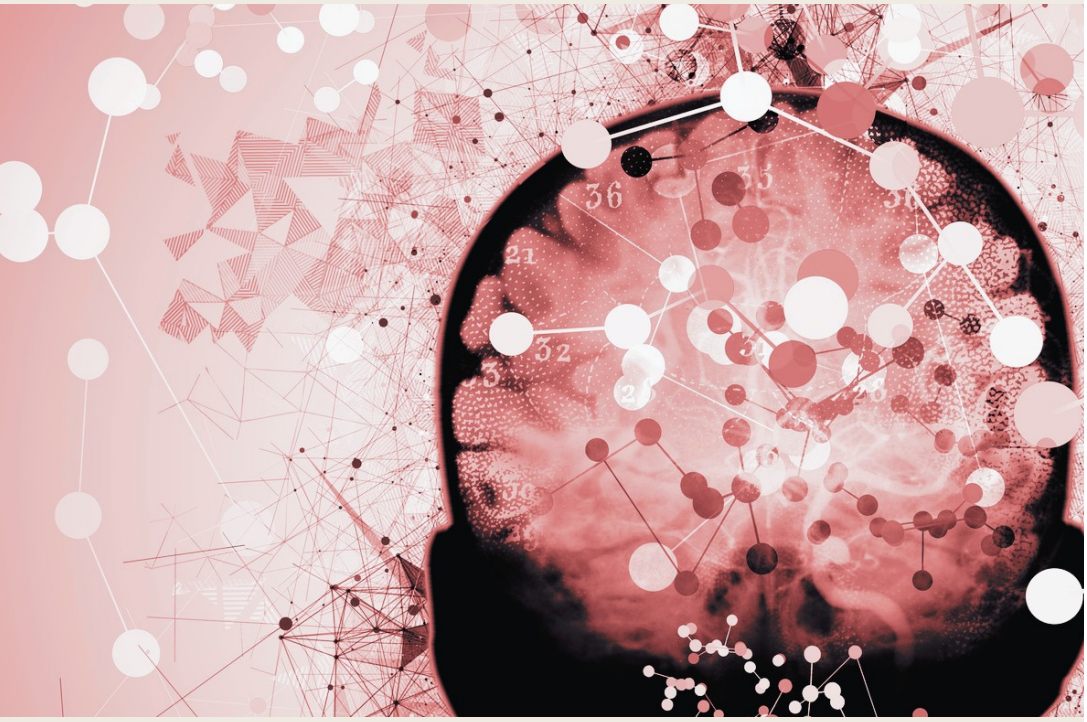
SUMMER 2021 ISSUE

ADVANCES IN Cognitive Therapy newsletter

Publication of: The Academy of Cognitive & Behavioral Therapies (A-CBT) & The International Association of Cognitive Behavioral Therapy (IACBT)



IN THIS ISSUE:

EDITOR: Scott Waltman, PsyD, ABPP, A-CBT

A-CBT'S PRESIDENT'S COLUMN

Elaine S. Elliott-Moskwa, Ph.D.

As I write this column in San Diego, the CDC has lifted its mask guidance for people who have been vaccinated. The crowds who enjoy the beaches here belie the horrific misery in India and other parts of the world where the pandemic rages. I am vaccinated and privileged to have access to amazing health care. The physical and emotional anguish of those less fortunate is unfathomable.

Although vaccines will quell the physical suffering of COVID 19, the mental health consequences may persist well after the world reaches herd immunity. A report of the CDC (Vahratian et. al, 2021) is disquieting in terms of the impact of the pandemic in the United States. Using the Patient Health Questionnaire for depression and anxiety, they found the percentage of adults with symptoms of anxiety or depression significantly increased. Moreover, the percentage of adults reporting unmet mental health care needs significantly increased.

What is remarkable is that despite the challenges of the pandemic, previous research on epidemics, disasters and other traumatic events indicates that a majority may be resilient. That is, after an initial increase in distress most people will recover. Nonetheless, a sizeable number of individuals will experience chronic complications. The negative effects including increased substance abuse and suicide ideation are disproportionately represented by young adults, Hispanic and black persons, those with pre-existing psychiatric conditions, essential workers, and adult caregivers (Czeisler et. al, 2020).

Who is developing the vaccine for what may be a post-pandemic wave of mental health problems compounded by social injustice and economic disparities? Is there one vaccine or many that could inoculate those who are at risk?

