



## 17TH ANNUAL SUPERVISOR TRAINING DAY

FRIDAY, OCTOBER 5, 2018

DEPARTMENT OF PSYCHOLOGY

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE™

**8:00 – 9:00 A.M.**  
REGISTRATION, CONTINENTAL BREAKFAST, AND WELCOME

**9:00 – 10:00 A.M.**  
**JUDITH S. BECK, PhD**  
President, Beck Institute for Cognitive Behavior Therapy  
Clinical Professor of Psychology in Psychiatry, University of Pennsylvania

### COGNITIVE CONCEPTUALIZATION

How do therapists know what to do, moment by moment, in a therapy session? They need to rely on an accurate, ever-evolving case conceptualization, based on the data clients provide. The conceptualization lays the groundwork for overall treatment planning within and across sessions. In this presentation, Dr. Beck will demonstrate how to quickly and accurately conceptualize a case by using the Cognitive Conceptualization Diagram (J. Beck, 2005; 2011). This diagram applies the cognitive model to specific current situations. It also illustrates how clients' perceptions of their experience, informed by individual and cultural diversity, across their lifetime influence their core beliefs, assumptions and rules for living, and coping strategies. Dr. Beck will illustrate how to collect necessary data, develop an initial conceptualization, share the conceptualization with clients, and refine the conceptualization over time, as new data are gathered. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES

This presentation is designed to help you:

- Collect data to develop an accurate conceptualization
- Share the case conceptualization with clients
- Confirm, accept, reject, or refine hypotheses based on data
- Use the conceptualization to plan treatment
- Discuss the role of cultural diversity in case conceptualization

### SUGGESTED READINGS

Hooke, G.R., Sng, A.A.H., Cunningham, N.K. et al. (2018). Methods of delivering progress feedback to optimize patient outcomes: The value of expected treatment trajectories. *Cognitive Therapy and Research*, 42(2), 204-211. <https://doi.org/10.1007/s10608-017-9851-z>

Huisman, P., & Kangas, M. (2018). Evidence-based practices in cognitive behaviour therapy (CBT) case formulation: What do practitioners believe is important, and what do they do?. *Behaviour Change*, 35(1), 1-21. <https://doi.org/10.1017/bec.2018.5>

Kazantzis, N., Beck, J.S., Clark, D.A. et al. (2018). Socratic dialogue and guided discovery in cognitive behavioral therapy: A modified Delphi panel. *Journal of Cognitive Therapy*, 11(2), 140-157. <https://doi.org/10.1007/s41811-018-0012-2>

Kazantzis, N., Luong, H.K., Usatoff, A.S. et al. (2018). The processes of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 42: 349-357. <https://doi.org/10.1007/s10608-018-9920-y>

Kuyken, W., Beshai, S., Dudley, R., Abel, A., Görg, N., Gower, P., & ... Padesky, C. A. (2016). Assessing competence in collaborative case conceptualization: Development and preliminary psychometric properties of the Collaborative Case Conceptualization Rating Scale (CCC-RS). *Behavioural and Cognitive Psychotherapy*, 44(2), 179-192. <http://doi:10.1017/S1352465814000691>

Mumma, G. H., Marshall, A. J., & Mauer, C. (2018). Person-specific validation and testing of functional relations in cognitive-behavioural case formulation: Guidelines and options. *Clinical Psychology & Psychotherapy*, 25(1), 1-20. <https://doi.org/10.1002/cpp.2298>

### ADDITIONAL READINGS

Beck, J.S. (2011). *Cognitive behavior therapy: Basics and beyond*, 2nd ed., New York: Guilford.

Needleman, L. D. (2009). *Cognitive case conceptualization: A guidebook for practitioners*. New York: Routledge, Taylor & Francis Group.

Kuyken, W., Padesky, C. A., & Dudley, R. (2011). *Collaborative case conceptualization: Working effectively with clients in cognitive-behavioral Therapy*. New York: Guilford Press.

