009

Morning Session One: Workshop on Treating Body Dysmorphic Disorder

Overview: Body Dysmorphic Disorder (BDD) is defined as a preoccupation with an imagined defect in one's appearance. Alternatively, where there is a slight physical anomaly, then the person's concern is markedly excessive. The preoccupation is associated with a distorted felt body image with many time consuming safety behaviours such as mirror gazing, camouflaging, ruminating or constant comparing of oneself to others. Such patients have a poor quality of life, are socially isolated, often depressed and are at high risk of committing suicide. They often have needless dermatological treatment and cosmetic surgery. Cognitive behaviour therapy is recommended by the NICE guidelines for treating BDD.

Key Learning Objectives: By the end of the workshop participants will:

- recognize and diagnose various forms of BDD
- understand a cognitive behavioural model of BDD and the factors that maintain the symptoms of BDD
- devise strategies for engagement and change in BDD with a focus on ceasing ruminating and comparing, dropping of avoidance and safety behaviours, rescripting imagery

Training Modalities: The workshop will be interactive and include both experiential and didactic teaching and videos.

Workshop Leader: David Veale FRCPsych is a Consultant Psychiatrist in Cognitive Behaviour Therapy at South London and Maudsley Trust and The Priory Hospital North London, and holds an Honorary Senior Lecturer appointment at the Institute of Psychiatry, London. He is past President of The British Association of Behavioural and Cognitive Psychotherapies.

References: Veale, D (2004). Advances in a cognitive behavioural model of body dysmorphic disorder. *Body Image*, 1, 113-125
Veale, D & Neziroglu, F (in press) *Body Dysmorphic Disorder: a treatment manual*. Wiley: Chichester
Veale, D, Willson, R, Clarke, A *Overcoming Body Image Problems (including Body Dysmorphic Disorder)*. Robinson: London.

Morning Session Two: Workshop on Overcoming Low Mood and Depression in Young People: A Five Areas Approach

Overview: A key issue with CBT is how to deliver it in attractive and proven ways. The series of workbooks in the *Overcoming low mood and depression in young people* book is designed for supported use by young people and their families. The content goes through a range of key topics such as understanding why I feel as I do, building relationships, practical problem solving, boosting mood, increasing activity, improving sleep, tackling negative thoughts and using exercise to improve how I feel. The course materials have a reading age of around 11-12 years and carefully avoid much of the traditional language of CBT and instead use the clear language of the Five Areas CBT model.

Key Learning Objectives: participants will:

- gain an overview of the workbook materials
- try out use of key elements of the model including a clear Plan-Do-Review support protocol that can be widely implemented in CAMHS teams and schools settings
- share experiences of use of guided CBT and discuss how such approaches can be introduced into clinical practice in clinical teams, young peoples' groups and settings such as schools

Training Modalities: this session will be workshop style, interactive questions, small group discussion, and experiential use of guided CBT materials.

Workshop Leaders: Dr Chris Williams is Professor in Psychosocial Psychiatry at the University of Glasgow. His main clinical and research interest is in the area of CBT and in particular in looking at ways of disseminating this approach more widely. He has developed written and computer-based self-help treatments for anxiety, depression and bulimia. Dr Nicky Dummett is a Consultant Child and Adolescent Psychiatrist. She has a particular interest in using CBT in busy everyday CAMHS practice and in making CBT models applicable and useful in this clinical setting. She is past chair of the BABCP Children, Adolescents and Families Special Interest Group.

References: Dummett N and Williams C: *Overcoming Teenage Low Mood and Depression: A Five Areas Approach*. Hodder Arnold: London (2008).
Williams CJ: *Overcoming Depression and Low Mood 3rd Edition: A Five Areas Approach*. Hodder Arnold: London (2009).
Williams CJ: *Living Life to the Full Course, Five Areas*. Glasgow (2009). See www.fiveareas.com and www.livinglifetothefull.com

Morning Session Three: Symposium - Can mentalisation improve CBT thinking about how children think

Overview: Although phenomenologically thinking and feeling clearly occurs within the child, this symposium will explore the value for CBT therapists of conceptualising the thinking of children in more relational terms, particularly using current theories of mentalisation. Broadly, mentalisation encompasses 'those psychological skills that allow us to spontaneously and largely in an intuitive manner make sense of the actions of oneself and others by reference to mental states such as beliefs, desires and feelings' (Fonagy). At its core, adaptive mentalising is underpinned by a recognition that mentalising processes require social interactions to check out the accuracy of one's beliefs about the mind states of others. In this way, the mentalising (or nonmentalising) social interactions of children and parents may be a significant component both of current childhood distress but also may provide a framework by which core beliefs and assumptions become crystallised through childhood. Mentalisation may also provide a clear rationale why CBT practice with children may need to be significantly different from that of adolescents.

Structure of Symposium: The symposium will begin with an authoritative presentation of the core tenets of mentalisation theory (Peter Fonagy). This will be followed by a presentation that considers the implications of this for CBT practice (Peter Fuggle), particularly with how we invite children to tell us about what they 'think' but also where we position parents in the exploration of thinking. Finally, Eamon McCrory will describe how mentalisation can be applied to manualisation of treatment by looking at the particular example of his manualised CBT treatment for sexually harmful behaviour in adolescents.

Discussant: Dr Stephen Butler, Consultant Clinical Psychologist, Islington CAMHS; Senior Lecturer, Clinical Psychology, University College, London; currently one of the lead researchers on the UK national evaluation of multi-systemic therapy.