That's where the Academy's affiliation with the International Association of Cognitive Psychotherapy (IACP) plays a part. The IACP sponsored 10th International Congress of Cognitive Psychotherapy (Rome) was filled with dedicated international researchers searching for answers to tough real-world questions and taking evidence-based steps forward. It included many well-known presenters who devoted years to developing "vaccines" that increase resilience of the vulnerable. For example, at the congress you could learn the latest from Paul Gilbert with Compassion Focused Therapy, Steven Hayes and Stefan Hofmann with Process-Based Cognitive Behavioral Therapy and Robert Leahy with Emotional Schema Therapy. Importantly, this event included many unsung yet committed researchers who may someday contribute to an arsenal of "vaccines".

If you are not a member of IACP, please consider joining this vibrant organization whose mission is to alleviate human suffering by facilitating the world-wide development, utilization, and growth of cognitive psychotherapy as a scientific discipline and professional activity. Doing so will honor IACP's visionary founder Aaron T. Beck, the scientist who laid the groundwork for all current and future CBT vaccines. The world shouts out gratitude for his awesome contributions on his 100th birthday!

If you have questions or suggestions, feel free to email me at eelliottmoskwa@gmail.com

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IACBT'S PRESIDENT'S COLUMN

Lynn M McFarr, Ph.D.

It's been an eventful quarter for the IACP. First and foremost the **International Congress of Cognitive Psychotherapy (ICCP)** was held virtually (although our hearts were definitely with Dr. Antonella Montano in Rome) in May, 2021. It was a tremendous success with participants from across the globe spanning the world of CBT. I sat in on several excellent keynotes including Dr. Leahy's on regret. Bravo for a successful Congress In the most trying of times! It was a delight to honor Mehmet Sunger with a certificate of appreciation as he helmed the conference on behalf of the IACP.

Next, the IACP board had a long overdue virtual strategic planning meeting in June 2021. We met for four days at the crack of dawn Pacific time to reestablish our mission and chart our course.

A new mission, and a name to reflect it.

The Board unanimously agreed to update our mission. Our new mission statement is as follows,

"Connecting international CBT researchers, providers, and communities to ensure that global modern integrative CBT is innovative, personal, charitable, and accessible."

We wanted to reflect the broader umbrella of CBT while still honoring our cognitive roots. Accordingly, our updated name is the International Association of Cognitive Behavioral Therapy (IACBT).

The board also felt that it was confusing to have a Congress that did not reflect the name of the host organization as other orginzations do (ABCT and EACBT to name a few) and have rebranded our Congress to be the IACBT Congress. Our next Congress will be in St Petersburg in 2024. We hope you join us! We decided to push the date back a year to reflect the change in dates of the ICCP conference and the World Congress in Seoul, Korea in 2023 https://www.wccbt2023.org/

The IACBT is proud to have two seats on the board of World Confederation of CBT (WCCBT.org). The board agreed that delegates for the WCCBT board would be the President and Past President of the IACBT. the IACBT Past President will serve as the primary liaison.

Our primary focus now is to update our website so members can have access to all of the IACBT resources. We are also working closely with he Academy to plan regional trainings and mini conferences. We look forward to our continued growth and your participation in it.

"Connecting international CBT researchers, providers, and communities to ensure that global modern integrative CBT is innovative, personal, charitable, and accessible."

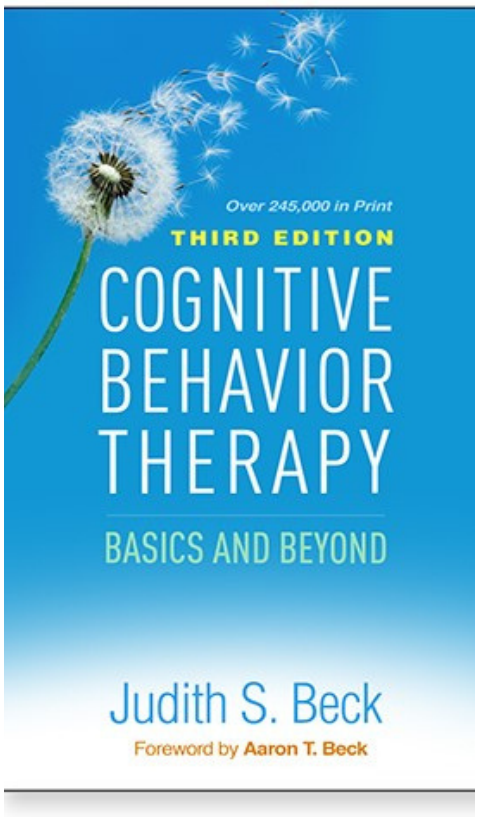
HOW DO YOU REVISE A BOOK? THE THIRD EDITION OF COGNITIVE BEHAVIOR THERAPY: BASICS AND BEYOND

