

HANDOUTS

Advanced Cognitive Behavior Therapy: Implementing Psychotherapy Core Tasks

presented by

Donald Meichenbaum, Ph.D.

Day 1

9:00 Core Tasks of Psychotherapy

- What “expert” psychotherapists do
- Implications for conducting psychotherapy

10:20 Break

10:35 Initial Phase of Psychotherapy

- Establishing and monitoring the therapeutic alliance
- Engaging clients and significant others
- The "art of questioning"
- Facilitating treatment adherence including
- Motivational Interviewing
- Using a Case Conceptualization Model
- Assessing for the client's violence potential

12:00 p.m. Lunch

1:15 p.m. Nurturing Hope

- Conduct psycho-education
- Collaborative goal-setting
- Strengths-based treatment approaches
- Ways to bolster resilience

2:35 Break

2:50 p.m. Implementing Cognitive Behavior Therapy

- Skills training: Emotional self-regulation, cognitive restructuring and stress inoculation training
- Building in Generalization Guidelines
- Treatment of depression and suicidal behavior
- Using computer technology as an adjunctive tool

4:30 Adjournment

Day 2

8:30 Applications to Challenging Clients

- Treating comorbid disorders
- Prolonged and Complicated Grief
- More Personal Healing

9:50 Break

10:05 Substance Abuse Disorders

- Consideration of 12 STEP programs
- Relapse prevention interventions
- Integrating spirituality and psychotherapy

11:30 Lunch

12:45 p.m. Personality Disorders - Emotional Dysregulation

- Borderline Personality Disorder

2:05 Break

3:00 Traumatized Clients

- Complex PTSD
- Ways to avoid being revictimized
- Traumatic brain injuries

3:45 p.m. Adjournment

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Core Tasks of Psychotherapy: What "Expert" Therapists Do

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Nature of Expertise

- ▶ Knowledge is highly organized and readily retrievable
- ▶ Strategic Multiple flexible strategies
- ▶ Deliberate Practice and Feedback
- ▶ Implications for Psychotherapists

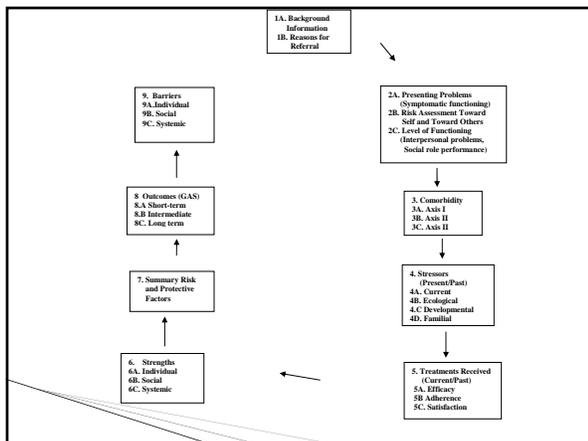
Core Tasks of Psychotherapy

- ▶ Develop, monitor and maintain a collaborative therapeutic relationship/alliance
- ▶ Be culturally, developmentally, and gender-sensitive
- ▶ Use Motivational Interviewing Procedures
- ▶ Monitor patient progress throughout and provide ongoing feedback

Provide Ongoing Psycho-education

- ▶ Conduct Risk and protective factors assessment
- ▶ Use Case Conceptualization Model (CCM)
- ▶ Use “clock” metaphor
 - 12 o'clock - external/internal triggers
 - 3 o'clock - primary & secondary emotions
 - 6 o'clock - thinking processes
 - 9 o'clock - behavior & consequences
- ▶ Self-monitoring procedures
- ▶ Modeling Films & Bibliotherapy (Use Acronyms) and Internet Tools

GENERIC CASE CONCEPTUALIZATION MODEL



FEEDBACK SHEET ON CASE CONCEPTUALIZATION

BOX 9: POSSIBLE BARRIERS

- ▶ "Let me raise one last question, if I may. Can you envision, can you foresee, anything that might get in the way- any possible obstacles or barriers to your achieving your treatment goals?"
- ▶ Consider with the patient possible individual, social and systemic barriers Do not address the potential barriers until some hope and resources have been addressed and documented.)
- ▶ "Let's consider how we can anticipate, plan for, and address these potential barriers."
- ▶ "Let us review once again..." (Go back over the Case Conceptualization and have the patient put the treatment plan in his/her own words. Involve significant others in the Case Conceptualization Model and treatment plan. Solicit their input and feedback.
- ▶ Reassess with the patient the treatment plan throughout treatment. Keep track of your treatment interventions using the coded activities (2A, 3B, 5B, 4C, 6B, etc) Maintain progress notes and share these with the patient and with other members of the treatment team. "And some of the services you can access are..."