Presenters: Peter Fonagy, Freud Professor, University College, London; Chief Executive, Anna Freud Centre
Peter Fuggle, Consultant Clinical Psychologist, Anna Freud Centre; Clinical Director, Islington CAMHS
Eamon McCrory, Consultant Clinical Psychologist, NSPCC; Co-director Developmental Risk and Resilience Unit, University College London

Morning Session Four: Symposium on CBT and neuro-developmental disorders

Chair: Professor Patricia Howlin, Professor of Clinical Child Psychology, Institute of Psychiatry, London

1. Understanding and treating anxiety in children with autism spectrum disorder

Overview: Anxiety is common in children with ASD, variously estimated as affecting between 22 and 84%. However, it may be overlooked or misinterpreted, especially if children are not able to express their feelings clearly. The Spence Children's Anxiety Scale was completed by 212 parents and 76 children aged 9 years and over, registered with Dalsne, the North East of England Regional ASD database. On average, levels of anxiety reported by parents and by children were comparable to levels in children (without ASD) with a diagnosed anxiety disorder. Where children were judged by their parents to require professional help, 44% had not received any service in the previous year. There is a need to find effective treatment methods, to increase availability of therapy. CBT requires adaptation for young people with ASD. For example, visual methods are important, and enhanced attention to understanding the links between thoughts, feelings and behaviour. A pilot using the ASD-adapted group programme 'Exploring Feelings' (Attwood) was run early in 2009, with children (aged 9 to 13 years) and parents meeting simultaneously in separate groups. The paper presents before and after measures, and a description of lessons learned from the pilot group. NIHR Research for Patient Benefit funded randomised controlled trial of this group therapy approach will commence in September 2009, entitled 'Beating Anxiety Together'.

Presenters: Helen McConachie and Helen Taylor. Helen McConachie is Professor of Child Clinical Psychology, Institute of Health and Society, Newcastle University. Both presenters are Clinical Psychologists in Northumberland Tyne & Wear NHS Trust.

2. Modification of an emotion-based social skills training program for children with autism and mild intellectual disability

Overview: Research suggests that children with Autism are at significantly increased risk of developing mental health problems during childhood and later in life. Children with Autism and Learning Disability are more vulnerable as they have additional learning problems. Emotion-based Social Skills Training is a novel CBT based intervention developed in Australia. The group program aims to help children understand their own and others' emotions, and learn emotional regulation techniques. Parents also attend concurrent group sessions. Teaching strategies include video modelling, social stories, modified CBT and augmentative and alternative communication strategies. The program was piloted on 5 children (aged 8-12 years) with Autism and Learning Disability (assessed using ADI-R, ADOS, WISC-IV, CELF-4 and ABAS-II). The pilot was evaluated using standardised pre and post-treatment parent and teacher reports of social skills, emotional well-being, and behaviour (SSRS, DBC, SRS), theory of mind tasks, clinician-rated observations of parent-child interactions, parental mental-health, and sense of competence (DASS & PSCS). Improvement in children's social and emotional well-being, and reduction in parental mental health, and increase in parental confidence. The development of a CBT intervention to increase social and emotional skills in children with developmental disabilities can potentially reduce risk of mental health problems and improve psychological well-being.

Presenter: Dr Vicki Grahame, Chartered Clinical Psychologist, Northern Regional Pervasive Developmental Disorder Team, Newcastle.

3. Group Cognitive Behavioural Therapy for Children with Tourette's Syndrome – a useful intervention?

Overview: We conducted a pilot study of a group cognitive therapy intervention for TS within a community child and adolescent mental health service. Acceptability of the intervention was assessed by qualitative analysis of the group conducted by an independent clinician. Effectiveness of the intervention was measured by group specific questionnaires at the start and end of the intervention. Three boys aged between 10 and 13 attended the group, which comprised of six ninety-minute sessions. Qualitative analysis revealed high acceptability of the format, with 'making new friends' and 'knowing you're not alone' identified as the most rewarding factor of the group format. Quantitative analysis showed improvements in scores relating to psycho-education, reductions in social anxiety relating to the condition, and increased feelings of mastery in relation to TS. Group CBT was highly acceptable and appeared effective in this pilot study. Qualitative analysis indicates that generic group process may provide additional gains within this client group. Group cognitive behavioural therapy may be a very useful intervention for Tourette's Syndrome in Children and Adolescents. Further studies powered to assess effectiveness should be conducted, with possible comparisons to individual therapy in the future.

Presenters: Patricia Byrne, Laura Brennan, Grainne Kelly, Linn Dara Child and Adolescent Mental Health Service, Celbridge, Co. Kildare, Ireland.

Morning Session Five: Workshop on PACMan – a parenting intervention for young anxious children

Overview: The PACMan (Parents of Anxious Children in Manchester) trial investigated the efficacy of an adapted behavioural parent training (BPT) programme for the treatment of anxiety in children aged 3-9 years using Randomized Control Trial (RCT) methodology. The intervention consisted of anxiety specific sessions including psychoeducation, worry and problem solving, graded hierarchies. In addition the package included relationship enhancing and effective, consistent discipline elements generic to other BPT packages such as Triple P and Incredible Years. There was an enhanced focus on parents' cognitions and consideration of how generic BPT techniques apply specifically to supporting children to develop their confidence; for example, how praise and rewards can be employed to encourage children to engage in anxiety-provoking activities.

NB: some basic knowledge of behavioural parent training techniques and experience of working with anxious people would help delegates to get the most out of the day, but are not essential.

Key Learning Objectives: The workshop will aim to:

- present a new cognitive-behaviourally based intervention for families of young anxious children, including some basic theoretical background to the intervention
- summarize the aims and objectives of the approach and give a general overview of the programme
- provide a summary of outcome findings from the RCT
- illustrate key aspects of the programme using experiential exercises and role-play
- provide attendees with some experiential practice at these techniques
- this programme makes heavy use of humour to bring difficult messages to parents, a critical aim of the workshop will therefore be to have some FUN.

By the end of the workshop, attendees will:

- have considered in some depth about the role of families in the etiology and maintenance of anxiety in childhood
- have a conceptual overview of the issues that they may need to consider in working with the families of anxious children
- have learnt some new techniques for working with families of anxious children.

Training Modalities: Methods will consist of a combination of lecture, discussion, and experiential learning.

Workshop Leader: Dr Ben Laskey, University of Manchester and Division of Clinical Psychology, University of Manchester and Royal Manchester Children's Hospital, Salford

References: Cartwright-Hatton, S., McNally, D., White, C. (2005). A new cognitive behavioural parenting intervention for families of young anxious children: A pilot study. *Behavioural and Cognitive Psychotherapy*. 33, (2), 243-248.

Cartwright-Hatton, S., Roberts, C., Chitsabesan, P., Fothergill, C., & Harrington, R. (2004). Systematic Review of the Efficacy of Cognitive Behaviour Therapies for Childhood and Adolescent Anxiety Disorders. *British Journal of Clinical Psychology*. 43, 421-436.