### ABOUT THE PRESENTER

Judith S. Beck, PhD, is the president of the Beck Institute for Cognitive Behavior Therapy ([www.beckinstitute.org](http://www.beckinstitute.org)), a non-profit organization in suburban Philadelphia, which she co-founded with Aaron T. Beck, MD, in 1994. Through the Institute, she has trained thousands of health and mental health professionals, nationally and internationally. Her online courses have been taken by mental health students and professionals in over 100 countries. Dr. Beck is also clinical professor of psychology in psychiatry at the University of Pennsylvania. Currently, she divides her time among teaching and supervision, administration, clinical work, program development, research, and writing.

Dr. Beck has written over 100 articles and chapters and made hundreds of presentations, nationally and internationally, on a variety of topics related to cognitive behavior therapy. She is the author of the widely adopted textbook, *Cognitive Behavior Therapy: Basics and Beyond*, translated into over 20 languages. Her other books include *Cognitive Therapy for Challenging Problems*, *Cognitive Therapy of Personality Disorders*, and the *Oxford Textbook of Psychotherapy*. She has written extensively on a cognitive behavioral approach to weight loss. She is also co-author of the Beck Youth Inventories and the Personality Belief Questionnaire.

**Target Audience: Doctoral Level Psychologists and Other Mental Health Professionals**

**Level of Instruction: Intermediate**

**Number of CE Credits Offered:** \*Participants must attend both Dr. Beck's one-hour session and Dr. Miller's two-hour session in order to earn 3.0 credits. Partial credits are not available.

**Cost: Free**

**10:00 – 10:15 A.M. BREAK**

**10:15 A.M. – 12:15 P.M.**

**ALLEN R. MILLER, PhD, MBA**  
Director, CBT Programs  
Beck Institute for Cognitive Behavior Therapy

### COMPETENCE IN CBT SUPERVISION: DO YOU GET THE DRIFT?

Even the best CBT therapists and supervisors are subject to times when they lose focus and drift from the model. The introduction of new CBT treatments and trans-theoretical models over the years has left many wondering what does it even mean to maintain fidelity to CBT? Contributing to the confusion, young psychologists are being asked to assume supervisory roles earlier and earlier in their careers before they have had the opportunity to develop their own styles of doing therapy.

Through information sharing, modeling, role play and action planning in this workshop, participants assess their own knowledge and skills about CBT and doing supervision. Dr. Miller will begin the workshop by reviewing the core competencies of CBT and the skills needed to demonstrate competence. Dr. Miller will delve into such difficult questions as: "How do you know you are competent?" and "How do you know the competence level of your supervisees?"

Throughout the workshop, Dr. Miller will engage the participants to discuss the hard questions and share the thoughts of some leaders in the field. Demonstrations that exemplify how participants may take the best of CBT and apply it will be provided throughout the session. By attending the workshop, participants will have the opportunities to self-assess their own fidelity to CBT, improve their skill levels and leave with a plan for continued professional development of clinical and supervisory proficiency. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES

This presentation is designed to help you:

- Articulate core competencies of CBT
- Assess your own fidelity to CBT in clinical practice and supervision
- Discuss the role of cultural diversity in CBT supervision
- Develop an action plan for maintaining and improving their abilities to maintain fidelity to the CBT model

### SUGGESTED READINGS

Chow, D.L., Miller, S.C., Seidel, J.A., Kane, R.T., Thornton, J.A., Andrews, W.P. (2015) The role of deliberate practice in the development of highly effective therapists. *Psychotherapy*, 52(3), 337-345.

Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology*, 63(1), 1-11.

Lambert, M. J., Harmon, D., Slade, K., Whipple, J. L., & Hawkins, E. J. (2005). Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. *Journal of Clinical Psychology*, 61, 165-174.

Walfish, S., McAlister, B., O'donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110(2), 639-644.

Waller, G., & Turner, H. (2016). Therapist drift redux: Why well-meaning clinicians fail to deliver evidence-based therapy, and how to get back on track. *Behaviour Research and Therapy*, 77, 129-137.

### ADDITIONAL READINGS

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York, NY: Guilford.

Kuyken, W., Padesky, C.A. & Dudley, R. (2011). *Collaborative case conceptualization: Working effectively with clients in Cognitive-Behavioral Therapy*. New York: Guilford Press.

