ADVANCES IN COGNITIVE THERAPY

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ADVANCES IN COGNITIVE THERAPY [SM]

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INTERNATIONAL CONGRESS OF COGNITIVE PSYCHOTHERAPY

June 19th, 2008 the International Association for Cognitive Psychotherapy (IACP), along with the A.T. Beck Institute of Rome and the Institute of Behavioral and Cognitive Psychology and Psychotherapy of Florence (IPSICO), will host the sixth International Congress of Cognitive Psychotherapy. Drs. Antonella Montano and Davide Dèttore have been working hard to make this congress a great success. There are a number of exciting workshops on June 19th that many of you will be interested in:

1. J. Beck: "Cognitive therapy for weight loss and maintenance"
2. F. Dattilio: "Contemporary cognitive behaviour therapy with couples and families: A schema enhanced approach"
3. C. Fairburn & R. Dalle Grave: "Transdiagnostic cognitive behavior therapy for eating disorders"
4. A. Freeman: "Cognitive behavioral treatment of patients with narcissistic personality disorder"
5. P. Gilbert: "Working with shame and developing inner compassion: An introduction to compassion focused therapy"
6. R. L. Leahy: "Schema mismatch in the therapeutic relationship: Using roadblocks as opportunities for change"
7. J. Young: "Schema therapy for borderline personality disorder"
8. J. Kabat-Zinn: "Mindfulness in medicine and psychology – A first hand taste and clinical applications"

In addition, the conference will host a number of invited addresses:

1. M. Sungur: "Men and women in relationships: Similarities and differences"
2. P. Moderato: "3rd wave behavior therapy: Premises and promises"
3. K. Dobson: "Moving towards evidence-based practice guidelines: The case of depression"
4. S. Sassaroli & G.M. Ruggiero: "The forgotten cognitive construct of control in eating disorders: Research and therapeutic protocol"
5. F. Mancini, A. Gangemi, & P. Johnson Laird: "The role of reasoning in psychopathology"

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Editor's note: Albert Ellis, Ph.D., passed away on July 24, 2007. He had an enormous impact on psychotherapy throughout the world. He developed Rational Emotive Therapy, which shares some commonalities with Cognitive Therapy. Dr. David, one of his trainees, pays tribute to Dr. Ellis in the following article.

ALBERT ELLIS – "THE PRINCE OF REASON" IN MEMORIAM
DANIEL DAVID, PH.D., ACT

"…There is virtually nothing in which I delight more than throwing myself into a good and difficult problem…" (Albert Ellis)

This is a tribute to Dr. Albert Ellis whose passing away marks, in my view, the end of an era in psychotherapy: the era of "giant personalities" and "spiritual leaders/legends" (e.g., Freud, Perls, Rogers, etc.). The current generation of psychotherapists belongs to the era of psychotherapy as science, guided by outstanding scientists and rigorous data. The last representative of the old era, Albert Ellis, was, however, a bridge to the new one. This dual and contradictory nature of the **person** Albert Ellis – **scientist** and **"legend"** – marked his entire life.

Albert Ellis the person…

Albert Ellis was a unique, fascinating, and contradictory personality. In his passion for his work, sense of humor, unconventional style, curiosity, and creativity, he was an example of a **self-actualized person** in the true meaning of the word. He had the unique ability of "spiritual leaders" to polarize attitudes: some people worshipped him while others strongly criticized him. However, his charisma always attracted more people to support him and his work, and even those debating him held him in high regard.

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INSIDE THIS ISSUE

BOOK REVIEWS: FAMILY GUIDES FOR SCHIZOPHRENIA
MUESER, K.T., GINGERICH, S. (2006). THE COMPLETE FAMILY GUIDE TO SCHIZOPHRENIA.
KIDMAN, A. (2007). SCHIZOPHRENIA: A GUIDE FOR FAMILIES

Informational guides for patients and families struggling with schizophrenia are a welcome resource, but the quantity and quality of the information provided can greatly differ. These two books, published in the last two years, offer approaches to aid families in understanding this disease and the treatments available.

The Kidman volume is a brief overview of schizophrenia. It is written in accessible language but it is limited by its brevity and therefore includes little detail about diagnosis, causal theories, or treatments other than CBT. It could be a resource for families needing an introduction to some basics of CBT for psychosis.

