SUMMER 2022 ISSUE

ADVANCES IN Cognitive Therapy newsletter

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

The International Association of Cognitive Behavioral Therapy is a proud member of The World Confederation of Cognitive and Behaviour Therapies

IN THIS ISSUE:

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

A-CBT'S PRESIDENT'S COLUMN

Elaine S. Elliott-Moskwa, Ph.D.

It goes without saying that collectively the Academy has met head-on many challenges during the last couple of years. It has been inspirational to see our members pull together to support each other and our mission - "a global community of mental health professionals dedicated to upholding excellence in the dissemination, implementation, and practice of cognitive behavior therapies."

Our international community of experts has sustained our mission by confronting the mental health challenges of the pandemic and the war in Ukraine. Facing the pandemic, the Academy members stepped forward to provide COVID resources to mental health professionals and consumers. Now during the war on Ukraine, our past president Robert Leahy in collaboration with Iga Jaraczewska of Poland and AMiE have spearheaded efforts to deliver evidence-based instruction to mental health professionals treating war traumatized Ukrainian refugees. This series of short, pro bono training talks given by many of our A-CBT Trainer Consultants launched in March and will continue throughout the year.

Moreover, it is heartening to witness as our listserv members mobilize to provide needed resources to those dealing with complexities of war trauma. One such effort was initiated by David Wohlsifer who reached out to our listserv on behalf of therapists dealing with the trauma of sexual violence in Ukraine. The outpouring from our members was incredible. Within a a few days David and his husband Jeff Landsman-Wohlsifer pulled together an amazing array of articles and resources that they shared with the entire listserv.

As our members tackle the trauma of war, the Academy continues to further the mission through our training of LA County Mental Health workers. In LA we are marching forward to add specialty training to aid these professionals working on the front lines with challenged populations. Thanks to Lynn McFarr for her work there! As we train these LA professionals, we are gathering critical outcome data. I would like to recognize and thank Dr. Juana Gaston, our Research Scholar who has been instrumental in collecting and analyzing this essential data.

In keeping with the Academy's commitment to address racial and social inequities, I am excited to announce that our Diversity Action Committee headed by Lizbeth Gaona has been working diligently to develop a scholarship program for BIPOC A-CBT professionals. The program is designed to increase the number of BIPOC Diplomates providing certified training and rating services.

Academy of Cognitive and Behavioral Therapies

A sneak preview of other exciting developments supporting our mission - the Academy will be filming a CBT foundational course this summer featuring a stellar lineup of some of our Trainer Consultants. Thanks to Denise Davis for being the leading light on this project.
Additionally, the board continues to coordinate with IACBP to further our affiliation.
More to come!

It's been a challenging time, but Academy members are stepping up to meet the need for evidence-based treatment. Thanks to everyone for their contributions. We encourage others in our diverse and skilled community to become more involved if you have the inclination or the time. Please reach out to me with your suggestions, questions, or thoughts at eelliottmoskwa@gmail.com.

IACBT'S PRESIDENT'S COLUMN

Lynn M McFarr, Ph.D.

The International Association of Cognitive Behavioral Therapy has had an eventful few months. We have been proud to have two representatives, Lynn McFarr, Ph.D. and Mehmet Sungar, MD, serve on the board of the World Confederation of CBT. In this capacity we helped to celebrate the inaugural World CBT Day on April 7, 2022. This was developed to align with the World Health Organization's World Health Day. The WCCBT serves as a "United Nations" of CBT organizations, and is focused on promoting and advocating for CBT around the globe. IACBT's own Lata McGinn, Ph.D. was just announced as President-Elect of the WCCBT. This is near and dear to Dr. McGinn who advocated for the development of the WCCBT. You can learn more about the WCCBT by visiting https://wccbt.org/.

The IACBT also joined forces with the Academy to launch a Humanitarian award. The Award was founded with encouragement from Dr. Robert Leahy to honor a colleague actively coordinating mental health efforts for the crisis in Ukraine. Our deepest gratitude to Dr. Leahy for bringing this work to our attention. The first winner of the award will be announced shortly and awarded at the annual member's meeting and cocktail hour at the annual ABCT Conference.

Speaking of conferences, we are delighted that we may actually see some of you in person in November. This president cannot wait to meet and greet our members in person in vibrant New York City! To learn more about the ABCT conference, please visit https://www.abct.org/2022-convention/.

And finally, our International Association of Cognitive Behavioral Therapy website is launched! For those of you who have yet to renew your membership, you can now do so at https://i-acbt.com/

I hope everyone has a safe and healthy summer.

IACBT

A NOVEL PERSPECTIVE ON PERSISTENT SELF-CRITICISM: EXPOSURE TO EMOTION CAN HELP PATIENTS RELINQUISH THE LEARNED HABIT OF SELF-BLAME

Nathan C. Thoma, PhD

Harsh self-criticism is something that we encounter in all too many of our patients. Perhaps all of them, if we scratch the surface. A relentless process of self-shaming can drive the pervasive feelings of defeat that condense to form the dark gray cloud of depression. Likewise, fear of being a "failure" lurks within the shadow of so many anxious thoughts. And further, for many patients, a tendency to self-criticize remains intact even after successful treatment of depression and anxiety, making such patients more prone to relapse.

Too often, self-criticism and negative core beliefs about the self remain remarkably refractory in the face of our usual Cognitive Therapy armamentarium of techniques. In response to examining the evidence, many patients will say, "Rationally I know it isn't true, but I still feel like I'm a failure." Patients can be made well-aware of the pernicious effects on their wellbeing and still they say, "I know it's bad for me, but I still do it! How do I stop?" What's more, they will readily acknowledge that they would never treat a friend this way, neutralizing the double-standard technique with remarkable nonchalance.

Proponents of acceptance and commitment therapy (ACT) (Hayes et al., 2009) might advise the patient to de-fuse from the thoughts and let them pass. Yet, the emotional sting of such thoughts as "You're a worthless idiot!" can rarely be fully defanged. An ACT therapist might advise the patient to accept the sting, rather than fight it, so that it might at least be more transient. Yet, a sting is a sting, no matter how fleeting, and by definition is painful. ACT therapists might advise the patient to disentangle from and move beyond such thoughts by acting in a valued direction. But sadly, too often when it comes to self-criticism, you can run but you can't hide. The thoughts, and pain, can follow you, even if your life is improved by living more meaningfully. (See: Abraham Lincoln, Winston Churchill, and the many other great leaders of society who suffered quietly inside.)

Then what is a CBT therapist to do? All of the above are helpful, yet sometimes incomplete. I offer here a glimpse of an additional perspective and the inklings of some additional techniques. In the monumental work, Cognitive therapy of depression, Beck et al. (1979) tell us that a propensity for negative beliefs has origins in early experiences - but then pretty much leave it at that. Sadly, this seemed to have been taken as a cue for being incurious about mining the origins of pathology for further clues as to its resolution. However, turning to learning theory combined with research on attachment, as well as simply listening to our patients' histories, will readily give us a helpful view about how to undermine and reverse patients' engrained habits of self-attack.