Judith S. Beck, Ph.D.
President, Beck Institute for Cognitive Behavior Therapy; Clinical Professor, University of Pennsylvania

I was pleased to be asked by ACT to write about my experience revising Cognitive Behavior Therapy: Basics and Beyond. The third edition of the book, published last fall, took me close to two years to revise. Although I enjoyed writing it, I was really happy when it was finished and off my desk. I was even happier when I saw the finished product, with a beautiful cover that reflected the spirit of hope that CBT offers to individuals around the world.

The new edition contains over 50% new material, and I am especially pleased with six particular elements:

·I incorporated Recovery-Oriented Cognitive Therapy principles throughout the book.
·I used a more seriously depressed and anxious client as the example throughout the book, along with a second client who had strong traits of borderline personality disorder.
·I created a Strength-Based Cognitive Conceptualization Diagram to go along with the traditional Problem-Based Cognitive Conceptualization Diagram.
·I set up a companion webpage that has videos of therapy sessions with annotated transcripts, worksheets, and other resources.
·I included a chapter on incorporating mindfulness into CBT; and
·I put a much greater emphasis on the therapeutic relationship.



I always tell trainees that I'm a much better therapist today than I was five years ago, and I hope to be a much better therapist five years from now. The book contains the advancements in the theory and practice of CBT that I've learned about in the past decade or so. In fact, I spend a great deal of time staying current. I read articles and books in various mental health and related fields, including, for example, neuroscience and public health. I attend a number of national and international CBT conferences every year. I'm in frequent contact with colleagues who do cutting-edge research. And I also learn a great deal from my dad, Aaron Beck, and case conferences with the clinicians at Beck Institute.

HOW DO YOU REVISE A BOOK? THE THIRD EDITION OF COGNITIVE BEHAVIOR THERAPY: BASICS AND BEYOND (CONTINUED)

This continual process of learning shows up in how I treat clients, how I teach and supervise, and how I create and oversee programs, both for Beck Institute and for other national and international organizations. And, of course, it shows up in my writing. As soon as I sent the manuscript for the second edition of the book to the publisher in 2011, I started to collect ideas for the third edition-- from my reading and from research, colleagues, trainees, and from my own clinical work. I noted the kinds of questions people asked in workshops, posed to the community forum in our online courses, sent in emails, and inquired about during supervision.

I was especially influenced by Recovery-Oriented Cognitive Therapy (CT-R), which initial research has demonstrated to be effective for serious mental health conditions. I and my fellow Beck Institute clinicians have been applying CT-R principles to the clients we see on an outpatient basis. Here are some highlights from the book:

·At the evaluation, we spend time asking clients when the best period of their life was, and why. We question them about this period: what were their strengths, positive qualities, accomplishments, and resources; and how they coped with challenges. We help them draw realistically positive conclusions about themselves. We use the information to begin to develop a strength-based conceptualization.
·At the first session, we identify clients' values (what's most important to them in life) and their aspirations (their grand desires for their lives and for themselves).

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·At the first session, we identify clients' values (what's most important to them in life) and their aspirations (their grand desires for their lives and for themselves).

I have found that adding CT-R principles has re-invigorated my clinical work and made me a much better therapist, supervisor, and teacher.

Meanwhile, I have already been collecting material for the next revision of the book, which I expect may be sometime this decade. I'm thinking, for example, that I will probably add an expanded section on the adaptive mode, which I mention in the third edition. Please let me know of any ideas you have! You can contact me at jbeck@beckinstitute.org

INTERNALIZED RACISM IN AFRICAN AMERICAN CLIENTS PART III

Janeé M. Steele, PhD, LPC

This month, I conclude my discussion on the mental health impacts of internalized racism among African Americans, exploring more specifically how therapists might utilize culturally adapted CBT to address the psychological effects of internalized racism among this population. To provide a brief review, internalized racism is defined as a negative view of oneself based on the perceived inferiority of one's own culture or race. Broadly, these perceptions are derived as individuals (a) internalize messages about the superiority of White culture and (b) accept negative stereotypes about their racial/ethnic group (Bailey et al., 2014). Elsewhere (see Steele, 2020), I've described a more specific cognitive model of internalized racism wherein individual childhood experiences as well as factors relevant to the African American experience (e.g., the historical legacy of slavery and segregation, colorblind racial attitudes, microaggressions, and frequent negative portrayals of African Americans in the media) lead to the development of core beliefs commonly associated with internalized oppression, including beliefs that reflect a sense of inferiority, inadequacy, personal blame, and powerlessness (Steele & Newton, in press).