The Mueser and Gingerich volume, in contrast, is an extensive reference for families. It begins with an overview of the disease of schizophrenia and then moves into separate, comprehensive sections including special issues for specific family members, preventing relapse, creating a supportive environment, and improving quality of life. The information provided is clearly written, realistic, optimistic in tone, and useful for families at many stages of dealing with the challenges of schizophrenia.

The suggestions given utilize CBT approaches and address practical aspects of common challenges faced by families. For example, there is a chapter on problem solving, giving a step-by-step method (with worksheet, if needed) and then grounding the method in two examples of families dealing with specific problems and how they worked through them. The first example is of a family noticing an increased number of arguments between their son who has schizophrenia and their daughter. In using the steps given in the chapter, the family defines the problem, generates possible solutions, evaluates the solutions, chooses the best solution, plans how to carry out the solution and then evaluates whether or not the solution worked. The other example was of a mother who had to problem-solve on her own because her daughter did not wish to participate. Again, you are taken briefly through the steps to a solution.

Ideally, any guide book will act as a jumping-off place for discussions between clinician and patient and/or family. As a clinician in a large public academic setting, I would highly recommend the Mueser and Gingerich guide to any patient or family seeking a greater understanding of the complex challenges

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CONTENT, CONTEXT & METACOGNITION

Cognitive therapists today have to rise to meet the challenge of accumulating pure and applied research demonstrating various parallel processing systems and concepts, e.g., procedural/propositional (declarative), serial/parallel, emotional/intellectual, cognitive/meta-cognitive and content/context, just to name a few.

I would argue that at least in its early theoretical formulations, cognitive therapies and other schema oriented therapies have emphasized content (declarative) oriented conceptualizations and interventions. I believe that a shift that may be helping to optimize CBT today is the greater attention being paid to the conceptualization and intervention at the procedural, meta-cognitive levels.

The emergence of mindfulness, meta-cognitive, contextualist, dialectical and other so-called third generation CT methods and concepts may be at least partly attempts to redress various parallel processing complexities and discrepancies, (e.g., intellectual vs. emotional, declarative vs. procedural processing). Such discrepancies are increasingly demonstrated by neurophysiological and information processing research demonstrating the ubiquity of parallel processing both in and out of awareness.

One applied example among many possible challenges raised by such findings is whether and how to optimally intervene on a *declarative* vs. a *procedural* level, e.g., a *core belief* vs. a *conditional belief*. Cognitive therapists and Schema therapists have given a central place in our conceptualizations and hence to our interventions to "core beliefs" (declarative beliefs), e.g., "I am a worthless". Even its overly reified name has given core beliefs excess meaning and importance. Our vertical descents are often described as having gone deep enough, if they arrive at a core belief. As a supervisor, I have seen our graduate students come out of their training ready to engage such core beliefs with attention, time, energy, hypothesis testing, and evidence collection. This of course validates and models for their patients that this belief is important and should be attended to and engaged. How do we decide whether this is the optimal belief for intervention? While not being explicitly stated anywhere, the lowly sounding relative to core beliefs, the "conditional beliefs," seem to take second place.

To further complicate the choice of an optimal point of intervention, what kind of "conditional belief" should we work with? Is it the traditional behavioral conditional beliefs, such as "if I am worthless, then I should get a face lift" or the meta-cognitive conditional beliefs, "If I feel or think I am worthless, then it means I am broken and defective?" We are in need of more specific empirical guidelines for deciding on the optimal cognitions (core or conditional) on which to intervene, and empirical guidelines for how to best work with either.

Which type of cognition is best suited to: Testing its declarative content? Work with its functionality? Expose and extinguish its declarative form? Place it in mindful contexts? Practice discrimination training on its functional and objective qualities? Do all of these interventions

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GROUP PRACTICE SUPERVISION FROM A COGNITIVE/INTEGRATIVE MODEL

The clinical staff members of the Capital Institute for Cognitive Therapy arrive with diverse theoretical and practical backgrounds. Some identify primarily with standard cognitive therapy. Others have been trained in radical behavioral approaches or "third wave" models, such as DBT and ACT. In addition, many have backgrounds in psychodynamic or humanistic/existential approaches. One of the challenges and pleasures of supervising in this setting has been finding a way to train staff members that promotes a uniform therapeutic approach consistent with the goals of the practice.