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Nathan C. Thoma is a psychologist and Clinical Assistant Professor at Weill Cornell Medical College where he teaches and supervises psychiatry residents in CBT. He is the past president of the New York City Cognitive Behavioral Therapy Association and is a certified Schema Therapist in addition to being certified by A-CBT. His research, scholarly, and clinical interests have all converged around the use of experiential techniques within CBT in order to harness the power of emotional processing as a mechanism of change and as an effort toward building CBT as an empirically driven Process-Based Therapy. He edited the book, along with Dean McKay, PhD, Working with emotion in cognitive behavioral therapy: Techniques for clinical practice.

https://www.amazon.com/Working-Emotion-Cognitive-Behavioral-Therapy-Techniques-dp-1462517749/dp/1462517749/ref=mt_other?_encoding=UTF8&me=&qid=

A NOVEL PERSPECTIVE ON PERSISTENT SELF-CRITICISM: EXPOSURE TO EMOTION CAN HELP PATIENTS RELINQUISH THE LEARNED HABIT OF SELF-BLAME (CONTINUED)

Nathan C. Thoma, PhD

When a child feels an emotion and goes on to express their emotional needs to a parent, and then that parent responds with a negative emotional reaction, this presents a dilemma to the child. Such dilemmatic parental reactions can include anger, criticism, anxious overwhelm, or shutting down and neglecting the child. The dilemma rests on the fact that the child loves the parent and yearns for their acceptance and soothing. Indeed, children have a strong attachment drive and are vigilant to any perturbations in the attachment bond, since a threat to the bond is an existential threat: without adult caretakers, a human child can literally not survive. At the same time, the child also reacts with frustration and anger that their needs were not met. Yet this further emotion would only cause more of the distressing parental behavior. Children learn to fear their own emotions rather than feel them, developing what has been called affect phobia (McCullough et al., 2003). And further, to resolve the dilemma in which the child needs to stay connected to the parent yet also has emotions that the parent rejects, the child blames themselves for having the emotions in the first place. "I am at fault," they think (even if unconsciously). "There is something wrong with me." Thousands of such interactions, large and small, with thousands of such self-blaming instances can readily lay the groundwork for a later tendency to self-blame and self-criticize (McCullough et al., 2003).

Here is how this developmentally based conceptualization can help CBT therapists: whenever the patient criticizes themselves, ask yourself, and the patient, what were they feeling in the moment just before they did so? Quite often, you will find they felt some basic emotion that they had learned to fear. For example, how many patients have you seen that, remarkably, seem to blame themselves when someone else mistreats them? Where is their anger? Or how often have you seen a patient criticizing themselves for feeling sad when something or someone disappoints them, calling themselves weak for the crime of encountering their own grief?

Or how often have you seen patients totally collapse into self-hatred when rejected socially or romantically? Here they may be able to feel some of their sadness about such a loss, but where is the anger over being rejected? Judging whether such anger is fair or rational is irrelevant. A feeling is a feeling, and is best off simply felt. Patients may need encouragement to do so – as with any exposure to a feared stimulus. They may also need repeated redirection toward the emotion – as with any ritual prevention. But theory, clinical experience, and evidence shows that feeling adaptive emotion promotes wellbeing and resolution of symptoms (e.g., Pascual-Leone, 2018).

When we see the self-criticism as a particularly sneaky form of experiential avoidance, this can open up new avenues for self-acceptance – through accepting and processing basic emotions. This is in line with the approach of exposure to emotion encompassed in Barlow's Unified Protocol (Barlow et al., 2010). It is also in line with acceptance of, rather than attempts to avoid or control, uncontrollable private experiences in ACT. It is in line with Leahy's (2019) Emotional Schema Therapy. And it is also in line with the spirit of Cognitive Therapy: to be in touch with reality as it is rather than caught up in distorted, negative beliefs about the self.

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CBT FOR LONELINESS?

Advances in Cognitive Therapy
Summer 2022 Issue, Page 6

By James Pretzer

Imagine that a young man consults you complaining of loneliness. Not depression, not social anxiety, just loneliness. What do you do?

Loneliness is a pervasive problem that occurs across a range of diagnoses and also occurs in individuals who do not qualify for any psychiatric diagnosis. While brief periods of loneliness are an ordinary part of human experience, chronic loneliness can be much more problematic. Much has been made of the idea that a "Loneliness Epidemic" is currently occurring (for example, see Howe, 2019). Attempts to reduce loneliness have ranged from national initiatives to individual psychotherapy but they have often produced modest results (see Mann, et al, 2017).

What can we do about loneliness? A number of different approaches to treating loneliness have been tested over the years and these treatments have used a range of strategies and interventions. Käll et al, (2020a) have attempted to combine existing theory and evidence-based treatment approaches into a comprehensive cognitive-behavioral model of the maintenance of chronic loneliness that has implications for therapy.

In discussing factors that contribute to chronic loneliness, Käll et al, (2020a) point out that individuals who fear rejection may avoid social interaction in order to avoid possible rejection. Unfortunately, by doing this, they deprive themselves of the opportunity to have positive social interactions and of the opportunity to discover whether rejection is as frequent and as serious as they anticipate. Thus, attempts to avoid rejection can play an important role in maintaining chronic loneliness.

Käll and his colleagues (2020a), also point out that "parasocial relationships" conducted through social media can be rewarding in the short-term but may keep more rewarding in-person relationships from developing. Note that they are not arguing that use of social media necessarily contributes to chronic loneliness. Their view is that social media can be used as an opportunity to reach out and create personal relationships that decrease loneliness or social media can be used as a short-term distraction or substitute for social contact. They argue that using social media as a distraction or substitute for social interaction can also contribute to chronic loneliness.

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Dr. Pretzer has more than 35 years experience in cognitive-behavioral therapy with a broad range of individuals and families. He is a co-author of Clinical Applications of Cognitive Therapy (with Barbara Fleming, Arthur Freeman, and Karen Simon) and of Cognitive Therapy of Personality Disorders (with Aaron Beck, Arthur Freeman, and associates).Dr. Pretzer also has authored and co-authored numerous journal articles and book chapters. His work has been translated and published in German, Swedish, and Japanese. Dr. Pretzer has presented his work at conferences of the American Psychological Association, the Association for the Advancement of Behavior Therapy, and the World Congress of Cognitive Therapy. He has provided advanced training in Cognitive Therapy for mental health professionals locally, regionally, and nationally. His posts on topics in contemporary CBT can be found at https://www.facebook.com/pg/CleveCCT/posts/

CBT FOR LONELINESS? (CONTINUED)

By James Pretzer

In the model presented by Käll et al, (2020a), a perceived mismatch between the individual's actual social situation and their desired social situation ("I don't have anybody to sit with at lunch.") leads negative interpersonal appraisals ("They don't like me. Nobody likes me."). These appraisals contribute to both the individual's distressing emotional response and to counter-productive behavior (avoidance, parasocial relationships) that may reduce distress in the short run but can contribute to chronic loneliness in the long run. Cognitive processes such as self-focused attention ("What am I doing wrong?") and vigilance for rejection can increase the perceived mismatch between the actual and desired social situation. Finally, personal challenges such as social skills deficits or mobility issues can contribute to chronic loneliness as well.