Throughout the literature, critical consciousness, defined as an understanding of sociopolitical forces that contribute to various social inequities, has been identified as a strategy for addressing psychological aspects of internalized racism (Mosley et al., 2021; Versey, 2019). In this final article, I continue use of my case example, Andre, to illustrate how therapists might integrate critical consciousness into culturally adapted CBT to assist clients with modifying their core beliefs. I also provide recommendations for ongoing treatment of internalized racism.

Case Summary

Andre is a 40-year-old cisgender, African American man who sought counseling due to feelings of anxiety and depression after being fired from his job as a plant supervisor. During therapy, Andre revealed that he often second-guessed himself at work, especially while being observed by his operations manager. With the help of cultural broaching done by the therapist, it was further revealed that Andre believed he was held to a different standard as an African American man at the plant. While others did the bare minimum and were never criticized, Andre had to go above and beyond to prove his worth. Despite his efforts, Andre experienced a heightened sense of anxiety while at work, leading to worsened job performance and his eventual termination.

Since losing his job, Andre frequently has automatic thoughts such as "I had to go above and beyond to prove my worth and it still wasn't good enough" and "Maybe I should stick to working on assembly lines," which Andre states ultimately mean "I'm not good enough." The abbreviated excerpt below illustrates how a therapist might begin to explore this core belief with Andre using consciousness-raising to address his current difficulties and to help him develop a new, more adaptive belief about himself.

Therapist: At our last session, you described some of your thoughts about being fired from your job and shared that ultimately, this situation means that you're not good enough. Is this correct?

Andre: Yes.

INTERNALIZED RACISM IN AFRICAN AMERICAN CLIENTS PART III (CONTINUED)

Therapist: This belief, "I'm not good enough," is actually called a core belief. Core beliefs are the beliefs individuals have about themselves or the world around them. These beliefs influence how we interpret situations we experience in everyday life. They're like lenses that filter how we make sense of what's going on around us. Sometimes, when things go wrong and we start feeling depressed, these core beliefs become active and cause us to notice more and more of what we think is wrong with us. Does this make sense so far?

Andre: Yes.

Therapist: Exploring your core beliefs and identifying new, more functional beliefs about yourself could help with the difficulties you're experiencing now. I'd like to spend some time working on this, if that's ok with you.

Andre: Ok.

Therapist: Great. Andre, part of what you've shared with me is that you had to go above and beyond as an African American man at the plant, while others did the bare minimum. Please, tell me more about that.

Andre: Well, it's been like that my whole life. Even throughout grade school I had to work extra hard to come across as intelligent and agreeable or risk being viewed as below average or even a troublemaker. It was like that for most of the Black kids during school. It seemed like other students could joke around or make mistakes without hardly any consequences, while the Black students got the harshest punishment for the smallest misbehavior. Even though I'm not in school anymore, the same kind of thing happens at work too.

Therapist: Mm hmm. From what I understand what you're describing is a common experience among African Americans. There's even a name for it. It's called "Black tax." It's the idea that Black people have to work twice as hard to get the same respect and acknowledgment as their White counterparts. Have you heard this term before?

Andre: No, I haven't heard it called that before, but that's exactly what I am talking about.

Therapist: Mm hmm. You may have even heard sayings like "You have to work twice as hard to get half as far" in your family or in your community while growing up. This message along with other messages we receive like "You can grow up to be anything you want to be" imply that as long as you're willing to work hard, you can achieve anything you want in life. The problem is that these messages don't prepare you to deal with hurts and disappointments experienced because of race. Instead, they may cause you to have beliefs like "I'm not good enough" when things don't work out.

Andre: I see what you're saying.

Therapist: I'm wondering if you realize that according to research, Black workers as a group receive extra scrutiny from their employers, leading to worse performance reviews, lower wages, and even job loss.