Nurture Hope

- ▶ Engage in Collaborative Goal-setting "SMART" Goals
- ▶ Use Timelines
- ▶ Use hope-engendering models/mentors

Nurture and Train Intra – and Interpersonal Skills

- ▶ Physical/Interpersonal/Emotional/Cognitive/ Behavioral/Spiritual Skills
- ▶ Build in generalization guidelines
- ▶ Mastery training - "Homework"/ Consultative Mode/ Attribution Training
- ▶ Relapse Prevention Training
- ▶ Active After-care Interventions/Provide Ongoing consultation

Address Issues of Victimization/Trauma Exposure

- ▶ Address basic needs and ensure safety
- ▶ Treat sequelae of trauma - - PTSD and complex PTSD
- ▶ Provide Integrated Treatments to address co-morbidity

Address "Memory Work"

- ▶ Use Constructive Narrative Approach "What lingers?"
- ▶ Implications/Belief systems - "Shattered" assumptions
- ▶ Survival skills/Strengths/Signs of Resilience
- ▶ Nurture "healing stories" Contextualized memories/Use "Re" verbs

HELP FIND MEANING

- ▶ Transform experience into a "gift"
- ▶ Use spiritual and religious coping responses
- ▶ Collaborate local "healers"
- ▶ Put patient in helper role

HELP PATIENT AVOID REVICTIMIZATION

- ▶ Reengage and reconnect with prosocial supportive others
- ▶ Learn how to set boundaries
- ▶ Encourage accessing assistance
- ▶ Consider potential barriers/Anniversary effects

HELP THE HELPERS

- ▶ Provide interventions
 - Individual
 - Social-collegial
 - Organizational-Social Agency

ADDITIONAL RESOURCES

Roadmap to resilience: A guide for military, trauma victims and their families. (\$ 35)

Treating Individuals with Anger-control problems and aggressive behavior. (\$60)

Make check payable to Don Meichenbaum and please mail it to

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For additional papers visit www.melissainstitute.org and Click on Author Index (left side of Home Page) and scroll down to Don Meichenbaum

**FROM TRAUMA TO RESILIENCE: A CONSTRUCTIVE
NARRATIVE APPROACH**

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BOOK INFORMATION

**Roadmap to Resilience: A guide for military, trauma
victims and their families. (Softcover, 207 pp).**

Order Information

Price \$35. Make check payable to Don Meichenbaum

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By Way of Introduction

**Controversies about the concept of PTSD
Criterion A-1 and A-2 – issues about causality
Issue of symptom overlap**

**Acronym Therapies - - evidence of equivalence and
implications**

What is resilience

Evidence of resilience in both civilian and military populations

Some facts about resilience

Implications for both assessment and treatment – A strengths-based treatment approach

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How to develop chronic PTSD and related adjustment problems

What you need to do at the Cognitive/Emotional/ Behavioral/Spiritual Levels to develop PTSD and Complex PTSD

Implications for Treatment

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Resilience: A Constructive Narrative Perspective (CNP)

Homo Narrans – we are all “story tellers”

Implications for treatment of individuals who have been traumatized and victimized

Role of “Healing Stories”

Characteristics of Resilient individuals, Families and Communities

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Resilience from a Life-span perspective

Incidence and impact of trauma exposure - - Adverse Childhood Experiences (ACE)

Neuropsychological sequelae of BOTH trauma exposure and resilience

Neurobiology of Resilience

Implications for treatment

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Ways to Bolster Resilience

Consideration of protective factors - - Building blocks of resilience - - ROADMAP TO RESILIENCE

PHYSICAL FITNESS

INTERPERSONAL FITNESS

EMOTIONAL FITNESS - - ways to increase positive emotions and self-regulate negative emotions

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Ways to bolster resilience - - ROADMAP TO RESILIENCE

COGNITIVE FITNESS

BEHAVIORAL FITNESS

SPIRITUAL FITNESS - - Caveat about spiritually-based interventions

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Ways to bolster resilience in HELPERS

Vicarious Traumatization versus Vicarious Resilience

Interventions at the Individual Level

Interventions at the Social Level

Interventions at the Organizational and Systemic Level

(See www.melissainstitute.org website under Author Index Meichenbaum for detailed Handout) ¹⁰

OVERVIEW OF TREATMENT FOR PTSD AND COMPLEX PTSD

PHASE 1.

Establish, maintain and monitor therapeutic alliance.
Address therapy interfering behaviors and potential barriers. Provide Ongoing Feedback

Normalize and validate client's experiences and tap for the client's "implicit theories" of distress and change

Conduct Psychoeducation using the "art of questioning"
-- Use Case Conceptualization and provide feedback

Nurture Hope -- Use Collaborative Goal Setting and Timelines ¹¹

PHASE 2

Address target presenting symptoms -- Stress Inoculation Training

Provide Integrated treatment for comorbid disorders

Teach intrapersonal and interpersonal skills -- build in generalization guidelines

Bolster resilience-engendering behaviors -- Involve family members

Address treatment adherence issues like "homework" between session activities ¹²

PHASE 3

Address issues of traumatic memories from a Constructive Narrative Approach

Use exposure-based (in vivo and imaginal procedures)

Help develop "Healing Stories" - - Use of RE verbs

Use spiritually-based interventions, where indicated

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PHASE 4

Termination and Follow Through Activities

Use Client Checklist and nurture self-attributions ("taking credit")

Re-visit Relapse Prevention procedures - - Possible Anniversary effects

Build in follow-up booster sessions and follow through procedures

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