Existing studies of interventions for chronic loneliness have incorporated a wide variety of techniques. These have included stress management techniques, social skills training, role-playing, reviewing relationship experiences, relaxation techniques, psychoeducation, problem-solving, mindfulness training, mapping social opportunities, life-review, identifying personal strengths, goal-setting, emotional awareness, and cognitive interventions. It is interesting that none of the studies that Käll et all (2020a) reviewed incorporated exposure-based interventions or behavioral activation even though these are commonly used CBT interventions that may well be relevant to treating chronic loneliness.

Käll and his colleagues (2020b) have attempted to use existing theory and research to develop an integrative CBT approach to treating chronic loneliness. They propose an eight-module treatment approach for chronic loneliness that includes: 1) psychoeducation regarding loneliness and an introduction to a functional behavioral model used throughout the treatment, 2) Identifying goals, values, and an introduction regarding techniques used to challenge dysfunctional thoughts and beliefs, 3) Continued work with challenging dysfunctional thoughts and beliefs with the addition of strategies to reduce rumination, 4) Behavioral experiments, 5) Behavioral activation aimed at increasing social contact, 6) Continued behavioral activation and a rationale for exposure with reduction of safety behaviors, 7) Continued behavioral activation and evaluation of the previous interventions, and finally 8) Relapse prevention. An internet-based CBT treatment for loneliness using this protocol has produced encouraging results (Käll, et al., 2019; Käll, et al., 2020b).

The treatment approach proposed by Käll and his colleagues is a fairly mainstream CBT approach that is consistent with the available research. Should we start using this protocol with clients who complain of loneliness? While this treatment approach seems promising, Käll and his colleagues point out that research support for this protocol is preliminary and that a number of issues need to be addressed in subsequent research (see Käll, et al., 2019, pp. 10-13).

More importantly, while a standardized treatment protocol is important for research purposes, an individualized approach may be more appropriate in clinical practice. The practitioner can conduct a thorough assessment, consider the factors highlighted in Käll, et al, 2020a and the interventions used in Käll, et al., 2019 and then develop an individualized conceptualization and tailor therapeutic interventions to the needs of the individual. Käll and his colleagues explicitly advocate applying their approach in a modular fashion where each client receives the treatment components that they need rather than using it in an over inclusive "one size fits all" manner (Käll, et al, 2020a, p. 277).

It is important to note that when loneliness is secondary to another problem, then treatment for the primary problem is likely to be necessary and may resolve the loneliness as well. For example, when some individuals with satisfying interpersonal relationships become depressed, they than withdraw from their usual social interactions and activities. This typically results in loneliness and intensifies their depression. If this is the case, effective treatment of their depression may result in the individual resuming their usual social interactions and activities and alleviate their loneliness without a need to specifically address it. Again, it is important to base intervention on an individualized understanding of the individual and their problems rather than unthinkingly marching them through a standardized protocol.

CBT FOR LONELINESS? (CONTINUED)

By James Pretzer

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USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK"

By Dolores Gallagher-Thompson, PhD, ABPP
Professor Emerita and Board-Certified Geropsychologist: Stanford University School of Medicine
Co-Founder, Optimal Aging Center

How did we get started? We owe an enormous debt of gratitude to Tim Beck & Peter Lewinsohn who strongly influenced our careers at a pivotal point in their trajectories, back in the 1970's and1980's. We learned from the best – then added our knowledge and experience with issues of later life, and what emerged was a successful approach that we refer to as "*Cognitive-Behavioral Therapy (CBT) for Later Life Depression*." Here we describe the process of how the first and second editions came about, delineate improvements made in the second edition, and conclude with several "clinician tips" that we hope you will take away and use in your practice.

Together with my husband and long-term collaborator, Larry W. Thompson, PhD, ABPP, and spearheaded by the efforts of our dear colleague Ann Steffen, Ph.D., ABPP, we enlisted the authorship skills of two other colleagues who completed our various training programs at Stanford University School of Medicine and the VA Palo Alto Health Care System – namely, Leah Dick-Siskin, PhD and Ann Choryan Bilbrey, PhD - to publish the revised 2nd edition of "Treating Later-Life Depression: A Cognitive Behavioral Approach" in Oxford University Press' Treatments That Work Series. The first edition appeared in 2010, following our decades-long research program (and rooms full of file cabinets!) focused on CBT with older adults. These works grew out of experience conducting several randomized clinical trials (RCTs) comparing CBT with other forms of psychotherapy, as well as with anti-depressant medication, where we clearly were able to establish the efficacy of CBT with older adults. These RCTs began in the 1980s and were heavily influenced by Beck, Lewinsohn, and their associates (Beck et al, 1979; Lewinsohn et al.1986). Between then and now, we continued our clinical practices and developed (and successfully evaluated) several other empirically supported CBT-based programs to use with common presenting problems of individuals in the second half of life, such as coping with stress associated with family caregiving for an older relative with Alzheimer's disease.

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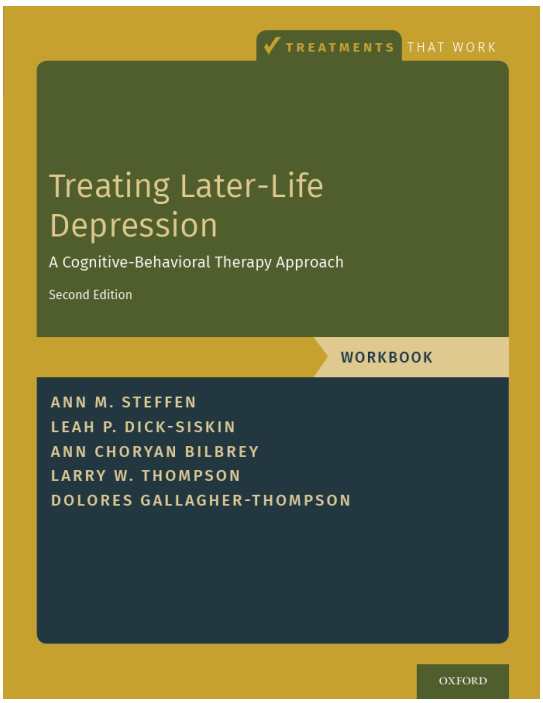

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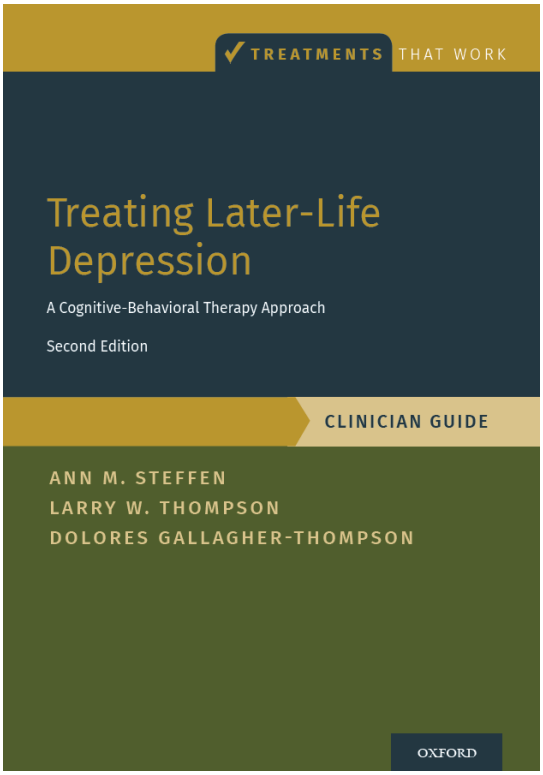

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USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK"

By Dolores Gallagher-Thompson, PhD, ABPP
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Co-Founder, Optimal Aging Center

How was the second edition developed?