Afternoon Session One: Workshop on using CBT in adolescents with early onset psychosis

Overview: CBT has long been recognised as an important component in the treatment of adults with psychosis. However, many sufferers experience their first episode during adolescence. Prolonged delays are associated with poorer response and outcome. It seems vital therefore to intervene at this critical stage of development.

Key Learning Objectives: The main objective will be for the audience to have a greater understanding of how CBT can be successfully applied when working with adolescents experiencing psychosis.

Training Modalities: The following elements will be covered:

- a brief overview of the theoretical background to CBT for psychosis
- a summary of the research evidence supporting CBT for psychosis
- an overview of how CBT can be successfully adapted for work with adolescents
- real clinical examples will be given of the practical application of CBT with adolescents experiencing psychosis. A case study will also be presented demonstrating assessment, formulation and intervention within this model.
- a discussion of the wider benefits of the CBT approach for other clinicians not directly involved in delivering therapy

Workshop Leaders: Dr Sophie Browning is the Lead Clinical Psychologist for Child & Adolescent In-patient services at the South London & Maudsley NHS Foundation Trust. She is primarily based at Snowfields Adolescent Unit in Guy's Hospital. Dr Richard Corrigan is a Consultant Adolescent Psychiatrist, working at Snowfields Adolescent Unit.

Afternoon Session Two: Symposium on Internalising

1. Meta-Analysis of Risk Factors for PTSD in Children and Young People: Academic Curio AND Clinical Informant:

Young people respond differently, even to the same event; some will develop post-traumatic stress disorder (PTSD), others will not. How come? There are many research studies that claim to evaluate risk factors for PTSD, a few of them even use psychometrically robust measures. But the results are rarely consistent. The present study has taken the more methodologically sound research, and combined the results using the very best meta-analytical approaches. The results are interesting both academically and practically: Knowing what makes it more likely that a young person will develop PTSD, enhances our academic understanding of the disorder, and may help us to do things that will make it less likely that a young person will develop PTSD. Combining the results of different studies, which may have used different measures of the same factor is both a strength and a weakness of meta-analysis, and this will be discussed. Are the results scientific truth, or scientific nonsense? Or maybe somewhere in between; in which case there may be some clear implications for practice, which are firmly but realistically based on research.

Presenter: David Trickey, Lead Consultant Clinical Psychologist, Trauma Service, Luton (wef November 2009)

Co-authors: Andy Siddaway, Andy Field and Lucy Serpell

2. Cognitive vulnerability to depression in young people in secure accommodation: the influence of ethnicity and current suicidal ideation:

Young people in secure accommodation are at high risk of depression and self-harm, and are likely to have been exposed to high rates of negative life-events, which could increase their cognitive vulnerability to depression. This study investigates the relationship between depressive symptoms, negative self-schemas and the cognitive vulnerability to depression in 38 young people in secure accommodation (impact of current suicidal ideation on latent negative selfschemas was examined using a mood induction task). Contrary to previous studies in youth samples, participants with elevated depressed symptoms had raised negative rather than reduced positive selfschemas. The low mood condition indicated these young people had a latent cognitive vulnerability to depression, over and above current depressive symptoms. However, this vulnerability was exacerbated in the context of current suicidal ideation, but not by a history of self-harm incidents. An unexpected finding was that negative self schemas of young people from ethnic minority backgrounds were particularly susceptible to the brief challenge to their mood. Findings will be discussed both in terms of the cognitive vulnerabilities of adolescents detained in secure accommodation and the impact of participant characteristics on mood induction studies in adolescence. In conclusion, young people in secure care are subject to a latent cognitive vulnerability to depression in the face of a mild challenge to their mood, and carers need to be especially sensitive to this vulnerability given the risks of self-harm in this population.

Presenter: Dr Matt Woolgar, National Academy for Parenting Practitioners, Institute of Psychiatry and Clinical Psychologist, Conduct, Adoption & Fostering Team, Michael Rutter Centre, Maudsley Hospital, London

3. Relationships between childhood internalising, parental internalising and family environment: a longitudinal study:

There is evidence for a relationship between parent internalising difficulties and child internalising difficulties, and for an association between parent and child internalising difficulties and the family environment. Research to date has focused on the impact of parents and families on children. Recently the importance of considering bi-directional relationships has been recognised but little bidirectional research has yet been conducted. This study examined bi-directional relationships between parent and child internalising symptoms, parent internalising symptoms and the family environment, and child internalising symptoms and the family environment.

Presenters: Dr Rachel Calam, Ms Jane Marshall and Dr Ben Laskey, University of Manchester

Afternoon Session Three: Workshop on When Less is More: making CBT work with “real” child and adolescent cases

Overview: When faced with complex Child and Adolescent disorders it is tempting for the Cognitive Behavioural Therapist to attempt to employ equally complex strategies. Complex models of child and adolescent disorders are unlikely to be able to be accessed by the child or adolescent in times of distress outside of the session.

Key Learning Objectives: This workshop aims to explore how the establishment of a non-complex CBT model supports the therapist enabling them to provide tailor-made creative treatment plans whilst being present with the child or young person promoting motivation.

Training Modalities: Through didactic teaching, case discussion and group exercises, participants will examine and explore:

- ‘Instilling hope’ - what has to be covered in an effective CBT assessment with children and young people and what does not
- ‘Therapeutic curiosity’ - why did I ask that question?
- ‘Formulations for five year olds’ - producing simple and effective formulations for complex problems that children and adolescents can understand and apply
- ‘Seeing the wood for the trees’ - sorting out realistic and observable problems and goals in complex problems
- ‘Closing the Deal’ - rational giving and answering the big child and adolescent question ‘what’s in it for me?’

This workshop is suitable for all levels of participants who have ever been ‘stumped’ by a complex child and adolescent case!

Workshop Leader: Dr Alastair Black is a Consultant Psychotherapist and Head of Psychological Therapies for the Police Rehabilitation and Retraining Trust in Northern Ireland. He is also Honorary Consultant Psychotherapist to the Royal Belfast Hospital for Sick Children and Forster Green’s Hospital Child Inpatient Service. He is a BABCP and UKCP accredited psychotherapist and a BABCP accredited CBT Trainer and Supervisor as well as an EMDR Consultant and Facilitator, currently involved in the provision of treatment, supervision, consultations and in research. Additionally, he provides workshops on the treatment of a range of child and adolescent disorders and teaches on a number of academic courses.