Newman, C. F. (2013). *Core competencies in cognitive-behavior therapy*. New York, NY: Routledge.

Sudak, D.M., Codd III, R. T., Ludgate, J. Sokol, L., Fox, M.G., Reiser, R., and Milne, D.L. (2016). *Teaching and supervising Cognitive Behavior Therapy*. Hoboken, NJ: Wiley.

### ABOUT THE PRESENTER

Allen R. Miller, PhD, MBA is a seasoned clinician, trainer, and administrator who provides oversight to the training and clinical services at Beck Institute as the CBT Program Director. For over 25 years, he held leadership positions in a large integrated health system. Throughout his career, he has divided his time among administrative, clinical, and training and supervision responsibilities.

As director of behavioral health at WellSpan Behavioral Health, he provided administrative and operational oversight for the behavioral health service line that served hospitals and medical practices within the health system. He served as Chair of Psychology for a 580-bed acute care hospital, and as chief psychologist for an APA-approved internship in clinical psychology that he founded. In the internship program, Dr. Miller provided training and supervision of essential cognitive behavioral skills in a population health environment. Utilizing the principles of implementation science, Dr. Miller worked to integrate sustainable CBT programs with primary care and other medical services.

As a clinician, Dr. Miller has used CBT to help people of all ages with a myriad of presenting problems coming from forensic, community, educational, and medical settings. Dr. Miller has conducted workshops, written professional articles and published several resource books for lay readers about personality, depression, anxiety, and stress. He is a founding fellow of the Academy of Cognitive Therapy and is an officer on its Board of Directors.

**Target Audience: Doctoral Level Psychologists and Other Mental Health Professionals**

**Level of Instruction: Intermediate**

**Number of CE Credits Offered:** \*Participants must attend both Dr. Beck's one-hour session and Dr. Miller's two-hour session in order to earn 3.0 credits. Partial credits are not available.

**Cost: Free**

**LUNCH 12:15 P.M. – 1:15 P.M.**

**1:15 – 4:30 P.M.**

**JOHANNA CARPENTER, PhD**

Nemours/A.I. duPont Hospital for Children and Sidney Kimmel College of Thomas Jefferson University

**ARIEL WILLIAMSON, PhD**

Children's Hospital of Philadelphia and Perelman School of Medicine of the University of Pennsylvania

### ASSESSING AND TREATING BEHAVIORAL SLEEP DIFFICULTIES IN ANXIOUS CHILDREN AND ADOLESCENTS

It has been estimated that 80 to 90 percent of children and adolescents with anxiety disorders experience concomitant difficulties with sleep onset and/or maintenance. Insufficient or poor-quality sleep can ultimately worsen anxiety and other comorbidities, which in turn can further affect sleep, resulting in a negative cycle. Behavioral sleep interventions have established strong empirical support and—when implemented as part of a comprehensive treatment approach—can address both sleep and anxiety concerns.

Using the most recent evidence, this workshop will present a multicomponent approach to treating behavioral sleep difficulties in the context of childhood anxiety. Assessment tools, including the sleep diary, will be presented to guide the clinician in identifying behavioral sleep targets and selecting interventions. Sleep hygiene basics will be reviewed that will help provide the behavioral and environmental cues for sleep. Speakers will also cover cognitive-behavioral interventions that can be used to help alleviate sleep-related manifestations of specific anxiety presentations. Practical, real-world strategies will be introduced to address concerns ranging from long sleep-onset latencies to bedtime “curtain calls,” with special attention paid to helping families achieve their goals for independent sleep. The session will highlight the importance of working collaboratively with parents/caregivers, youth, and other involved family members, using a problem-solving approach, to modify and fine-tune recommended approaches in order to meet families “where they are.” The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES

This presentation is designed to help you:

- Explain the utility of including sleep assessment tools at the intake session.
- List at least two interventions to improve sleep hygiene among children with sleep difficulties.
- Describe at least two intervention strategies that can help improve sleep functioning for children with (a) persistent worries; (b) separation anxiety; or (c) specific phobia of the dark.
- Describe one process for helping to achieve independent sleep and overcome sleep-onset associations related to parental presence.