We approached Oxford in 2018 with the idea of publishing a collection of new forms and worksheets to accompany the 2010 workbook. Oxford instead asked us instead to do a full revision of both the workbook and clinician guide. We had the opportunity to beta-test these revisions along the way, including asking licensed clinicians during Spring of 2020 to use and recommend the workbook pages that worked best during their telehealth psychotherapy and primary care sessions with older clients. Four years later, here we are with the 2nd edition, which we developed to be responsive to the demographics of a society where so many individuals are living longer (into their 80s and 90s) and experiencing depression, anxiety, and related issues – sometimes for the first time in their lives. As well, so much has changed in behavioral health care since the 1980s! Now we see mental health integrated into primary care; a significant expansion of master's level clinicians in social work, psychiatric nursing, counseling, and related professions; and growing attention to dissemination and implementation science and practice - the list goes on and on!!!

At this point you may be asking: **WHY** would readers of this Newsletter be interested in learning about how to use CBT with middle-aged and older adults? Our response: you will likely be seeing many more such individuals in your clinical practice than in the past **and** there are strong data on the efficacy of CBT with these clients (Bilbrey, et al, 2022). In fact some studies conducted in the UK found that, compared to working age adults, older adults responded more fully to CBT that was customized to their needs (Kishita & Laidlaw, 2017).

"Use a strengths-based approach! Older adults are good problem solvers and are quite resilient or they would not have lived as long as they have. Build on that!"

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USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK" (CONTINUED)

By Dolores Gallagher-Thompson, PhD, ABPP

Details on Updates and Improvements to the Second Edition Clinician Guide:

1. Our expanded focus on the second half of life (i.e., middle-aged and older adults) reflects the fact that chronological age is often a poor indicator of how well or poorly clients are functioning physically or cognitively. Due to discrimination and health disparities, some clients in their 50s are functioning more poorly than well-resourced individuals in their 70s and 80s. For that reason, we have positioned these "later-life" materials to be appropriate for many clients aged 50 years and older.

2. We added **new** content appropriate for clinicians who may be relatively unfamiliar with key issues involved in providing effective treatment to aging individuals. For example, we include an introduction to aging issues and a chapter describing modifications commonly applied to clients in later life.

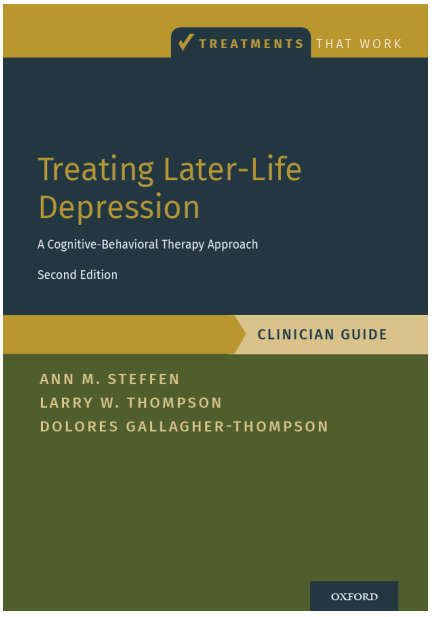
3. We created a flexible **modular format** to allow clinicians to personalize treatment. There are 5 core modules (Skills for Getting Started: Planning Treatment; Skills for Feeling: Recognizing and Managing Strong Emotions; Skills for Doing: Values-Based Living and Problem Solving; Skills for Thinking: Self Compassion and Developing Helpful Thoughts; and Skills for Wrappng Up). These are recommended for all clients – time permitting. However, if time is limited, we include recommendations for prioritizing these modules. There are also 6 new modules focusing on topics that often bring individuals into therapy: managing chronic pain; improving sleep quality; reducing distress associated with caregiving; living with loss, bereavement and grief; communication issues; and how to promote healthy cognitive aging. Each module is mirrored in the client workbook where each topic has "learn" and "practice" worksheets designed to explain concepts more fully AND give clients structured forms to encourage home practice.

4. We identified specific materials well-suited to telehealth sessions which should still be useful in post-pandemic health care, as telehealth is highly relevant to aging clients who often have transportation issues, competing medical appointments, and other barriers that make it difficult to attend regular in-person therapy sessions.

5. We provide specific recommendations for developing and nurturing the therapeutic relationship since some clients may be one or more generations older than the therapist, which poses unique issues that need to be addressed for successful treatment.

6. Expanded appendices include recommendations for group interventions, age-appropriate assessment tools reprinted with permission, and resources for professional development and training.

7. Finally, we incorporate a focus on client diversity throughout -middle-aged and older adults are definitely **not** a homogenous group! They are as diverse as younger adults – perhaps more so, since they have lived longer and have had a greater variety of experiences.



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USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK" (CONTINUED)

By Dolores Gallagher-Thompson, PhD, ABPP
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Details on Updates and Improvements to the Second Edition Client Workbook:

1. 1. We created psychoeducational materials ("Learn Pages") and worksheets ("Practice Forms") in single page formats using Robato type face and 14 point font, to increase accessibilty for aging clients with visual issues – which are very common & often frustrating for therapists who often use multi-page handouts and standard forms.

2. We expanded the range of CBT change strategies that are included in the various modules (e.g., emotional literacy, positive psychology, habit formation and change, and self-compassion, among others) in addition to the original change strategies of behavioral activation, problem solving skills training, cognitive reappraisal, and communication skills training.

3. We provide concrete supports for culturally responsive CBT including: facilitating discussion of most salient cultural identities, increased emphasis on personal strengths and values, attention to the role of chosen family, strategies and case examples that reflect individuals from diverse communities.

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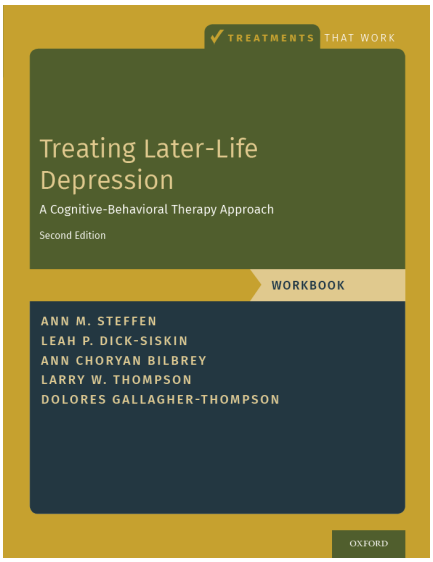

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USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK" (CONTINUED)

By Dolores Gallagher-Thompson, PhD, ABPP

Tips for Clinicians – Clinical recommendations for working successfully with older adults

1. Engage in self-reflection regarding your own attitudes toward aging – do you secretly believe "you can't teach an old dog new tricks"? If you do, please be sure to review the literature – aging clients CAN and DO benefit from CBT delivered with therapeutic optimism and in a collaborative framework.