Afternoon Session Four: Symposium on Improving Access to Psychological Therapies (IAPT) in CAMHS

Chair: Orlee Udwin, ACAMH National Academic Secretary and Consultant Clinical Psychologist, West London Mental Health Trust

Presenters: Ayla Humphrey, Consultant Clinical Psychologist, Cambridge and Peterborough Foundation Trust and IAPT Children’s Project, Cambridge
Kirsty Pratt, Highly Specialist Clinical Psychologist and Project Lead for the Improving Access to Psychological Therapies (IAPT) for Children and Young People Service, Bury.

Duncan Law, Consultant Clinical Psychologist, Specialist CAMHS, East Herts and Chair Elect of the DCP – Children and Young People’s Faculty

Panellists: Shirley Reynolds, Professor of Clinical Psychology, University of East Anglia and President Elect, BABCP

Paul Stallard, Professor of Child and Family Mental Health, University of Bath and Consultant Clinical Psychologist, Avon & Wilts CAMHS

Chris Williams, Professor in Psychosocial Psychiatry, University of Glasgow

Claire Maguire, Consultant Clinical Psychologist and Clinical Lead for Psychological Therapies, IAPT Children and Young People Service, Bury

Overview: The IAPT Pathfinder Programme, launched in 2007, focused predominately on improving mental health and well-being services for adults of working age with mild to moderate depression and anxiety. The potential to adapt and extend the IAPT downwards in age for use with a younger client base or to develop a CAMHS-specific IAPT is currently being explored. Duncan Law, who has had some involvement in shaping the discussion around Children’s IAPT as the DCP Children and Young people’s Faculty representative on the children’s multi-disciplinary working group for Skills for Health, will open the symposium with an overview and update on developments with regard to the CAMHS IAPT proposals, including some of the key issues for debate and areas of caution to consider. He will be followed by Kirsty Pratt, one of the pioneers of a site in Bury, which has recently started to focus on service provision for children and young people. Ayla Humphrey will round up the presentations with a description of the setting up of a Young People’s IAPT in Cambridge. Presentations will be followed by a panel discussion on IAPT in CAMHS, covering such areas as:

- do we need an IAPT for CAMHS?
- if so, what would this look like - child specific or downward extension of the adult model?
- how do we best train a workforce to fill the need and where would responsibility for provision of resources lie?

Afternoon Session Five: Symposium on Developments in CBT for the prevention and treatment of childhood anxiety

Convenor and Chair: Dr Cathy Creswell, University of Reading

Discussant: Professor Paul Stallard, Bath University

Contributors: Dr Cathy Creswell, Professor Susan Bögels, Professor Ron Rapee, Dr Lucy Willetts

1. The Treatment of Child Anxiety Disorder in Primary Care via Guided CBT Self-Help: A feasibility study

Overview: Anxiety disorders are the most common mental health disturbance in childhood and significantly impact on socio-emotional and academic development. Cognitive Behaviour Therapy (CBT) is associated with good outcomes, including when delivered by parents. However CBT is expensive and not widely available. CBT self-help manuals have been shown to be efficacious for other disorders, especially when guidance is provided.

Method: All referrals of anxious children (aged 6-12 years) made to the North and West Oxfordshire Primary Child and Adolescent Mental Health Services (PCAMHS) over a 12 month period were assessed using a structured diagnostic interview (ADIS-C/P). Where children met criteria for a primary anxiety disorder, Primary Mental Health Workers (PMHWs) met with parents four times to deliver a manualised CBT treatment (Overcoming your child’s fears and worries, Creswell & Willetts, 2006) and had four telephone review sessions. All sessions were recorded and rated for treatment adherence. Post-treatment assessments of child anxiety and parent and therapist satisfaction with treatment were made.

Results: Over a 12 month period 90 children were referred to the North and West Oxfordshire PCAMHS services. Two-thirds of referred children met diagnostic criteria for a primary anxiety disorder and were offered treatment. Independent ratings showed that PMHWs delivered treatment with good adherence. Both parents and PMHWs reported high levels of satisfaction with the treatment. Furthermore there were clear improvements in child anxiety diagnoses, symptoms and impact.

Discussion and Conclusions: The findings from this feasibility study suggest that Guided CBT selfhelp is a promising and potentially cost-effective treatment approach for childhood anxiety disorders within Primary Care. Further examination within a randomised controlled trial is warranted.

Contributors: Cathy Creswell^{1*}, Lucy Willetts¹, Paul Sheffield² and Peter Cooper¹

¹ School of Psychology and Clinical Language Sciences, University of Reading

²Oxfordshire Primary Child and Adolescent Mental Health Service

2. Prevention of child anxiety disorders using a child-focused or parent-focused cognitive behavioural intervention or doing nothing: Results of a RCT

Aims and Objectives: The goal of this study was to investigate two type of interventions focused on preventing anxiety disorders in childhood: via the child or via the parent, and compare this with following natural course (no intervention) in a high- and median-anxious group of children.

Method: Children aged 8-13 from primary schools who were in the top 15% of self-reported anxiety symptoms measured with the SCARED, were randomized to either: 1) a child-focused intervention (n=58); 2) a parent-focused intervention (n=69); or 3) no intervention (n=56), and a median-anxious no intervention group was added (n=74). The child intervention consisted of a 8 session group CBT programme. The parent intervention consisted of 3 sessions of group parent training programme, and 5 telephone sessions with each parent (couple). Before the intervention (or no intervention) a pretest took place, and a follow-up test 1 year and 2 years later. Assessments concerned child anxiety symptoms and child anxiety disorders, and fathers' and mothers' anxiety symptoms.

Results: These showed firstly that children selected as high-anxious are indeed more vulnerable for having and developing anxiety disorders than 'normal' children. With respect to the effect of interventions, results showed that on child anxiety symptoms, father and mother anxiety symptoms, and number by severity of child anxiety disorders, improvements over time were not significantly different between no intervention, parent- and child-focused intervention. The percentage of relevantly improved children did not differ between the three groups at one year follow-up, but at two year follow-up, percentage of improved children was highest after the child-focused intervention (53%), and lowest after no intervention (36%), with parent-focused intervention in the middle (45%).

