



Coinciding with the publication of the 3rd edition of OCTC's "An Introduction to CBT", our 6th annual Congress explores how to use CBT's fundamental principles and techniques to achieve change, even when your client might have more complex difficulties. All too often we can drift away from the empirical basics of CBT, so our 2017 speakers will address how to evaluate the critical components of our practice, how to apply these fundamental skills across a variety of clinical settings and how to ensure that we don't get side-tracked away from evidence based treatment. Presentations will be followed by round-table discussions to allow time for reflections and questions.

Feedback from participants of the 2016 Congress:

"Energising and inspiring"

"I feel enthused and refreshed"

"All talks were great, speakers were inspiring"

"Great day, I feel privileged to bask in a wealth of collective knowledge"



Opening: David Slingso, Director of OCTC

The Presentations

Note that the presentations follow on from each other: there are no simultaneous presentations.

Dr Sarah Rakovshik - Using the ACCS to assess competence—What do we mean by good CBT?

At a time when tremendous efforts are focussed on training CBT practitioners, what do we know about the key aspects of CBT competence, and do we have a reliable and valid way to measure these skills? The ACCS was developed as a tool to assess general therapeutic and CBT-specific skills required to appropriately deliver individual CBT to adults experiencing mental health problems. This talk will address why we need yet another scale to assess CBT competence, how the ACCS endeavours to measure this sometimes elusive construct, and what is known about the reliability, usability and validity of the ACCS.

Drs Louise Isham & Bryony Sheaves- Best of both: Combining critical components of CBT with state of the art adaptations to stabilise sleep on an acute psychiatric inpatient trial (OWLS trial)

CBT is highly effective in treating insomnia in community populations and, in addition to improving sleep, it can lessen psychotic experiences, mania, depression and anxiety. But what about psychiatric inpatient wards? Sleep problems are highly prevalent in such settings, but the environment poses particular challenges both for sleep and for the delivery of therapy. How can we adapt the intervention so that the critical components of CBT for insomnia can be delivered effectively in this environment? This talk presents findings from a pilot randomised controlled trial which tested an acute phase sleep treatment (the **Oxford Ward sLeep Solution**, OWLS trial). Therapy was designed to retain critical components of evidence based CBT for insomnia techniques. These were adapted and augmented with new state of the art components to increase their effectiveness at a time when patients are acutely unwell. This presentation will both celebrate the critical components of CBT for insomnia and share these new adaptations.

To book online or for more information and the rest of our 2017-18 programme go to:
www.octc.co.uk or fill in the booking form overleaf

Dr Helen Kennerley - When the going gets tough go back to the basics

How often do we hear therapist say that the patient’s difficulties were complex and so they moved away from ‘classic’ CBT techniques? This presentation is in defence of the ‘classics’. Clinical illustrations will explore the value of these basic CBT techniques with a range of patients, including those whose problems are chronic, challenging or who also have a personality disorder.

Professor Glenn Waller - Evidence-based treatment and therapist drift: Why well-meaning clinicians do dumb things (and how to do fewer of them)

There is excellent evidence that cognitive behavioural therapy (CBT) can be an effective therapy for many patients with different disorders. Unfortunately, there is also strong evidence that CBT clinicians (and those delivering other therapies) do not deliver the therapy in an effective way, ‘drifting’ off protocol and getting poorer results. In particular, we tend to miss out critical elements, focusing more of the ‘talking therapy’ but omitting the ‘doing therapy’ element. This talk will consider the evidence that we drift from delivering evidence-based treatments (for a range of disorders) and the reasons why we do (our own attitudes, beliefs, personality, emotions, safety behaviours, and even physiology). Finally, it will consider ways in which we might apply the principles of CBT to ourselves, to enhance our clinical outcomes.

The content of the congress will be relevant to CBT practitioners of all levels.

EARLY BIRD DISCOUNT AVAILABLE

Book before 1 June 2017 and qualify for the discounted rate of £100 (usual cost £140)

- includes refreshments & lunch

Book online at www.octc.co.uk and enter “earlybird” at the checkout or complete the following application form in BLOCK CAPITALS and post with cheque or PO (see instructions below)

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