2. Address your older clients with respect and dignity. Many prefer you to use their last name and prefer to address you as "doctor" or whatever title is appropriate. Ask permission to be on a first-name basis. Be prepared to respond honestly to basic questions about your training and experience – this doesn't mean you need to share extensive personal details, but, aging clients often want to know about your expertise and where it was acquired. Let them know that you are an expert in CBT and have much to offer them to improve their quality of life.

3. Recognize / ask about the client's physical health: what conditions they have, what medications they are on, and what functional limitations they experience. This information is critical to tailoring CBT successfully for that individual - multiple health issues are often comorbid with depression and anxiety. Do not allow yourself to fall into the trap of thinking: "if I had these problems to deal with I'd be depressed too." That is an unhelpful way to view things; rather, taking a problem-solving approach and figuring out what the client realistically can and cannot do is much more effective.

(CONTINUED ON NEXT PAGE)

4. Use a strengths-based approach! Our clients in the second half of life are good problem solvers and are quite resilient or they would not have lived as long as they have. Build on the coping strategies that have helped in the past!

5. Acknowledge the importance of family – those we are born into and those we create. Social networks are important to maintaining good mental health in later life. Consider possibly including members of these families as part of the treatment program, to promote and help maintain change.

Three practical "tip sheets" for implementing CBT with middle-aged and older adults are provided at our Optimal Aging Center website: www.optimalagingcenter.com

Editor's note: This column is part of a newer series of practice-oriented articles that are meant to teach and illustrate CBT in clinical practice. Submissions for this series are welcome. Email me with your ideas and suggestions. Scott Waltman, PsyD, ABPP, walt2155@pacificu.edu

USER-CENTERED DESIGN OF "TREATING LATER-LIFE DEPRESSION: CLINICIAN GUIDE AND WORKBOOK" (CONTINUED)

By Dolores Gallagher-Thompson, PhD, ABPP
Professor Emerita and Board-Certified Geropsychologist: Stanford University School of Medicine
Co-Founder, Optimal Aging Center

Bio
Dr. Gallagher-Thompson specializes in treatment of late-life depression and in working with persons with neurocognitive disorders (such dementia) and their family caregivers/ care partners. She provides individual psychotherapy, using a cognitive/behavioral framework (CBT) as part of the Geropsychiatry outpatient clinic at Stanford. She also leads psychoeducational workshops.as part of the Neuroscience Center's community educational programs..She is a board-certified specialist in Geropsychology (psychology of older adults) and is a licensed clinical psychologist who has been in practice for 25 years.

She received her degree in clinical psychology/adult development and aging from the University of Southern California and did her clinical training at UCLA. She has been an NIH funded researcher for the past 25 years and is most noted for her empirical studies on the efficacy of psychoeducational interventions to reduce stress and improve the psychological status of family caregivers of older adults with Alzheimer's disease or other forms of dementia. She has culturally modified, translated, and tailored programs for Chinese-speaking, Spanish-speaking, and Farci-speaking caregivers. In addition she works with an international advisory group, led by WHO, that has created an on-line web-based program to provide education and skill training globally to dementia family caregivers. The third edition of the edited book, Ethnicity and the Dementias, was published in 2019. Additionally, she is a Fellow of the Academy of Cognitive Therapy and a recognized Trainer/ Consultant/ Supervisor in CBT. In collaboration with others she is completing 2nd edition of the clinician guide and client workbook in the Treatments that Work series (Oxford). These focus on effective use of CBT with older adults. In addition, she has worked with colleagues to create an edited "primer" on geropsychology. All three books will be published in 2021.

At present she is Emerita Professor of Research in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, and former Director of the Outreach, Recruitment and Education Core of the Stanford Alzheimer's Disease Research Center. The latter focused on recruiting Latino and American Indian persons with dementia and their family caregivers. She has authored over 200 papers in major journals in the field. She is co-founder and current member of the Diversity & Inclusion Committee of the local northern CA chapter of the Alzheimer's Association. She is an associate editor of the journal Clinical Gerontologist: The Journal of Mental Health, Diversity, and Aging.

Current active projects include: consulting on development and implementation of an internet-based programs for rural US caregivers of persons with dementia, and for family caregivers of older adults with any form of dementia in Thailand. She is currently working with collaborators at UCSF on the CARE project which aims to establish a research registry specifically for Asian Americans/Pacific Islanders who have been traditionally very under-represented in health-related research. Finally, she is working with a local technology company to develop a suite of apps for mobile phones and tablets, aimed at family caregivers.
www.optimalagingcenter.com

BOOK REVIEW: IF ONLY…: FINDING FREEDOM FROM REGRET

By Scott Waltman, PsyD, ABPP, A-CBT

I was thrilled to read Bob Leahy's latest Guilford book: *If Only…: Finding Freedom from Regret*. It is currently available for pre-order and will be released on the 1st of July of this year. I was so excited to be able to read an advance copy of the book. Bottom line up front: it is fantastic, and I love it! Many of us are familiar with Bob's work through various seminal books such as The Worry Cure or his Treatment Plans and Interventions workbook.

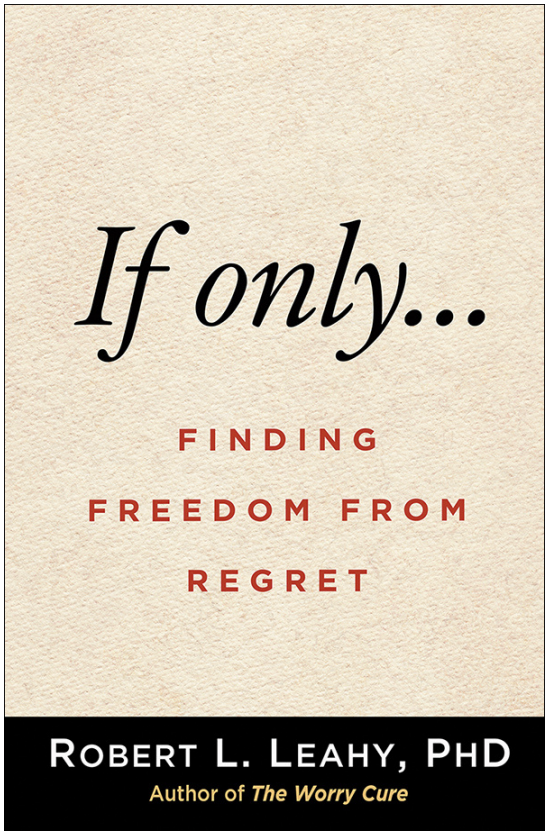
This book is to regret as Bob's book The Word Cure is to worry. It is a Tour de force and a highly charming read. Bob masterfully walks through both the cognitive science and relatable human experience that accompanies the phenomenon of regret. Culturally there is an endemic of fear of regret and an inability to tolerate regret; this is a common presenting problem in the individuals that we work with. While this isn't necessarily a DSM diagnosis, it is certainly a common situation that can cause great distress period. Bob refers to this fear of regret as an existential perfectionism and teaches people principles and skills to help get unstuck and thrive.