Conclusion: It is concluded that a child-focused preventive intervention is somewhat more effective than a parent-focused intervention, but that following natural course is also effective.

Contributors: Susan M. Bögels* and Elin Simon, University of Amsterdam, The Netherlands

3. Treating parent anxiety to enhance the efficacy of cognitive behavioural treatment for children with anxiety disorders

Introduction: Extensive research has demonstrated significant efficacy in the management of children's anxiety disorders. There is also evidence that parent anxiety may be a predictor of weaker response to treatment. Hence the suggestion follows that teaching parents to manage their own anxiety may increase the efficacy of treatment for the child's anxiety. At least one study has suggested data along these lines (Cobham et al, 1998), however, several limitations in that study point to the importance of replication.

Method: The current paper will report the results of a randomised, controlled trial to evaluate the efficacy of cognitive behavioural treatment (CBT) for children with anxiety disorders combined with an additional parent anxiety management (PAM) component. All children were treated with the Cool Kids program, an empirically validated, program that teaches children and parents skills in managing the child's anxiety. They were randomly allocated to receive the Cool Kids program only (CBT) or combined with additional Parent Anxiety Management (CBT+PAM). Those in CBT+PAM received the standard Cool Kids program and their parents received five additional group sessions that were aimed at teaching them generic anxiety management skills aimed at managing their own levels of anxiety.

Results: Almost 200 children have been randomized to the trial so far and we are finalizing the 6 month follow up data on the last 25 participants. Early analyses indicate few differences between conditions.

Conclusion: While data analyses are continuing, it appears that the addition of a parent anxiety management component to child-focused treatment of the child's anxiety does not enhance efficacy.

Contributors: Jennifer Hudson, Ronald Rapee*, Heidi Lyneham, Viviana Wuthrich, Carolyn Schniering, Elizabeth Seeley, Susan Edwards, Centre for Emotional Health, Macquarie University, NSW, Australia

4. Mother and Child Treatment Programme (MaCh) – The treatment of mother-child interaction in the context of childhood anxiety

Introduction: Treatment for childhood anxiety is effective, with approximately 60% of children being diagnosis free after a course of Cognitive Behavioural Therapy (Cartwright-Hatton et al, 2004). However, treatment appears to work less well where children have a parent who also experiences significant anxiety, with success rates of approximately a third (Cobham et al, 1998; Creswell et al, 2008). The poor outcome of this group may be related specifically to the presence of maternal anxiety. Alternatively, it may be due to specific patterns of mother-child interaction. Previous research suggests that overprotection and/or a lack of warmth may play a part in the development and maintenance of childhood anxiety.

Method: The Mother and Child Programme (MaCh) has been developed to identify and alter such maladaptive mother-child interactions within the context of child and maternal anxiety. The programme involves a series of video-taped mother-child interactions, with subsequent feedback to mothers, in addition to discussion about increasing child independence via self-help skills, exposure, cognitive restructuring and problem solving. The programme is run alongside individual sessions of Cognitive Behavioural Therapy for the child.

Results: Outcome measures will be presented for a small sample of the data, including diagnostic information using the Anxiety Disorders Interview Schedule for Children (ADIS-P/C), and the Clinical Global Impressions – Improvement (CGI-I).

Conclusions: Early analysis suggests that the MaCh programme is effective both in reducing anxiety symptoms in children and in altering unhelpful patterns of mother-child interaction.

Contributors: Lucy Willetts*, Cathy Creswell, Lynne Murray and Peter Cooper, University of Reading

Morning Session One: Open Papers

1. CBT with children: the use of video to define and assess the therapeutic relationship:

It is known that the quality of the relationship between therapist and adult client is a key factor in predicting a successful outcome (Lambert, 1992). There is also evidence that the quality of the collaborative alliance between therapist and child is moderately related to outcomes, though there are few studies examining the process features of CBT with children and young people (Shirk & Karver, 2003). This paper will report on a study that analysed digital video recorded by trainee educational psychologists delivering CBT sessions. It will explore the features of effective interactions which were seen to build a strong therapeutic relationship. Five minute segments of video were analysed by two researchers using a qualitative procedure and commonalities relating to features of effective interactions identified. Following this, an in-depth microanalysis refined the initial descriptions further and a list of the features underlying better therapeutic relationships identified. The concept of intersubjectivity as applied to therapeutic relationships (Beebe et al. 2005) and Video Interaction Guidance (Kennedy & Sked, 2008) provided the theoretical framework around which the coding system was developed. Details of the development of the coding system will be presented, initial data relating to its reliability when used by different raters assessing the quality of the therapist-child interactions will be outlined and future research possibilities and practical applications for formative and summative assessment within a training context discussed.

Presenters: Dr Sandra Dunsmuir, Co-Director, Doctorate in Educational and Child Psychology, University College London and Dr Hilary Kennedy, Programme Leader, VERoC (Video Enhanced Reflection on Communication) Centre, University of Dundee

References: Beebe, B., Knoblauch, S., Rustin, J. & Sorter, D. (2005). *Forms of Intersubjectivity in Infant Research and Adult Treatment*. New York: Other Press L.L.C

Kennedy, H. & Sked, H. (2008). *Video interaction guidance: A bridge to better interactions for individuals with communication impairments*.

In Zeedyk, M.S., *Promoting Social Interaction for Individuals with Communicative Impairments, Making Contact*. London: Jessica Kingsley.

Lambert, M.J. (1992). Implications of outcome research for psychotherapy integration. In Norcross, J.C. and Goldfried, M.R. (Eds.), *Handbook of Psychotherapy Integration*, pp. 94-129. New York: Basic Books.

Shirk, S.R. & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: a meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 452-464.