At the core of the work we do is a twin commitment to Beckian cognitive theory and to providing empirically supported interventions for specific disorders. In addition, we have a strong interest in integrating concepts and techniques from other schools of therapy when they can be understood in ways that are consistent with our core commitments.

Linking these theoretical influences is a model that assumes that cognition, emotion, behavior, memory, motivation, and physiology are all intimately connected and all operate within the person as he/she functions within various interpersonal and cultural contexts in which he/she is always simultaneously acting and being acted upon. Patients' difficulties result from the activation and application of maladaptive schemas which involve not only networks of beliefs, but specific patterns in all of the functional systems mentioned above. Events in any one system can trigger the entire "program" of linked responses across all other systems. Therapy involves helping patients to identify their maladaptive "programs," decenter from them, learn to deactivate them, and eventually alter the schemas and related patterns of response across all systems. Interventions in any of the systems are likely to produce changes across all systems.

This model provides a framework that can incorporate the ideas and techniques staff members bring from prior training, while tying them back to a cognitive model. Questions and challenges to a Beckian approach can come from the "left" and the "right". Behaviorally trained clinicians may question the usefulness of cognitive interventions. Here it is important to emphasize the central importance of behavioral techniques in cognitive therapy. However, it is also important to point out that, unless they are directly manipulating the contingencies in the patient's environment, anything they do with the patient inevitably involves cognition. Further, they can be helped to see the times and ways that cognitive interventions can aid and extend their behavioral work. Clinicians with backgrounds in "third wave" approaches can be helped to move away from dichotomous thinking that views these models as antithetical to cognitive therapy and to understand that, while they may have aspects of "meta-theory" that seem contradictory to cognitive theory, on the level of therapeutic strategy and techniques the important contributions of these therapies are, in fact, consistent with sophisticated application of cognitive therapy.

Clinicians with psychodynamic or existential interests may be inclined, on the other hand, to see behavioral and cognitive interventions as simplistic and lacking the depth and complexity. Here it can be important to help them understand that good cognitive therapy moves from automatic thoughts to core beliefs and aims, ultimately, for "structural change" of patients' schemas. Often we must help patients come to terms with the existential realities of uncertainty, suffering, and death. Clinicians can be taught that cognitive and behavioral interventions can be used not only to change belief, but also as tools for exposing and exploring "deeper" cognitive structure, and that a focus on affect is crucial in accessing core schemas. The symptom focused interventions of most empirically supported protocols, rather than preventing exploration, can be the first steps in a progressively deepening therapeutic process.

In helping staff develop greater competence it is important to oscillate repeatedly between the nuts and bolts of technique to broader theoretical concepts, and back again. Like our patients, staff members will fail to try or not properly apply a technique when they do not understand the rationale. On the other hand, if a technique such as cognitive challenge or exposure is not executed with precision, it will not be fully successful and the clinician may be discouraged from using it again. Over and over I have had to help staff members understand that the devil and the clinical payoff are in the details.

A stance of collaborative empiricism is, of course, as important in supervision as in therapy. I have found it helpful to explore staff members' thoughts that seem contradictory to the kind of work we do and to help them understand, through Socratic dialogue, how their concerns can be met within the cognitive model, rather than to dismiss their ideas or tell them to do it "my" way. That said, it has been useful at times to suggest, as a form of exposure or behavioral experiment, that the clinician temporarily set aside their doubts about a particular technique and simply try it. Of course, staff are also encouraged to practice with themselves all of the techniques they use with their patients.

Finally, it is inevitable that we explore not only our patients' schemas, but our own. Supervision is explicitly not therapy. However, for each of us, our schemas influence both what we are good at and what we struggle with in our work. Like therapy, each supervisory relationship develops its own themes, as we move from working on specific problems to noting how the therapist's own assumptions and core beliefs are involved in the aspects of clinical work that are hard for them. The notion that therapy is always an interaction between two people, each with their own set of schemas, is fundamental, and I try to model this by sharing my own clinical struggles and schema processing in supervision.

Working this way with the staff has been enormously rewarding. Often there is an on-going conversation that develops from individual supervision to group case conference and back again. Watching staff grow in competence and confidence is as gratifying as watching patients improve. Working with an open, integrative model has allowed staff members to bring their own strengths and expertise to the practice and to develop their own distinct individual style within the structure of cognitive therapy and empirically supported practice. In the process, of course, I get the added benefit of learning from each of them.