Andre: I think that's a lot of what happened to me.

Therapist: So then maybe, there's another way to look at yourself in this situation other than as not good enough.

Andre: Maybe so... [*continued on next page*]

Janeé M. Steele is a licensed professional counselor and certified CBT therapist. Dr. Steele has been a professional counselor for 15 years, specializing in the treatment of depression and anxiety. In addition to her work as a counselor, Dr. Steele has also been a counselor educator for the past 10 years, and is currently a member of the core faculty at Walden University. Her most recent publication titled, "A CBT Approach to Internalized Racism Among African Americans," published in the International Journal for the Advancement of Counselling, describes cognitive conceptualization and treatment planning using CBT and a proposed cognitive model of internalized racism.

INTERNALIZED RACISM IN AFRICAN AMERICAN CLIENTS PART III (CONTINUED)

Discussion

In the above excerpt, strategies for identifying and modifying core beliefs were integrated with efforts by the therapist to assist Andre with the development of greater critical consciousness. Typical of traditional approaches to CBT, the therapist first provided Andre with education about core beliefs, how they might influence his thinking in daily situations, and the benefit of developing new, more functional core beliefs (Beck, 2020). As a cultural adaptation, the therapist then assisted Andre with exploration of sociocultural phenomenon relevant to his experience; that is, Black tax, and how this phenomenon may contribute to his belief that he is not good enough. According to Mosley et al. (2021), interventions designed to increase critical consciousness are effective ways to help clients mitigate, prevent, and resist racial trauma. When used within the context of culturally adapted CBT, critical consciousness may have this effect by providing insight into how clients' core beliefs originated and have been maintained (Beck, 2020). Critical consciousness may also promote cognitive processing wherein aspects of clients' problems are recognized as systemic issues rather than personal failings.

Given the potential to uncover deeply painful wounds as the therapist works with Andre to understand the impact of race and internalized racism on his core beliefs, it may be beneficial to also incorporate mindfulness exercises typically utilized when dealing with other forms of trauma into therapy. Breathing exercises, for example, may help Andre reduce physiological symptoms induced by memories of negative race-based events. Additionally, mindfulness interventions such as meditation (e.g., a self-acceptance meditation) or use of affirmations may also be beneficial in terms of helping Andre interrupt cycles of worried and self-critical thinking (Steele & Newton, in press).

Conclusion

Over the past three issues of Advances in Cognitive Therapy, I have attempted to illustrate how therapists may adapt traditional CBT to address internalized racism among African Americans. Evident in each article is the importance of specific knowledge of various cultural phenomenon experienced within the African American community. Accordingly, in order to most effectively implement culturally adapted CBT, therapists must continue their own professional learning and personal experiences with this population.

For this reason, I thank you for the time you've taken to read these articles and encourage you to participate in future professional development opportunities such as the upcoming Coffee & Chat, hosted by the Diversity Action Committee, Academy of Cognitive & Behavioral Therapies.

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BOOK REVIEW: THE SUICIDAL THOUGHTS WORKBOOK: CBT SKILLS TO REDUCE EMOTIONAL PAIN, INCREASE HOPE, AND PREVENT SUICIDE

By Scott Waltman, PsyD, ABPP, A-CBT

As the editor for this newsletter, I get a lot of requests to review various CBT books and it is really the best part of it. I love reading all things CBT. I wanted to highlight a new resource that just barely came out. Kathryn Hope Gordon, PhD, a former student of Thomas Joiner, Jr, PhD (author of The Interpersonal Theory of Suicide) just came out with a New Harbinger Workbook: The Suicidal Thoughts Workbook: CBT Skills to Reduce Emotional Pain, Increase Hope, and Prevent Suicide, and it is fantastic. Dr Hope presents an integrative modern CBT framework for working with suicidal clients this is highly compatible with the Academy's broadened umbrella of CBT and the IACBT's emphasis on integrative and modern CBT. This book is perfect for our members!