The book is written for a broad audience and would be readily appreciated by any layperson, friend, colleague, or patient. In addition to being an excellent review of the phenomenon of regrets, it is also a distillation of Bob's unmatched knowledge of cognitive behavior therapy. It presents a theory that is modern, integrative, and most importantly full of heart. It presents tools that are readily accessible and immediately useful. It would pair well with somebody who was undergoing cognitive behavior therapy or would also be useful to someone seeking to apply these principles on their own.

My favorite part of the book is that while it is educative, it is also focused on taking action and making change. It is so easy for someone to get stuck in a pattern of regret and overthinking, playing the 'Monday morning quarterback' while they second guess every aspect of their life. Bob presents strategies to help these folks get unstuck and then take action to move forward in their life. This book would be helpful both for people who are currently having difficulty making decisions for fear of regret or individuals who are struggling with challenges related to past regrets. I can already think of several folks in my caseload who would benefit from this book, and I am so happy that Bob wrote it. I would highly recommend this book, definitely check it out.

Scott Waltman, PsyD, ABPP, is the editor of Advances in Cognitive Therapy. He is a clinician, international trainer, and practice-based researcher. 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.

https://www.guilford.com/books/If-Only/Robert-Leahy/9781462547821



BOOK REVIEW: BEHAVIORAL ACTIVATION FOR DEPRESSION: A CLINICIANS GUIDE

Advances in Cognitive Therapy
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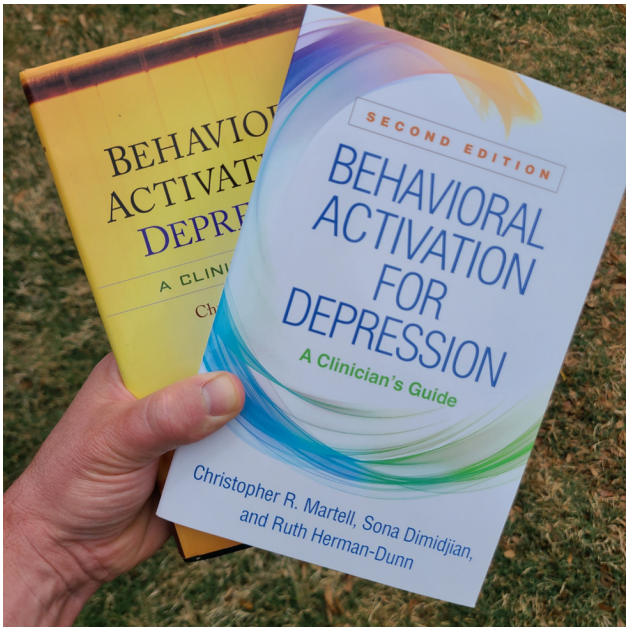
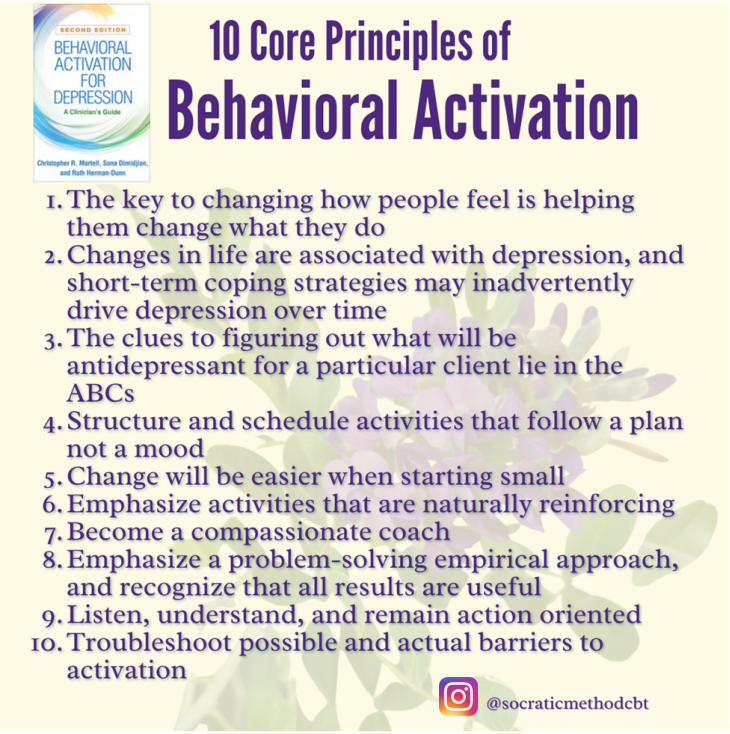
By Scott Waltman, PsyD, ABPP, A-CBT



Behavioral activation is often oversimplified to the idea of 'get active, feel better.' This has resulted in people often being encouraged to go for a walk as part of their treatment of depression. Personally, I am a big proponent of walking and think it is a very useful general wellness strategy; however, there is a lot more to behavioral activation than just going for a walk. True behavioral activation is a way to collaboratively study a person's depression, identify what is missing in their lives (and what behaviors will be anti-depressant for them), and work strategically to get the most momentum possible from small changes.

Almost a decade ago, when I was preparing for the oral examination when I was getting board certified in CBT, Christopher Martell was scheduled to preside over my oral examination and in anxious over-preparation, I read his Guilford book *Behavioral Activation for Depression: A Clinicians Guide* several times. I instantly fell in love with it. Before reading that book, I thought I knew what Behavioral Activation was, but there was so much I learned from it that improved my practice. Dr. Martell ended up having a schedule conflict and I never got a chance to show off all that I learned from his book.



When I saw that the authors released a second edition of their book on the topic, I knew I had to read it. It is excellent! They've added chapters on transdiagnostic practice and new treatment settings. They've also included new tools to help quantify and gauge progress in behavioral activation. I also like some of the shifts in language in the second edition. There is an increased emphasis on compassion, which I view as being quite favorable. I am a CBT therapist who approaches all therapy from the lens of Socratic process and collaborative experiential learning; the way the authors have presented this model of behavioral activation is highly compatible with the way I practice. Most CBT therapists will approach depression by first focusing on behavioral activation to get relief and improve cognitive flexibility, before moving into the deeper work; this book is an essential guide for any therapist who follows that practice. I wholeheartedly recommend it.

https://www.guilford.com/books/Behavioral-Activation-for-Depression/Martell-Dimidjian-Herman-Dunn/9781462548385

BOOK REVIEW: THE GROWTH MINDSET WORKBOOK CBT SKILLS TO HELP YOU BUILD RESILIENCE, INCREASE CONFIDENCE, AND THRIVE THROUGH LIFE'S CHALLENGES

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The most important thing to remember is that a growth mindset can be learned, and doing so can positively impact how you think, feel and act. If you're ready to say yes to life's challenges and maximize your potential, this step-by-step guide can show you the way.