Stephan J. Holland, Psy.D., ACT
Director, Capitol Institute for Cognitive Therapy

Academy Members 2007 Publications, Honors and Awards

We congratulate the members of the Academy of Cognitive Therapy and the International Association for Cognitive Psychotherapy for their many accomplishments in 2007. The following is a sample of our members' honors, awards, and activities from last year. They are listed under the name of the author by whom each contribution was submitted.

MARTIN ANTONY authored or co-authored the following publications:

Books Published or in Press

Antony, M.M., & Stein, M.B. (in press). *Oxford handbook of anxiety and related disorders.* New York: Oxford University Press.

Antony, M.M., & Swinson, R.P. (in press). *Shyness and social anxiety workbook: Proven, step-by-step techniques for overcoming your fear* (2nd edition). Oakland, CA: New Harbinger Publications.

Antony, M.M., & Rowa, K. (in press). *Social anxiety disorder: Psychological approaches to assessment and treatment.* Göttingen, Germany: Hogrefe.

Antony, M.M., Purdon, C., & Summerfeldt, L.J. (Eds.). (2007). *Psychological treatment of OCD: Fundamentals and beyond.* Washington, DC: American Psychological Association.

Antony, M.M., & Rowa, K. (2007*). Overcoming fear of heights: How to conquer acrophobia and live a life without limits*. Oakland, CA: New Harbinger Publications.

Videos Published or in Press

Antony, M.M. (in press). *Behavior therapy over time* (DVD Video). Washington, DC: American Psychological Association.

Antony, M.M. (in press). *Cognitive behavioral therapy for perfectionism over time* (DVD Video). Washington, DC: American Psychological Association.

Antony, M.M. (2007). *Obsessive-compulsive behavior* (DVD Video). Washington, DC: American Psychological Association.

Publications in Peer Reviewed Journals

Beaton, E.A., Schmidt, L.A., Ashbaugh, A.R., Santesso, D.L., Antony, M.M., & McCabe, R.E. (in press). Resting and reactive frontal brain electrical activity (EEG) among a non-clinical sample of socially anxious adults: Does concurrent depressive mood matter? *Neuropsychiatric Disease and Treatment.*

Carleton, R.N., Collimore, K.C., Asmundson, G.J.G., McCabe, R.E., Rowa, K., & Antony, M.M. (in press). Refining and validating the Social Interaction Anxiety Scale and the Social Phobia Scale. *Depression and Anxiety*.

Ching, S., Rockwell, G., Thoma, A., & Antony, M.M. (in press). Clinical research in aesthetic surgery. *Clinics in Plastic Surgery*.

Katerelos, M., Hawley, L., Antony, M.M., & McCabe, R.E. (in press). The exposure hierarchy as a measure of progress and efficacy in the treatment of social anxiety disorder. *Behavior Modification.*

Moscovitch, D.A., McCabe, R.E., Antony, M.M., Rocca, L., & Swinson, R.P. (in press). Anger experience and expression across the anxiety disorders. *Depression and Anxiety*.

Ashbaugh, A., Antony, M.M., Liss, A., Summerfeldt, L.J., McCabe, R.E., & Swinson, R.P. (2007). Changes in perfectionism following cognitive-behavioral treatment for social phobia. *Depression and Anxiety, 24*, 169-177.

Green, S.M., Antony, M.M., McCabe, R.E., & Watling, M.A. (2007). Frequency of fainting, vomiting, and incontinence in panic disorder: A descriptive study. *Clinical Psychology and Psychotherapy, 14*, 189-197.

Grös, D.F., Antony, M.M., Simms, L.J., & McCabe, R.E. (2007). Psychometric properties of the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA): Comparison to the State-Trait Anxiety Inventory (STAI*). Psychological Assessment, 19*, 369-381.

Purdon, C., Rowa, K., & Antony, M.M. (2007). Diary records of thought suppression attempts by individuals with obsessive-compulsive disorder. *Behavioural and Cognitive Psychotherapy, 35*, 47-59.

Rowa, K., Antony, M.M., Summerfeldt, L.J., Purdon, C., Young, L., & Swinson, R.P. (2007). Office-based vs. home-based behavioral treatment for obsessive-compulsive disorder. *Behaviour Research and Therapy, 45*, 1883-1892.