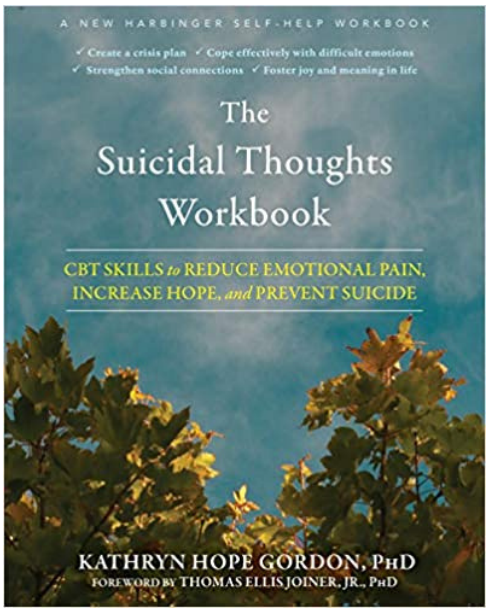
When I was in grad school the state of the art was no-suicide contracts, which by the way is not the state of the art. On internship, I was amazed to learn about the Interpersonal Theory of Suicide and how to incorporate that theory into risk assessment and treatment planning. This often resulted in us pulling together materials from across the cognitive and behavioral therapies that very much resemble what is in Dr. Gordon's book, only she does it better than we did.

Through the work of Academy members like Greg Brown, PhD, critical tools like safety planning have become better disseminated (much work remains to be done and the need is so large). I would argue that this new workbook makes that dissemination process easier. Clinicians who buy this book will have tools to create a high-quality safety plan. But suicide prevention is much more than just safety planning. This workbook gets at the heart of what we empirically know drives suicide and draws on large umbrella CBT strategies to target the underlying mechanisms on an individual level.

The workbook includes sections devoted to instilling hope, identifying and finding reasons for living, managing intense emotions and painful thoughts, and creating a safe environment. The book carries it further to focus on strengthening social connections, fostering self-compassion, behavioral activation, and finding joy and meaning in life.

Suicide is an epidemic and CBT is a potent tool in suicide prevention. This workbook is a great vehicle for organizing and implementing CBT for suicide prevention. I cannot recommend this workbook strongly enough. Check it out. It is creative. It is empirically grounded. It is really well written and the science of it is solid.
https://www.amazon.com/Suicidal-Thoughts-Workbook-Emotional-Increase/dp/1684037026

Scott Waltman, PsyD, ABPP, is the editor of Advances in Cognitive Therapy. He is a clinician, international trainer, and practice-based researcher. He is the first author of the book Socratic Questioning for Therapists and Counselors. He is a full fellow and certified as a qualified Cognitive Therapist and Trainer/Consultant by the Academy of Cognitive & Behavioral Therapies. He is also a board member of the International Association of Cognitive & Behavioral Therapies. He also is board certified in Behavioral and Cognitive Psychology from the American Board of Professional Psychology. Currently, he works as a clinical psychologist in private practice and a managed care system, where he is a frontline clinician and practice-based researcher.



BOOK REVIEW: ACCEPTANCE-BASED BEHAVIORAL THERAPY: TREATING ANXIETY AND RELATED CHALLENGES

By Scott Waltman, PsyD, ABPP, A-CBT

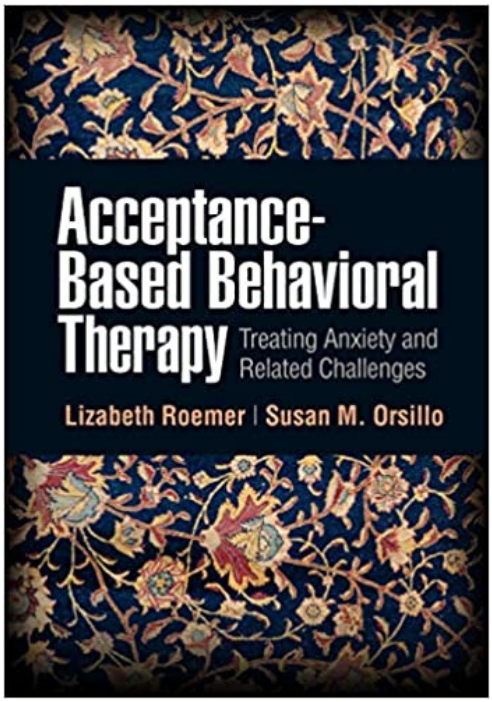
I'm a big fan of exposure therapy because that is what initially drew me to CBT. I was originally psycho-dynamically trained, and I loved it, the only drawback was the rate of improvement for my anxious clients was dreadfully slow. I became envious of my CBT colleagues who could successfully treat an anxious case in much shorter (and targeted) course of therapy. Lizbeth Roemer and Susan Orsillo just came out with a Guilford book: Acceptance-Based Behavioral Therapy: Treating Anxiety and Related Challenges, and it is fascinating. Prior to reading this book I would have described myself as someone who uses Acceptance and Commitment Therapy (ACT), but I think Acceptance-Based Behavioral Therapy is a better description of what I do.