2. Can self-directed and media-based parenting interventions help to widen the reach of evidence-based programmes?

An extensive body of literature has demonstrated that evidence-based parenting interventions are effective in improving child behaviour, and increasing parental sense of competence and mood. Although these are generally delivered face-to-face, there is increasing evidence that self-directed interventions, and those delivered via the media and internet can also lead to significant improvements and offer an alternative delivery model. We have evidence from a UK workplace-based survey of parents that self-directed interventions are likely to be popular, and engage families who would not otherwise access parenting advice. This presentation draws on three recent studies illustrating parental take-up of self-directed approaches, demonstrating the positive effects that can be achieved. Two studies were run alongside series 1 and 2 of the UK reality TV series "Driving Mum and Dad Mad", which showed a group of parents going through the Triple P Positive Parenting Programme. In both studies, which recruited large samples, (n= 450, Study 1, n=270, Study 2), significant improvements were seen in parents' ratings for their child's behavioural adjustment. There were also significant changes for a number of parent variables. Regression analyses on a combined sample indicated that the approach was successful in engaging and retaining parents with high indices of risk for dropout. Pilot work on a current study of the application of Triple P self-directed approaches for parents with bipolar disorder will also be outlined. The challenges of taking these kinds of approach to scale in the policy and service context and implications for public health will be discussed.

Presenters: Dr Rachel Calam, University of Manchester (presenting) and Professor Matthew R Sanders, Universities of Queensland and Manchester

3. An experimental comparison of counter-conditioning using modelling and information on animal fears in children: Is compatible counter-conditioning more effective?

There is growing evidence for the role of Rachman's (1977) indirect pathways to fear (Field & colleagues). However, research into counter-conditioning fear through indirect pathways remains limited. The current study induced fear indirectly using verbal information and modelling, hypothesising that compatible counter-conditioning (ie the same method through which fear was induced) would reduce fears more effectively than incompatible counter-conditioning; the effect of executive functioning was also examined. Research used a non-clinical sample of 7-8 year olds. In an experimental design, fears of an unknown animal were induced using information or modelling, another animal served as a no-manipulation control. Fear beliefs and behavioural avoidance were measured and children were randomly assigned to receive counterconditioning using information or modelling or no counter-conditioning. Fear beliefs and behavioural avoidance were measured again. The result showed that the effect of counter-conditioning on fear beliefs was influenced by method of fear acquisition. For fears induced using information, compatible counter-conditioning (information) was more effective at reducing fear beliefs than incompatible counterconditioning (modelling). For fears induced using modelling there were no differences between compatible or incompatible counter-conditioning. Behavioural avoidance was reduced more effectively by compatible counter-conditioning than incompatible counter-conditioning regardless of fear acquisition method. When split by group, significant correlations were identified between executive function and change in fear beliefs and behavioural avoidance following conditioning. The results support the role of indirect pathways in counter-conditioning fear. Clinically, the study supports use of assessment processes which appraise methods of fear acquisition and treatment involving both cognitive and behavioural components.

Presenters: Laura Obermeier, Clinical Psychologist, Fostering and Adoption Service, Cambridgeshire & Peterborough Foundation Trust and Ella Rands, Clinical Psychologist, CAMHS, Suffolk Mental Health Partnership Trust

Contributors: Dr Charlotte Wilson, Clinical Psychologist and Professor Shirley Reynolds, Department of Clinical Psychology, University of East Anglia

Morning Session Two: Workshop on systemic CBT for adolescent bulimia

Overview: Bulimia nervosa is increasingly affecting younger adolescents and the incidence among ten to 19-year-olds is comparable to that in adult women (Turnbull et al., 1996; Currin et al., 2005). Cognitive behavioural therapy (CBT) is supported by good research evidence and is widely used in the treatment of bulimia nervosa in adults. Recent studies have shown that both family-based treatment and CBT lead to significant benefits in adolescents with bulimia nervosa.

Key Learning Objectives: This workshop will focus on a new approach to the treatment of bulimia nervosa in adolescents, combining techniques from family therapy and CBT. It will address conceptual similarities and differences between systemic and CBT approaches to treatment, including the way in which terminology and language appear to mask existing overlaps and create differences between the therapies.

Training Modalities: An overview of the model will be presented and discussed using case material. Participants will have the opportunity to explore how CBT and systemic formulations can be combined when working both individually and with families.

Workshop Leaders: Mari Campbell & Ivan Eisler, South London and Maudsley NHS Foundation Trust & the Institute of Psychiatry, King's College London

Morning Session Three: Panel Debate on CBT training, supervision and accreditation

Chair: Sean Perrin, Programme Leader, PG-Dip CBT (Children and Adolescents) King's College London/Institute of Psychiatry

Contributors: Margot Levinson, Programme Leader MSc CBP (Child and Adolescents), Derby University
Peter Fuggle, Sandra Dunsmuir and Vicki Curry, CBT Programme co-directors, The Anna Freud Centre, London
BABCP policy position (to be confirmed)
Course Leaders of other child-focused CBT training programmes

Overview: The shortage of specialised qualified CBP child and adolescent specialists and specialist, accredited CBT training programmes in comparison to mainstream adult CBP remains controversial, raising a number of important issues which transcend beyond the clinical environment. Where even such issues as the specific skills and competences required for child-focused CBT work and the difference between using CBT techniques (which many practitioners do) and working as a CBT therapist (which only few do) remain, in many ways, unclear, there is a real need for targeted discussion and wider debate. This interactive session will take as its focus the professionally-intense areas of access to child-focused CBT training, supervision networks and accreditation, in addition to the very defining area of curriculum – what should a CBT training programme look like? With audience participation, the panel will gather together ideas, thoughts, suggestions and comments, to try and clarify the key difficulties and restrictions, and identify possible strategies towards successful resolution and effective progress.

Additional areas considered, will include:

- aim of producing child and adolescent specialists trained and supervised on a par with best adult programmes, including consideration of ethical arguments, stance of professional bodies and government policies
- qualified CBP child and adolescent specialists and child-focused training programmes: why do we need them, how do we achieve them and why is children's work different
- current state of play re training, supervision, accreditation
- how to change things – is there a consensus, are lobbying, policy and money the answer

Morning Session Four: Symposium on Services for young people with obsessive-compulsive disorder: using the NICE stepped care model as a framework for service development and provision

Convenor/Chair: Dr Cynthia Turner, Clinical Psychologist, Maudsley Hospital, London

Discussant: Professor Shirley Reynolds, University of East Anglia, Norwich

Abstract: The Maudsley Hospital Obsessive-Compulsive and Related Disorders Service for Young People is a specialist service that provides assessment and treatment for young people with OCD. Since the launch of the NICE guideline, the service has implemented a number of initiatives which seek to address gaps in existing service provision, and to offer a comprehensive level of service according to the NICE stepped care model. This symposium will provide an overview of the services and initiatives developed, presenting clinical outcomes where available and discussing future directions.