Taube-Schiff, M., Suvak, M.K., Antony, M.M., Bieling, P.J., & McCabe, R.E. (2007). Group cohesion in cognitive behavioral group therapy for social phobia. *Behaviour Research and Therapy, 45*, 687-698.

Antony, M.M., Coons, M.J., McCabe, R.E., Ashbaugh, A.R., & Swinson, R.P. (2006). Psychometric properties of the Social Phobia Inventory: Further evaluation. *Behaviour Research and Therapy, 44*, 1177-1185.

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Academy Members 2007 Publications, Honors and Awards

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Chapters Published or in Press

Antony, M.M., & Stein, M.B. (in press). Future directions in anxiety disorders research. In M.M. Antony & M.B. Stein (Eds.), *Oxford handbook of anxiety and related disorders*. New York: Oxford University Press.

Antony, M.M., Federici, A., & Stein, M.B. (in press). Overview and introduction to anxiety disorders. In M.M. Antony & M.B. Stein (Eds.), *Oxford handbook of anxiety and related disorders*. New York: Oxford University Press.

Federici, A., Rowa, K., & Antony, M.M. (in press). Adjusting treatment for partial- or non-response to contemporary cognitive-behavioral therapy. In D. McKay, J. Abramowitz, & S. Taylor (Eds.), *The expanded scope of cognitive-behavior therapy: Lessons learned from refractory cases*. Washington, DC: American Psychological Association.

McCabe, R.E., & Antony, M.M. (in press). Anxiety disorders: Social and specific phobias. In A. Tasman, J. Kay, J.A. Lieberman, M.B. First, & M. Maj (Eds.), *Psychiatry* (3rd ed.). Chichester, UK: John Wiley and Sons.

Moscovitch, D.A., Antony, M.M., & Swinson, R.P. (in press). Exposure-based treatments for anxiety disorders: Theory and process. In M.M. Antony & M.B. Stein (Eds.), *Oxford handbook of anxiety and related disorders*. New York: Oxford University Press.

Rowa, K., McCabe, R.E., & Antony, M.M. (in press). Specific phobia and social phobia. In J. Hunsley and E.J. Mash (Eds.), *A guide to assessments that work*, New York: Oxford University Press.

Rowa, K., & Antony, M.M. (in press). Generalized anxiety disorder. In W.E. Craighead, D.J. Miklowitz, & L.W. Craighead (Eds.), *Psychopathology*. Hoboken, NJ: Wiley.

Rowa, K., Antony, M.M., & Swinson, R.P. (2007). Exposure and ritual prevention. In M.M. Antony, C. Purdon, & L.J. Summerfeldt (Eds.), Psychological treatment of OCD: *Fundamentals and beyond* (pp. 79-109). Washington, DC: American Psychological Association.

WENDY BEHARY had her book published by New Harbinger, *Disarming the Narcissist - Surviving and Thriving with the Self-Absorbed.*

FRANK DATTILIO received the 2007 Award for Contribution to Clinical Psychology and Humankind by the Philadelphia Society of Clinical Psychologists. In addition, he authored or co-authored the following publications:

Dattilio, F.M. & Freeman, A. (Eds.) (2007). *Cognitive-behavioral strategies in crisis intervention* (3rd ed.). New York: Guilford.

Dattilio, F M. (2007). Breaking the pattern of interruption in family therapy. *The Family Journal, 15*(2), 163-165.

Kazantzis N., & Dattilio, F.M. (2007). Special series beyond basics: Using homework in cognitive-behavioral therapy with challenging patients. *Cognitive and Behavioral Practice, 14*(3), 249-251.

Dattilio, F.M., Tresco, K. E. & Siegel, A. (2007). An empirical survey of psychological testing and the use of the term "psychological": Turf battles or clinical necessity. *Professional Psychology: Research and Practice, 38*(6), 682-689.

Dattilio, F.M. & Dickson, J. (2007). Assigning homework to couples and families. *Cognitive and Behavioral Practice, 14*(3), 268-277.

EDRICK H. DORIAN received his ABPP in Clinical Psychology.

KIMBERLY A. HEPNER was first author on the following publication:

Hepner K.A., Rowe, M., Rost, K., Hickey, S.C., Sherbourne, C.D., Ford, E., Meredith, L.S. & Rubenstein, L. (2007). The effect of adherence to practice guidelines on depression outcomes. *Annals of Internal Medicine, 147*, 320-329.