ACT certainly informs the way I approach working anxiety. When I use exposure strategies I am focused on helping my client accept their anxious feelings (reducing fear of fear) and move in the direction of values via exposure. There's some other hexaflex stuff I don't worry as much about. This is a common approach. In fact, some have restated the ACT acronym to be: A = Accept your thoughts and feelings, and be present. C = Choose a valued direction. T = Take action.

After reading this book, I realized that actually I've been doing Acceptance Based Behavior Therapy, and I think the reformulated ACT acronym actually fits Roemer and Orsillo's book better than many ACT books. This model is compatible with ACT, but more integrative across the broad umbrella of the cognitive and behavioral therapies. If you do exposure therapy and want more tools to draw from the strengths of mindfulness and acceptance based strategies, this is your book. Buy it, you'll love it.

https://www.guilford.com/books/Acceptance-Based-Behavioral-Therapy/Roemer-Orsillo/9781462544875

Scott Waltman, PsyD, ABPP, is the editor of Advances in Cognitive Therapy. He is a clinician, international trainer, and practice-based researcher. He is the first author of the book Socratic Questioning for Therapists and Counselors. He is a full fellow and certified as a qualified Cognitive Therapist and Trainer/Consultant by the Academy of Cognitive & Behavioral Therapies. He is also a board member of the International Association of Cognitive & Behavioral Therapies. He also is board certified in Behavioral and Cognitive Psychology from the American Board of Professional Psychology. Currently, he works as a clinical psychologist in private practice and a managed care system, where he is a frontline clinician and practice-based researcher.



INTRODUCTION: NEWEST IACBT BOARD MEMBER

Jung-Hye Kwon, PHD

It is my great honour to serve on the Board of Directors for IACP. I am a Professor Emeritus at the department of Psychology, Korea University. I completed my B.A (Psychology), and M.A (Psychology) at Seoul National University. After receiving my Ph.D. in clinical psychology from the University of California, Los Angeles in 1990, I returned to Korea with the burning desire to teach and practice CBT. At first, I started private practice, and from 1995 taught at Korea University. As CBT was not then widely trained and disseminated, a small circle of clinical psychologists and psychiatrists held monthly meetings to learn CBT and discuss how to apply CBT to Korean clients. These meetings lay the foundation to establish the Korean Association of CBT in 2001. As a professor of psychology at Korea University, my research encompassed a wide range of issues including social anxiety disorder, depression, PTSD, internet addiction, and marital discord. As a scientist-practitioner, I set up a specialized clinic for social anxiety disorder at Korea University. There, individual and group CBT was provided to over 300 clients, and empirical research has been conducted in order to examine the cognitive and cultural factors related to social anxiety disorder, and the individual differences affecting the treatment outcome. I have published over 150 journal articles, books, and book chapters, most of which are related to CBT or interpersonal-cognitive factors in psychopathology. I have served as President of the Korean Association of Cognitive Behavioral Therapy and as President of the Korean Society of Clinical Psychology. I have also received the Lifetime Achievement Award from the Korean Association of Psychology. Moreover, in collaborated with other colleagues, I founded the Asian Cognitive Behavior Therapy Association (ACBTA) in 2011 to promote the development and dissemination of CBT and overcome the barriers resulting from the limited availability and accessibility of CBT in Asian countries. As the past President of ACBTA, I am very happy to announce that the 10th WCCBT will take place in 2023 in Seoul. Seoul has been the capital of Korea for more than 600 years since the Joseon Dynasty, and is the heart of Korea's politics, economy, society, and culture. As the theme of the Congress indicates (East meets West: Embracing diversity and improving access to CBT), this congress will provide a forum for participants to exchange ideas and share their clinical wisdom with the aim of promoting CBT in Asia, as well as worldwide.

Updates from the *International Journal of Cognitive Therapy*—the official journal of the International Association of Cognitive & Behavioral Therapies

Volume 14, issue 2, June 2021
8 articles in this issue

UPDATES FROM THE FIELD

Dr. Robert Leahy, PhD, was awarded an honorary Doctorate of Humane Letters at the 22nd Annual Graduate Commencement of the Philadelphia College of Osteopathic Medicine on August 3, 2021 at the Mann Music Center in Philadelphia, PA.