Presenters:

1. Dr Isobel Heyman will discuss the importance of awareness and recognition of the disorder (Step 1 & 2), presenting some of the initiatives undertaken to promote awareness.
2. Dr Sarah Robinson will present results of a pilot study evaluating the use of a CBT-based self-help book for young people with mild to moderate OCD (Step3).
3. Chloe Volz will present outcome data for young people who receive CBT in the context of a comorbid disorder or a poor response to initial treatment (Steps 4-5).
4. Dr Cynthia Turner will discuss an ongoing trial comparing telephone CBT with face-to-face CBT for young people with OCD (Steps 4-5).
5. Dr Georgina Krebs will present outcome data for a national assessment and treatment service for children and adolescents with severe, treatment refractory OCD (Steps 5-6).
6. Finally, Dr David Mataix-Cols will discuss an ongoing clinical trial of drug-enhanced cognitive-behaviour therapy for young people with OCD.

Morning Session Five: Workshop on Narrative Therapy: two worlds collide? Integrating CBT and narrative therapy

Overview: In her clinical work, the presenter is particularly passionate about both CBT and Narrative Therapy; however, Narrative Therapy and CBT are often conceptualised as 'two worlds apart' in their approach to the difficulties that families face. This workshop explores the differences in philosophical origins of CBT and Narrative Therapy (NT) and discusses how this can result in a structuralist/non structuralist polarisation. The workshop then aims to draw similarities between the approaches and presents clinical examples of how these approaches can be used side by side to be helpful to people at the centre of therapy. In this workshop, personal experiences will be shared of working alongside a number of families integrating both approaches, using helpful facets of both therapies to enhance creativity, participation (especially for younger children) motivation and change. For example, Cognitive Behavioural ideas are particularly helpful for engineering 'sparkling moments' where more hopeful identities may emerge and a narrative 'externalising' stance has helped free young children from the limiting influence of blame and shame in the therapeutic process. The presenter will share her attempts to integrate both theoretical orientations into her clinical work, and how this gave rise to the development of a children's workbook 'Jake and the Weather Scares' which offers children, families and therapists a structured approach to dealing with fears and phobias using NT and CBT.

Key Learning Objectives: by the end of this workshop, delegates will have:

- familiarisation with the basic theoretical concepts of Narrative Therapy: 'the stories we live by', plot/counterplot, 'sparkling moments' and

the use of therapeutic documents.

- understanding the different philosophical and cultural origins of CBT and NT
- appreciation of the similarities between the approaches
- an awareness how this can enable us to use both approaches side by side
- an awareness how each theoretical orientation can lend richness to the other
- some helpful, practical techniques and scaffolds to take back to your clinical practice

Training Modalities: This workshop will aim to mix didactic methods with clinical examples as well as video clips and role play.

Workshop Leader: Lindsey Hampson is a Clinical Psychologist working in a tier 2 Brief Intervention and Consultation Service (BICS) at Alder Hey Children's Foundation Trust, Liverpool. She also lectures on Social Constructionism and Narrative Therapy on the Lancaster Doctorate in Clinical Psychology Course. She has published a number of papers on Narrative Therapy, and her workshop will be based on her 2007 publication on integrating NT and CBT. Lindsey is currently developing a children's workbook with Alder Hey that aims to integrate CBT and NT for children with fears and phobias.

References: Hampson, L. (2007) Cognitive Behaviour Therapy and Narrative Therapy: Two Worlds Collide? Context, August 2007, pp 16-18

Afternoon Session One: Workshop for clinicians on a CBT approach to understanding and treating anxiety in ASD

Overview: It is now well recognised that children with autism spectrum disorders (ASDs) are at greater risk of developing anxiety than their typically developing peers (eg Simonoff et al, 2008; Gillott et al, 2001). We also have increasing evidence to suggest that CBT - the treatment of choice for the non-ASD population - is also effective for children and adolescents with ASD. However, in clinical practice many obstacles and questions remain as to its successful implementation, particularly with regards to the cognitive elements of therapy.

Key Learning Objectives: This workshop will aim to give participants a comprehensive understanding of this important area. Studies demonstrating the prevalence and phenomenology of anxiety problems in ASD will briefly be reviewed in the first section of this workshop. The presenters will also present descriptive data from a qualitative research project where parents and children with autism were invited to focus groups to describe their own experiences of anxiety, including common triggers, cognitions and impact on their lives. They will also briefly present findings from a survey of clinicians working in this field within one trust, focusing on the challenges of working with this population, and clinical outcomes. The presenters will also consider ASD-specific vulnerability factors, such as sensory hypersensitivity, weak central coherence and emotional dysregulation that need to be considered when formulating a problem and intervention plan.

Training Modalities: This workshop will aim to integrate presentation of research data and theoretical knowledge with discussion of day to day clinical practice. A large portion will be interactive, using small group discussion where appropriate, to enable participants to share their own solutions and dilemmas in this field.

Workshop Leaders: All three presenters are clinical psychologists working in services for young people with ASD. Dr Knott and Dr Magiati also hold academic positions. Dr Fiona Knott is a Lecturer based at Reading University as well as Consultant Clinical Psychologist, West Berkshire CAMHS, 3-5 Craven Road, Reading RG1 5LF. Dr Ann Ozsivadjian is a Clinical Child Psychologist, Newcomen Centre, Guy's Hospital, London SE1 9RT and Dr Iliana Magiati is Assistant Professor/Clinical Psychologist at the Department of Psychology, National University of Singapore.

References: Gillot, A. Furniss, F. and Walter, A. (2001) Anxiety in high-functioning children with autism. *Autism*, 5(3) 277-286.
Simonoff, E Pickles, A Charman, A et al (2008) Psychiatric Disorders in Children With Autism Spectrum Disorders Prevalence, Comorbidity, and Associated Factors in a Population-Derived Sample. *Journal of the American Academy of Child and Adolescent Psychiatry*. 47: 8, 921-929.

Afternoon Session Two: Workshop on the challenge and fun of communicating with difficult to reach adolescents

Overview: Working with adolescents presents professionals with what can be a very rewarding and at the same time challenging experience. Although further research is clearly needed, the potential role of cognitive and behavioural interventions with young people is encouraging.