CORY F. NEWMAN (Director of the Center for Cognitive Therapy and Associate Professor of Psychology in Psychiatry, University of Pennsylvania School of Medicine) delivered invited lectures (along with playing a piano recital of the music of Chopin) at the Psychotherapy School and CBT Centre (Szkola Psychoterapii Poznawczo-Behawioralnej) in Warsaw, Poland in May. In July, Dr. Newman presented a keynote address entitled "Power Supervision: Training the Next Generation of CBT Clinicians to Excel in Both Technical Merit and Artistic Impression" at the World Congress of Behavioral and Cognitive Therapy in Barcelona, Spain.

CHRISTINE A. PADESKY received the Aaron T. Beck Institute for Cognitive Studies Annual Award for "Excellence in Contributions to CBT" and the 2007 Aaron T. Beck Award from the Academy of Cognitive Therapy for her "significant and enduring contributions to the field." She was also selected to give the

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CONTENT, CONTEXT & METACOGNITION

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work equally well with all types of cognitions and syndromes? Some contemporary CBT practitioners are converging on the prioritizing of procedural knowledge and meta-cognitive beliefs as an optimal point of process and/or context oriented intervention.

Adrian Wells explicitly hypothesized, in his self-regulating executive function model (S-REF), that "*It may not be helpful to think of dysfunctional beliefs in purely declarative form, and it is important to consider the meta-cognitive belief domain. It is useful to think of declarative beliefs such as "I'm foolish," as data or output that is linked to procedural knowledge (plans) that guide coping and cognition. It is necessary in treatment to develop procedural knowledge so that beliefs exert an influence on cognition and coping that is capable of sustaining adaptive experience,*" (pp. 127, Emotional Disorders & Meta-cognition, Innovative Cognitive Therapy, 2000).

More data on such hypotheses and their applied interventions would further direct us toward optimizing the choice of targeted beliefs and which cognitive interventions may optimally match various types of cognitive processes. More empirical research directed at whether a greater emphasis on conditional beliefs and/or other forms of procedural knowledge is greatly needed. However, in the meantime, a greater priority on procedural and conditional beliefs seems prudent. Anecdotally, many of the CT colleagues I have spoken with seem to agree with this as an emerging hypothesis. Our young clinicians and researchers would do well to pay more attention to these distinctions and their applied consequences.

Mark Sisti, Ph.D.
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WWW.SuffolkCognitiveTherapy.com
Founding Fellow, Academy of Cognitive Therapy
Adjunct Professor, Yeshiva University, Ferkauf Graduate School
VP Freedom From Fear

PUBLICATIONS, AWARDS & HONORS

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Opening Ceremony Welcome address at the fifth World Congress of Behavioural and Cognitive Therapies Congress held in Barcelona, Spain, as well as an invited address and workshop at this Congress.

In 2007, Dr. Padesky also published 6 DVDs for CBT training and 22 audio CD training programs.

ADAM RADOMSKY received the 2007 Canadian Psychological Association President's New Researcher Award.

PAMELA WEIGARTZ and **KEVIN GYOERKOE** had their book published by New Harbinger, *10 Simple Solutions to Worry: How to Calm Your Mind, Relax Your Body and Reclaim your Life*.

BOOK REVIEW

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facing them with schizophrenia and realistic, hopeful ways of meeting those challenges.

Mary Read, M.D.
Assistant Professor
David Geffen School of Medicine
Harbor-UCLA Medical Center

Mueser, K.T., Gingerich, S. (2006). The Complete Family Guide to Schizophrenia. New York: Guilford Press, 480 pp., Hardcover $40.00, Paperback $17.95.

Kidman, A. (2007). Schizophrenia: A Guide for Families. Australia: Biochemical and General Services, 48 pp., $16.95.

ICCP IN ROME 2008

The A.T. Beck Institute of Rome and the Institute of Behavioural and Cognitive Psychology and Psychotherapy of Florence (IPSICO) are pleased to announce the 6th International Congress of Cognitive Psychotherapy of the International Association for Cognitive Psychotherapy (IACP).