### SUGGESTED READINGS

Caporino, N. E., Read, K. L., Shiffrin, N., Settapani, C., Kendall, P. C., Compton, S. N., ... Albano, A. M. (2015). Sleep-related problems and the effects of anxiety treatment in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 1–11. <https://doi.org/10.1080/15374416.2015.1063429>

Hale, L., & Guan, S. (2015). Screen time and sleep among school-aged children and adolescents: A systematic litera-

ture review. *Sleep Medicine Reviews*, 21, 50–58. <https://doi.org/10.1016/j.smrv.2014.07.007>

Meltzer, L.J., & Crabtree, V.M. (2015). *Pediatric sleep problems: A clinician's guide to behavioral interventions*. American Psychological Association, Washington, D.C.

Mindell, J. A., Telofski, L. S., Wiegand, B., & Kurtz, E. S. (2009). A nightly bedtime routine: Impact on sleep in young children and maternal mood. *Sleep*, 32(5), 599–606. <https://doi.org/10.1093/sleep/32.5.599>

Paruthi, S., Brooks, L. J., Ambrosio, C. D., Hall, W. A., Kotagal, S., Lloyd, R. M., ... Wise, M. S. (2016). Consensus statement of the American Academy of Sleep Medicine on the recommended amount of sleep for healthy children: Methodology and discussion. *Journal of Clinical Sleep Medicine*, 12(11), 1549–1561. <https://doi.org/10.5664/jcsm.6288>

### ABOUT THE PRESENTERS

Johanna Carpenter, PhD, is a pediatric psychologist and director of psychology internship training at Nemours/Alfred I. duPont Hospital for Children, where one of her areas of specialty is behavioral sleep medicine. Following undergraduate work in psychology at Yale University, she received her PhD in clinical psychology from Temple University, with an emphasis in developmental psychopathology. While at Temple, she trained for four years in the Child and Adolescent Anxiety Disorders Clinic, focusing on the assessment and cognitive-behavioral treatment of childhood anxiety using the Coping Cat intervention. Dr. Carpenter then completed internship and fellowship at Nemours, ultimately specializing in behavioral sleep disorders in addition to psychosocial interventions for various chronic illness conditions. She holds an academic appointment as assistant professor of pediatrics at Sidney Kimmel Medical College of Thomas Jefferson University. Dr. Carpenter serves on the editorial board of *Clinical Practice in Pediatric Psychology*, a journal for APA's Division 54, and has published in the areas of intervention for chronic illness adjustment and developmental psychopathology.

Ariel Williamson, PhD, is a pediatric psychologist in the Sleep Center and in the Healthy Minds, Healthy Kids primary care program at the Children's Hospital of Philadelphia (CHOP). Her research focuses on identifying and treating sleep disorders in pediatric primary care and in collaboration with community agencies. She holds a master's degree in counseling psychology from Northwestern University and earned her PhD in clinical psychology from the University of Delaware. Dr. Williamson completed her predoctoral internship in integrated behavioral health at CHOP and then completed a fellowship in behavioral sleep medicine at CHOP and at the Center for Sleep and Circadian Neurobiology of the Perelman School of Medicine at the University of Pennsylvania. Dr. Williamson serves as a pediatric sleep expert on the Pediatric Sleep Council, an international team of people with expertise in all aspects of sleep and development in young children ([www.babysleep.com](http://www.babysleep.com)). She is also a board member and conducts research for the Beds for Kids program, which provides beds, bedding, and sleep education to socioeconomically disadvantaged children in the Philadelphia area.

**Target Audience: Doctoral Level Psychologists and Other Mental Health Professionals**

**Level of Instruction: Intermediate**

**Number of CE Credits Offered: 3.0**

**Cost: Free**

### CRITERIA FOR EARNING CE

For those attending the entire day-long program, morning-session (3 hours) and afternoon-session (3 hours), you must sign into each session, attend each session in its entirety and complete and submit the evaluation at the conclusion of each session to be awarded a total of six (6) Continuing Education credits. For those unable to attend the entire day program, to earn Continuing Education credits for a session, each participant must sign in, attend the entire session, and submit a completed evaluation form to staff at the conclusion of the session. Partial credits for any given session are not available.