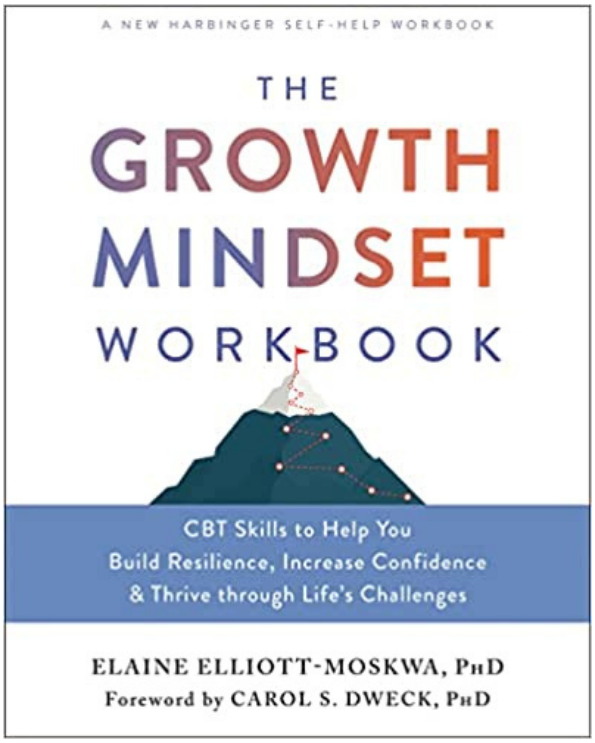
https://www.newharbinger.com/9781684038299/the-growth-mindset-workbook/

By Scott Waltman, PsyD, ABPP, A-CBT

The concept of Growth Mindset has been fully embraced by the coaching community, but some clinicians have been unsure how to feel about it, or have wondered how empirical it is. This workbook is written by the President of the Academy of Cognitive & Behavioral Therapies and has been endorsed by Christine A. Padesky, PhD, Dennis Greenberger, PhD, Robert L. Leahy, PhD, Stefan G. Hofmann, PhD, Michael A. Tompkins, PhD, ABPP, Leslie Sokol, PhD, Lata K. McGinn, PhD, and Lynn McFarr, PhD. It presents a grounded and scientifically sound approach to using the framework of a *Growth Mindset* to get unstuck and live a full life. It's a New Harbinger workbook so it has all the quality and utility that we come to expect from this leading publisher.

Dr. Elaine Elliott-Moskwa asks the readers:
Do you ever feel like you're just not good enough, smart enough, or talented enough in certain areas? Do these beliefs keep you from seeking out new opportunities or challenges, because you're afraid of failing? If so, you may be suffering from a "fixed mindset." In contrast, a "growth mindset" is the belief that you can increase your ability or develop your attributes—that you can adapt and learn from your mistakes. But how do you cultivate a growth mindset?

The Growth Mindset Workbook offers essential skills grounded in cognitive behavioral therapy (CBT) to change the way you think about your own talents and abilities. Based on the core principles outlined in Mindset by Carol Dweck (who wrote the foreword), this workbook will help you shed unhelpful and self-limiting attitudes and beliefs, and replace them with a growth mindset that can increase resiliency, boost self-confidence, and form the foundation of a meaningful, values-based life.



BOOK REVIEW: EXPERIENCING ACT FROM THE INSIDE OUT: A SELF-PRACTICE/SELF-REFLECTION WORKBOOK FOR THERAPISTS (SELF-PRACTICE/SELF-REFLECTION GUIDES FOR PSYCHOTHERAPISTS)

By Scott Waltman, PsyD, ABPP, A-CBT

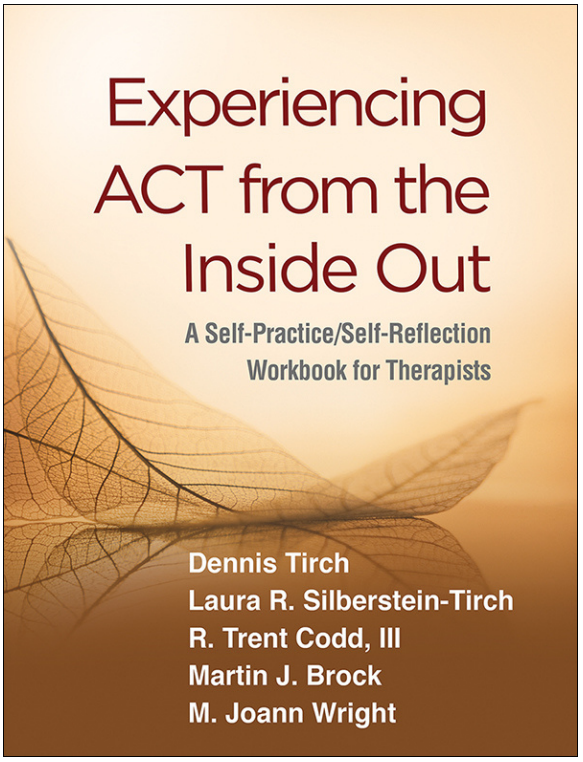
Recently both the Academy of Cognitive & Behavioral Therapies and the International Association of Cognitive Behavioral Therapy have expanded their tents of CBT to include a wealth of diverse cognitive and behavioral therapies. As such, I have been seeking to include in the book reviews books that focus on a diverse representation of important new contributions to the CBT literature. When I saw a recent Guilford book on the topic of *Experiencing ACT from the Inside Out, a Self-Practice and Self-Reflection Workbook for Therapists* I knew this was an ideal book to review for our newsletter.

A common problem for therapists who are interested in or practicing Acceptance and Commitment Therapy (ACT), or contextual CBT, is they spend a lot of time talking about ACT instead of actually doing ACT. ACT is fundamentally an experiential therapy and arguably in order to learn to do ACT competently one would need to learn it experientially as well. There are a number of patient workbooks that a therapist could work through as they strive to do their own work. Similarly, a therapist could seek their own therapy. Though what is healing for you might not be healing for someone else.

This workbook by accomplished and well-respected CBT and ACT therapists including several members of the Academy (authors include Dennis Tirch, Laura R. Silberstein-Tirch, R. Trent Codd III, Martin J. Brock, and M. Joann Wright) is a much-needed contribution in the existing resources. Specifically, this is an experiential book geared towards learning how to experientially do ACT and live ACT as a clinician. The exercises and contents of the book are geared towards the unique role that is a psychotherapist.