The meeting will be an extraordinary opportunity to present and discuss outstanding research and applications of clinical science in daily practise in the fields of Cognitive-Behavioural Psychotherapy, Psychiatry and Behavioural Medicine. The participants will also be able to hear about combined benefits of two major evidence-based approaches, namely Psychopharmacology and Cognitive-Behavioural Therapy. Congress will be held at the Angelicum, the Pontifical University of Saint Thomas Aquinas, in the charming and evocative atmosphere of Rome: the perfect setting for such a special event.

We hope the Congress will be memorable for the scientific and professional knowledge presented, as well as a great opportunity to meet and exchange ideas with colleagues from East and West. No doubt the Italian hospitality and the warm atmosphere of the setting will make the social events unforgettable. We hope to welcome you to Rome in 2008 and give you the opportunity to visit one of the most ancient and beautiful cities in the world.

For more information about the conference, please visit:

www.iccp2008.com

Albert Ellis – "The Prince of Reason" In Memoriam

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Albert Ellis the scientist…

Starting as a psychoanalyst, he then ignited the torch of the cognitive revolution in psychology with his landmark article "Rational Therapy" (1958) and his seminal book "Reason and Emotion in Psychotherapy" (1962). Although other professionals (e.g., Adler, Horney, Kelly) had stressed the importance of cognitions in the clinical field, they did not promote the cognitive paradigm as an entity in and of itself.

Ellis is the founding father of Rational Emotive Behavior Therapy, the first form of cognitive-behavioral therapy. An open-minded professional, he adjusted his first version: "rational therapy" under the influence of the humanistic movement, towards "rational-emotive therapy," and then the behavioral movement, towards "rational-emotive behavior therapy." At the end of his life he said that a better choice would have been "cognitive" rather than "rational" because the word "rational" generates philosophical and logical disputes, which alter the clinical meaning of the construct (Ellis, personal communication). He founded the Albert Ellis Institute, a world-famous psychotherapy center, to disseminate his rational-emotive & cognitive-behavioral therapies worldwide, based on rigorous standards.

His paradigmatic change in psychology is represented by his influential A (activating events) B (beliefs) C (consequences) model, which is the general foundation of cognitive-behavioral therapies. His more specific landmark contributions to the clinical field are related to: (1) the role of demandingness (i.e., rigid and absolutistic thinking) and awfulizing (i.e., catastrophizing) as "causal" cognitive psychological mechanisms in psychopathology and the role of acceptance/preference as health promoting mechanism; (2) the role of metaemotions (i.e., secondary emotions) and metadisturbances (i.e., secondary disturbances) in the psychotherapeutic process; (3) the use of a confrontational style in cognitive restructuring, in well-established conditions (e.g., type of client, type of problem etc.).

Due to the above, he is considered one of the main pillars of the cognitive revolution in psychology, and one of the founding fathers of the cognitive-behavioral therapies.

Albert Ellis the legend…

Albert Ellis was a living legend; he is always ranked in professional surveys among the most influential psychotherapists of all time. Psychology Today (2001) has named him "The Prince of Reason." Some of his statements have become collected quotes (http:www.Rebtresources.info/) and he inspired cartoons (e.g., Retman; www.psychotherapy.ro), songs (e.g., Rational Songs; Ellis, 1977) and plays (e.g., in the Broadway play "Trumbo," he was mentioned as a great humanitarian; New Yorker, 2003). During the last years of his life, he was even compared to Buddha (as an example of an enlightened person) (Christopher, 2003). Now that he is gone, the legend will only get stronger, maybe becoming a myth!

As one can see even in this memorial, even after death, the dual nature of the **person** Albert Ellis - **scientist** and **legend** - is still haunting us. However, no matter in what way, the great **person** Albert Ellis will always live in our work, hearts, and memories.

References

- Christopher, M.S. (2003). Albert Ellis and the Buddha: Rational soul mates? A comparison of rational emotive behaviour therapy and Zen Buddhism. *Mental Health, Religion & Culture, 6,* 283-293.
- Ellis, A. (1977). *A garland of rational songs*. Institute for Rational Emotive Therapy, New-York.
- Psychology Today Magazine, Jan/Feb 2001. *The Prince of Reason An interview with Albert Ellis, developer of rational emotive behavior therapy. The groundbreaking treatment rests on the premise that most of our emotional problems are based on irrational beliefs.* (by Robert Epstein).
- The New Yorker magazine, October 13, 2003, pp. 42-43. *The Human Condition Ageless, Guiltless* (by Adam Green).