Dr. Leahy has previously lectured at PCOM, where he has been a valued friend of the faculty in the School of Professional and Applied Psychology for many years. Many of Dr. Leahy's seminal texts in cognitive behavioral therapy are required reading in our graduate psychology training programs at PCOM, which were founded by founding Fellow of the Academy, Art Freeman, EdD, ABPP. Dr. Leahy is the Honorary Life-time President, New York City Cognitive Behavioral Therapy Association and a Distinguished Founding Fellow, Diplomate, of the Academy of Cognitive Therapy. He has received the Aaron T. Beck award for outstanding contributions in cognitive therapy. Robert A. DiTomasso, Ph.D., ABPP, Dean of the School of Professional and Applied Psychology and also a Founding Fellow of the Academy, is shown below with core faculty and Dr. Leahy.

UPDATES FROM THE FIELD

MCGILL RESEARCHER-LED INTERNATIONAL TASK FORCE UNVEILS FIRST-OF-ITS KIND STANDARDS FOR TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER

Tragically, accessing evidence-based specialized treatment for obsessive compulsive disorder can be difficult or impossible for many patients. “There is an international mental health crisis in this field spanning global regions,” explains Dr. Sookman. “There are lengthy delays in diagnosis and unavailability of evidence-based specialty treatments, with resultant progression to disabling illness, ineffective health care utilization, and prolonged suffering of patients and their families. Untreated severe pediatric OCD can result in impaired educational and occupational opportunities later in life, which may be difficult to reverse.”

A major cause of this devasting situation is the well documented dire shortage of clinicians with the required knowledge, competencies, and experience to effectively treat OCD. Currently available treatment guidelines, though essential, are considered by experts to be insufficient because of highly variable clinician knowledge and competencies related to this disorder. Specialty standards for treatment of OCD, that are more specific compared with guidelines, are advocated by experts as foundational to transformative improvement globally in quality and accessibility of evidence-based treatments for this crippling disorder. Until now, these standards did not exist.
Global experts collaborate on transformative advance

The International OCD Accreditation Task Force (ATF) of top experts representing 14 nations has recently published evidence-based specialty knowledge and competency standards recommended for specialized treatments for OCD through the lifespan. The standards mark the completion of the ATF’s second of four phases.

“The ATF standards are operationalized as measurable clinician abilities that are teachable and trainable,” notes Dr. Sookman. “That is, the knowledge and skills the clinician should demonstrate in order to effectively deliver specialized cognitive behavior therapy (clinical psychologists), or pharmacotherapy (psychiatrists), for pediatric and adult OCD.”

The ATF standards are now available to inform and advance international clinical practice and training for OCD. Upcoming ATF phases three and four will involve development and implementation of training criteria and processes for certification (individual clinicians) and accreditation (clinical sites) based on the ATF specialized gold standards, with the aim of substantially improving the quality and accessibility of specialty treatments for OCD sufferers worldwide.

This transformative international initiative was originated and is led by Debbie Sookman, PhD, who serves as ATF Chair and President of the Canadian Institute for OCD (CIOCD, www.ciocd.ca). The CIOCD is a federally incorporated charitable organization whose central national/international mandate since 2011 has encompassed creation and overseeing of the ATF. The prominent ATF leadership and authors also include David Veale, MD (Institute of Psychiatry, King's College, London, UK) who served as ATF phase two Co-Chair, Katharine Phillips, MD (Cornell University, USA), Christopher Pittenger, MD, PhD (Yale University, USA), John Piacentini, PhD (UCLA, USA), and David Mataix- Cols, PhD (Karolinska Institutet, Sweden).

Submissions to Advances in Cognitive Therapy are reviewed on an ongoing basis. Topic areas may include clinical issues, cultural considerations, research updates, conference and training information, book reviews, and summaries of any CBT-related activities from around the world! Articles co-written by professors and students are particularly encouraged.

Submissions should be 350-900 words with no more than five references (using APA style and as an MS Word document).

In addition, please include a brief (50-100 word) author bio and high quality photo/headshot with your submission. Submissions and/or suggestions for how to improve the newsletter and/or topics that should be considered should be sent to: Scott Waltman, PsyD, ABPP Editor: walt2155@pacificu.edu

ADVANCES IN Cognitive Therapy *newsletter*