**PSYCHOLOGISTS** PCOM Department of Psychology is approved by the American Psychological Association to sponsor continuing education for psychologists. PCOM Department of Psychology maintains responsibility for this program and its content.

**SCHOOL PSYCHOLOGISTS** The EdS School Psychology Program and the MS taken in conjunction with the EdS program in PCOM Department of Psychology are NASP approved and as such, may offer NASP approved continuing education hours. PCOM Department of Psychology maintains responsibility for this program and its content.

**NBCC COUNSELORS** PCOM Department of Psychology is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program Provider Number: 5672.

**LICENSED SOCIAL WORKERS** PCOM Department of Psychology is approved by the American Psychological Association to sponsor continuing education for psychologists. PCOM Department of Psychology maintains responsibility for this program and its content. The Pennsylvania Board of Social Work Examiners recognizes and accepts the psychology continuing education hours/credits for social workers. However, social workers are responsible for checking with their Board. The board requires a minimum duration of two hours per program. After successfully meeting the criteria for earning CE's, social workers will receive the Certificate of Attendance.

*Unless otherwise specified in the program promotional materials, there is no commercial support interest to the sponsor, instructors, content of instruction or any other relationship that could be construed as a conflict of interest. For any program where a fee is charged, there is a Refund/Cancellation Policy.*

Refund/Cancellation Policy: For any program that has a fee attached, PCOM Department of Psychology requires that notification of cancellation be made no later than 3 business days before the day of the program. Full refunds are available for notifications for programs with fees that are made within 3 business days prior to the day of the event. For all other cancellations, a credit will be issued for a future PCOM CE program.

### REGISTRATION

All PCOM clinical supervisors and faculty are invited to attend. Please pass on this invitation to others at your agency who directly supervise our students in approved practice or internships.

Please submit your registration online no later than September 25, 2018 by visiting <https://www.surveymonkey.com/r/SupervisorTrainingDay2018>

If you have any questions about your registration, refund/cancellation policy or other, please contact:

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### DIRECTIONS TO PCOM:

**From New York, New Jersey or New England**

- Take the New Jersey Turnpike South to the PA Turnpike Exit 6.
- Continue into Pennsylvania onto RT 276 W. Exit onto RT 476 S.
- Continue on 476 S to I-76 East at Conshohocken.
- Take I-76 East to the City Avenue Exit (U.S. Route 1 South).
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).

**From Washington, D.C., Baltimore or Maryland**

- Take Interstate 95 North to Philadelphia. In Delaware, take 495-Philadelphia/Port of Wilmington (this by-pass will turn back into I-95).
- Look for signs to I-76 West to Philadelphia - Valley Forge.
- Take I-76 (follow signs to Valley Forge) at St. Joseph's University sign - stay in left lane and look for Exit City Avenue, Route 1 South.
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).

**From Philadelphia International Airport**

- Take Interstate 95 North.
- Look for signs to I-76 West to Philadelphia - Valley Forge.
- I-76 (follow signs to Valley Forge) at St. Joseph's University sign - stay in left lane and look for Exit City Avenue, Route 1 South.
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).

**From the West**

- Drive east on the PA Turnpike to Exit #326 (King of Prussia/Valley Forge).
- After the toll booth, follow signs for Philadelphia, I-76 East.
- Take I-76 East to the City Avenue Exit (U.S. Route 1 South).
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).

**From Scranton/Wilkes-Barre**

- Take the Northeast Extension RT 476 S.
- Continue on I-476 S through the tolls. Take I-76 E at Conshohocken.
- Take I-76 East to the City Avenue Exit (U.S. Route 1 South).
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).

**From Northern Suburbs/Route 1**

- Take US-1 S/E Roosevelt Blvd.
- Merge onto US-1 S/City Ave E via Exit 339 on the left.
- Take City Avenue South two blocks to Monument Road.
- Make a left onto Monument Road, PCOM's entrance is on right. Follow signs to parking garage (flat fee \$5).