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Professor,
Head of Department of Clinical Psychology and Psychotherapy
Babes-Bolyai University, Cluj-Napoca, Romania

President's Corner

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6. A. Semerari: "Axis 1, axis 2: Do clinical differences require different psychotherapeutic strategies?"
7. D. Dèttore: "Reasoning and obsessive-compulsive disorder"
8. A. Meneghelli: "Cognitive-behaviour therapy and early intervention: The future for psychosis?"
9. A. Montano: "Homosexuality, homophobia and mindfulness: Evidences in clinical applications"
10. P. Gilbert: "Understanding and treating shame compassionately: An evolutionary approach"
11. J. Kabat–Zinn: "Mindfulness in medicine and psychology – Lessons from the past and challenges for the future"
12. J. Beck: "Cognitive therapy for personality disorders"
13. A. Freeman: "We care for others, but who cares for us?"
14. F. Dattilio: "Expanding the scope and concept of schema"
15. R. L. Leahy: "Beyond rationality: The role of emotion in cognitive therapy"
16. J. Young: "Schema therapy: New advances with difficult personality disorders"
17. C. Fairburn: "The broader implications of the research on the treatment of eating disorders"

There are also numerous symposia and poster sessions covering a wide range of research, clinical and theoretical topics. Needless to say, the social program and the opportunity to enjoy the beauty, history, enchantment and – of course – food of the eternal city of Rome are reasons enough to attend this exciting international conference. Members of the IACP will receive a significant discount on registration if they register prior to April 1 and a smaller discount registering after. You can register at www.ICCP2008.COM. If you are not already a member of the IACP I urge you to join ASAP. To join IACP go to our website at http://www.the-iacp.com/.

Robert L. Leahy, Ph.D., ACT
President, Academy of Cognitive Therapy
President, International Association of Cognitive Psychotherapy

WELCOME NEW MEMBERS!

ACT and IACP would like to congratulate those who were certified in cognitive therapy during 2007 and those ACT members who recently became Fellows:

Richard A. Bermudes, M.D.
James A. Carter, Ph.D.
Cindy Chan, M.S.Sc.
Martina Sim-Ling Cheung, M.Soc.Sci.
David W. Clark, LMSW
Cynthia Comparato, MA, MSW, LCSW
Natasha Crewdson, Ph.D.
Nicole N. Eid, MA
Perry Friedman, Ph.D.
Julio Cesar Garcia, Ph.D.
Kimberly A. Hepner, Ph.D.
Nancy L. Herron, LCSW
Cleopatra Jeffries, MSW
Florence Yung Kwok, M.Phil.
Tamara Macharaschwili, MSW, LMSW
Carolina McBride, C.Psych.
Winifred A. Merritt, M.D.
Gail Myhr, M.D., M.Sc., FRCPC
Elisa E. Nebolsine, LCSW
Carole B. Okun, LCSW-R
Carolyn D. Orr, MSN, APRN-BC
Antonia M. Pieracci, Ph.D.
Arthur J. Rathgeber, Ed.D.
Jeff Riggenbach, Ph.D.
Lisette J. Rodriguez, MS, APRN
Lori A. Ryland, Ph.D., LP
Peter Sakuls, M.D.
Jesus A. Salas, Psy.D.
Pamela J. Stanley, LPCC
Jeanne Talbot, MD, Ph.D., FRCPC
Mary Beth Whittaker, LCSW

ACT Fellows:
Daniel David, Ph.D.
Roger Ng, MRC Psych (UK)
Emel D. Stroup, Psy.D., ABPP

NEWSLETTER SUBMISSIONS

Submissions to *Advances in Cognitive Therapy / Cognitive Therapy* are accepted on an ongoing basis. Topic areas include clinical issues, research updates, conference and training information, and summaries of CBT-related activities around the world. We are particularly interested in submissions from practitioners and researchers outside of the U.S. Submissions should be 350-700 words and sent in Word format with no more than five references. Send submissions to:
Dr. Lynn McFarr

L.McFarr@ucla.edu

ADVANCES IN COGNITIVE THERAPY/ COGNITIVE THERAPY
A JOINT PUBLICATION OF THE ACADEMY OF COGNITIVE THERAPY AND THE INTERNATIONAL ASSOCIATION OF COGNITIVE PSYCHOTHERAPY

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