This book is compassionate, insightful, experiential, and sure to supercharge your use of acceptance- and mindfulness-based cognitive behavior therapies. I found it to be both nourishing and thought provoking. Though what I enjoyed the most about it was how personably it was written. I have long been a fan of Dennis Tirch and his colleagues, and this was a sublime and deeply pleasant experience. I highly recommend the book check it out.

https://www.guilford.com/books/Experiencing-ACT-from-the-Inside-Out/Tirch-Silberstein-Tirch-Codd-Brock/9781462540648



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

Volume 15, issue 1, March 2022
7 articles in this issue

Carnahan, N.D., Carter, M.M. & Sbrocco, T. Intolerance of Uncertainty, Looming Cognitive Style, and Avoidant Coping as Predictors of Anxiety and Depression During COVID-19: a Longitudinal Study. J Cogn Ther 15, 1–19 (2022). https://doi.org/10.1007/s41811-021-00123-9

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Koski, L., Brouillette, MJ., Mayo, N.E. et al. A Short-term Psychological Intervention for People Living with HIV During the First Wave of COVID-19. J Cogn Ther 15, 21–41 (2022). https://doi.org/10.1007/s41811-021-00127-5

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Akariya, O., Anholt, G.E. & Shahar, G. Is Self-Criticism Uniquely Associated with Health Anxiety among Jewish and Arab Israeli Young Adults?. J Cogn Ther 15, 81–93 (2022). https://doi.org/10.1007/s41811-021-00121-x

Peipert, A., Rodriguez-Quintana, N. & Lorenzo-Luaces, L. Outcomes of Student Trainee-Delivered Cognitive Behavioral Therapy (CBT) on Internalizing Symptoms, CBT Skills, and Life Satisfaction. J Cogn Ther 15, 94–113 (2022). https://doi.org/10.1007/s41811-022-00131-3

Advances in Cognitive Therapy
Summer 2022 Issue

LYNN MCFARR SELECTED TO RECEIVE ABCT'S 2022 OUTSTANDING EDUCATOR/TRAINER AWARD!

Advances in Cognitive Therapy
Summer 2022 Issue

ABCT ASSOCIATION for BEHAVIORAL and COGNITIVE THERAPIES
Advancing Research & Empirically Supported Practice
305 Seventh Avenue, New York, NY 10001-6008 • 212-647-1890 • fax: 212-647-1865 • www.abct.org

May 23, 2022

Lynn Marcinko McFarr, Ph.D.
Department of Psychiatry and Biobehavioral Sciences
University of California, Los Angeles, School of Medicine

Dear Dr. McFarr,

It is my distinct pleasure to inform you that you are the 2022 recipient of the ABCT Award for Distinguished/Outstanding Contribution by an Individual for Education/Training. The ABCT Awards Committee was in unanimous agreement that your substantial contributions to education and dissemination merited this award. You have many, many contributions worthy of note including your work to co-found the Adult DBT Program and your 22 years of service directing the Cognitive Behavioral Therapy Clinic at Harbor UCLA Medical Center; the implementation of the largest government sponsored CBT and DBT training program in the U.S. within the Los Angeles County Department of Mental Health System that has trained literally thousands of clinicians and frontline workers from a range of professional backgrounds; and your dedication to doctoral candidates and postdoctoral fellows who are immersed in individualized mentorship and supervision in DBT related practice and research at Harbor UCLA, who describe this training year as a "professionally defining experience." It was truly an honor to review your work which has had profound influence on evidence-based dissemination and clinical training for so many. Hearty congratulations!

Sincerely,

Sara R. Elkins, Ph.D.
Sara R. Elkins, Ph.D.
ABCT Awards and Recognition Committee Chair

CC: Scott Waltman, PsyD, ABPP
Robert Leahy, Ph.D.
Torrey Creed, Ph.D.
Mary Jane Eimer, CAE, Executive Director

Advances in Cognitive Therapy
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CONGRATULATIONS TO DR. LATA MCGINN WHO WAS JUST ELECTED AS PRESIDENT-ELECT OF THE WORLD CONFEDERATION OF CBT. HER THREE YEAR TERM AS PRESIDENT BEGINS IN JUNE 2023.

Dr. Lata McGinn was just elected as president-elect of the World Confederation of CBT. Her three year term as president begins in June 2023.

The World Confederation of Cognitive and Behavioural Therapies (WCCBT) is a global multidisciplinary organization dedicated to the promotion of health and well-being through the scientific development and implementation of evidence-based cognitive behavioral strategies designed to evaluate, prevent, and treat mental conditions and illnesses.

Membership of the WCCBT will initially consist of the regional associations that previously comprised the membership of the World Congress Committee (WCC).
Asian Cognitive and Behaviour Therapy Association (ACBTA) representing Asia, Association for Behavioural and Cognitive Therapies (ABCT), Australian Association for Cognitive and Behaviour Therapy (AACBT), European Association for Behavioural and Cognitive Therapies (EABCT), International Association for Cognitive Psychotherapy (IACP), and the Latin-American Association of Analysis, Behavioural Modification and Cognitive and Behavioural Therapies (ALAMOC)

WCCBT
WORLD CONFEDERATION
OF COGNITIVE AND BEHAVIOURAL THERAPIES

CONGRATULATIONS TO THE ACADEMY'S DIVERSITY ACTION COMMITEE WHO HAD A CLINICAL ROUNDTABLE ACCEPTED FOR PRESENTATION AT THIS YEAR'S ABCT CONFERENCE

Advances in Cognitive Therapy
Summer 2022 Issue

Clinical Round Tables: ***Moving forward during the challenges of the Double Pandemic: What we learned transitioning in a time of crisis while managing our vicarious traumatization***

Abstract
The global crises of the past few years has resulted in a double pandemic of both COVID-19 and racial violence around the world. Due to this crisis, clinical mental health care providers, in particular, have disproportionately reported high rates of mental exhaustion (Chen et al., 2020; Lin et al., 2020). As CBT therapists, we were required to quickly pivot to telehealth for our patients and staff, while concurrently experiencing the trauma and stress alongside our patients. This Clinical Round Table will discuss and address the experiences of burnout, which is defined by ICD-11 as exhaustion, mental distance from one's job, and reduced professional efficacy. Preliminary data from a survey study regarding clinician's experiences of burnout and secondary traumatization during the double pandemic will be presented and discussed.

Treatment during the pandemic has revealed many gaps in our treatment approaches and diagnoses that need to be addressed going forward. Panelists will discuss signs and symptoms of race-based trauma, and how to identify and address these clinical issues for both clients and providers. Furthermore, panelists will present intervention and coping strategies that are useful during times of disaster and emergencies, such as third-wave techniques of mindfulness, cognitive re-attribution, distress tolerance, and radical acceptance.

Lastly, the panel will broach the topic of the double pandemic from the systemic levels of state regulations and agency policies which impacted clinicians' abilities to manage the double pandemic - from safety in the workplace with COVID-19, to ethically and flexibly delivering service, to supporting and supervising trainees during the crisis. Panelists will encourage creative problem solving and solution-focused approaches to managing the issues of burnout and trauma in our post-pandemic landscape. This discussion is intended for Clinicians, Supervisors, and Program Administrators.

The Panelists are clinicians who practice and train in various settings, including public mental health, community mental health agencies, private practice, and other underserved settings. This Clinical Round Table is sponsored by the Diversity Action Committee of the Academy of Cognitive and Behavioral Therapies.

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

Advances in Cognitive Therapy
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