Key Learning Objectives: This workshop aims to:

- outline a model of cognitive behavioural therapy (CBT) for working with young people for whom communication presents a challenge
- present a number of techniques and interventions to enhance the potential for the success of such treatments
- show how this individual based approach can complement and be integrated with other interventions such as Family Therapy

Training Modalities: Case material will be presented from a number of adolescent clients, who have been chosen to illustrate a variety of communication challenges often faced. The delivery of the CBT model and techniques that the presenters have developed to try and address each of these communication challenges will be presented. Transcripts and case material will be used to illustrate the techniques found to be helpful in maximising the therapeutic alliance and thus the possibility for positive changes with this client group, and crucially their families too. The session will be co-facilitated by all the authors and broken down as follows:

- brief introduction to adolescence and the theoretical rationale for CBT with young people (15 mins)
- four case examples illustrating working with young people who struggle to communicate in a face to face verbal way will be presented
- the case of the deaf young person
- working through a 'door'
- working with silence
- working with resistance and refusal (the case of an eating disorder) (15 minutes each)

Techniques to maximise the likely success of CBT will be integral to the case presentations. Questions and interaction with attendees will be encouraged at all parts of the presentation but the remaining 15 minutes will be interactive, allowing attendees to discuss their own experiences of CBT with this age group and the dilemmas and difficulties it presents. Copies of the slides will be used as handouts, along with a reading list.

NB: This workshop will be suitable for clinicians who have involvement with young people and their families in any setting.

Workshop Leaders: Dr K Russell , Dr L Farrin, Dr K Grieve & Dr C Moreno (Clinical Psychologists), Child and Adolescent Specialist Services, (Eating Disorders, Adolescent Outreach and In-Patient & Deaf Services), South West London and St George's Mental Health NHS Trust

References: Graham, P. J (ed) (2005a) Cognitive Behaviour Therapy for Children & Families, 2nd Ed. Cambridge Uni Press.

Afternoon Session Three: Symposium on Parenting

1. Talking and Listening with your Child (TLC): An Innovative Parent-Child Emotion Conversation-Based Adjunct to Parent Training

Parent training has been shown to be the most effective approach for families with children with conduct problems. However, there remains a substantial number of oppositional children for whom traditional treatment does not appear to be effective, indicating that further refinement is needed. This paper describes the development of an innovative intervention (Talking and Listening with your Child – “TLC”) designed to target socio-emotional factors emphasised in current developmental models of antisocial behaviour. TLC involves training parents to discuss emotions with their child in such a way as to promote their ability to regulate emotions and to increase their socioemotional competence. In this pilot study, parents of oppositional children aged 4 to 7 years receive TLC adjunct plus standard behavioural parent training. Outcomes on child symptom measures, in addition to parent-report and observational measures of parenting and child emotional competence, will be presented and case examples will be discussed to illustrate the effectiveness of TLC. What we have learnt thus far from piloting the intervention will be covered, along with plans for future work. As the development of TLC is an ongoing process, feedback from clinicians and researchers attending the conference would be greatly valued.

Contributors: Dr Jennifer Allen, Nathan Faulkner; Kat Legge; Caroline Moul, Charlotte Wormald; Dr Bonamy Oliver, Professor Mark Dadds

2. Details of further presentations and contributors to be confirmed with delegate receipts.

Afternoon Session Four: Workshop on CBT for OCD with children and young people

Overview: The estimated prevalence of OCD among children and adolescents ranges from 1% to 4% and is associated with an increased risk of developing other anxiety and mood disorders. Although there is growing support for the efficacy of cognitive behavioural interventions for children with OCD, many previously investigated forms of CBT for children have been based largely on behavioural interventions in the form of exposure and response prevention. Exposure treatment can be highly anxiety provoking and children can therefore find this type of treatment hard to tolerate. The limitations of behavioural techniques have led to the development of cognitive models of adult OCD. Although there is limited information regarding the application of cognitive models to childhood OCD, it has been demonstrated that OCD in children may involve equivalent cognitive processes (Barrett and Healy, 2003, Mather and Cartwright-Hatton, 2004 and Williams et al., 2002) and therefore a more ‘cognitive’ approach to the treatment of childhood OCD may be beneficial.

Key Learning Objectives: The overall objective of the workshop will be to develop practical assessment, formulation and intervention skills for working with young people and their families with OCD. The primary focus will be on the use of cognitive-behavioural strategies and how these can be applied creatively (eg through role-play and the use of stories and metaphors etc) to work with children and adolescents. Specific theoretical and practical consideration will be given to the role of cognitions in young people with OCD including beliefs relating to: responsibility for harm, over estimation of danger, over importance of thoughts and intolerance of uncertainty. Ways of engaging and involving family members in treatment will also be considered.

Training Modalities: The workshop is intended to be interactive, and will include the use of some formal teaching in addition to other modalities such as group exercises and role-play.

Workshop Leader: Dr Catherine Gallop, IAPT High Intensity Lead, University of Exeter

Afternoon Session Five: Symposium on CBT in paediatric settings

Overview: Children and young people who come into contact with paediatric services are, with their families, subject to many challenges, anxieties and needs - the stresses of having an acute illness, injury or surgical intervention, the risk of a family crisis or self-harming or, in chronic or terminal cases, the task of adaptation and the prospect of pain and loss. In general, paediatric patients suffer twice the average rate of mental disorder, yet with skilled psychological, psychotherapeutic and mental health support, many will show significant improvements in both mental and physical health, gain a better understanding of their condition and its management, and achieve an enhanced quality of life. Multi-professional and multi-agency liaison is an important and intrinsic ingredient in this process as, over time, mutual learning and enrichment of skills and knowledge between paediatric and mental health colleagues is facilitated. The role of CBT in this paediatric setting and in the treatment, healing and caring process can be crucial and its effective and consistent application can contribute to the best outcome for the child or young person. Yet what, if any, measures are there to confirm its success and how can agencies and professional groups best work together to ensure positive results? These and associated issues will be explored in this workshop, which will gather together a broad church of disciplines and approaches, backgrounds and knowledge, skills and experience to encourage open and engaged discussion and debate and identify a possible strategy for achieving this.

Contributors: A multi-disciplinary panel of presenters and discussants.