Cognitive Behavioural Therapy

BRIDGING THE GAP BETWEEN SCIENCE AND PRACTICE

10 – 13 September 2014
The Hague, The Netherlands

Stefan Hofmann
Toward a Science-informed Practice

Judith Beck
Conceptualise the individual patient

E-market
of Innovations in E-mental Health

eabct2014.org

Masterclasses + Meet the Expert + Round Table Discussions + Special Events + More
Cognitive Behavioural Therapy

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eabct2014.org

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Colophon

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Content

6 General Congress Information
16 Programme Overview
14 About The Hague
69 Runners Café and Clinic

Quotes
How do the keynotespeakers bridge the gap between science and practice?

E-market of Innovations in E-mental Health

2 EABCT Congresses 2015 and 2016
3 Introduction by Paul Emmelkamp, chair of the Scientific Committee.
4 Who is who?
6 General Congress Information
9 How to install the Congress App?
14 More about The Hague
17 Floor plans
22 Programme Pre-Congress Workshops
   Wednesday 10 September
24 Programme Thursday 11 September
30 Programme Friday 12 September
35 Programme Saturday 13 September
39 Programme Poster Presentations
40 Poster Prize Nominees
41 Contact Details Speakers
54 Quotes keynotespeakers
55 Social Programme
56 Special Events – SIG Symposia, other Meetings and Meet the Expert
57 E-market of Innovations in E-mental Health
63 Round Table Discussions and Clinical Masterclasses
64 More about The Netherlands
66 Exhibition Market
69 Runners Café and Clinic
70 Dutch CBT Congress 2015
45th Annual EABCT Congress
Jerusalem, Israel
August 31-September 3, 2015
CBT: A Road to Hope and Compassion for People in Conflict
www.eabct2015.com

VERY WELCOME TO STOCKHOLM!
EABCT 2016
STOCKHOLM SWEDEN
AUGUST 31 - SEPTEMBER 3
eabct2016.org
See, hear and experience

Welcome to the 44th Congress of the European Association for Behavioural & Cognitive Therapies. We hope that we have provided an interesting programme. Seventeen keynote speakers were invited who represent a spectrum of CBT approaches across a variety of clinical disorders. In addition to the classical conferences consisting of workshops, paper and poster presentations we offer also the opportunity to learn to know some of the experts in CBT personally in ‘meet the expert’ meetings. In addition, we have a number of masterclasses in which you may bring in cases for supervision by the expert. We have 17 parallel sessions so that we are sure that you will find each day a number of presentations that might be of particular interest for your clinical work or research.

The theme of the congress is bridging the gap between science and practice. We asked all presenters when submitting their proposal in what way their presentation would help to bridge this gap. The congress is a success as researchers go back to the laboratory with clinically highly relevant questions and if clinicians have learned innovative evidence-based methods to improve their clinical skills in daily practice.

Last but not least we have an E-market of Innovations in E-mental Health. After the success of the E-market during the Dutch CBT Congress in 2013 we now introduce this internationally. During the congress you can see, hear and experience the latest developments in the field of E-mental Health (apps, games, CBM, virtual reality) including anxiety, depression, addiction, compulsion and PTSD. You learn how it might add value in clinical practice and meet the researchers responsible for the development.

On behalf of the members of the Scientific Committee I wish you an interesting, fruitful and entertaining experience.

Paul Emmelkamp,
Chair of the Scientific Committee

Committee members
Arnold van Emmerik, Iris Engelhard,
Maaike Nauta, Filip Raes,
Elske Salemink, Marisol Voncken
Who is Who?

Foundation

Chair Adriaan Jansen  Hubert van der Kleij  Tom van der Schoot
The Scientific Committee of the EABCT Congress 2014 and the EABCT Scientific Advisory Board work in collaboration for the reviewing of the abstracts for the EABCT Congress.

Organising Committee

Chair Paul Rijnders  Ernestine de Koff  Dinie Naezer-Heerschop  Esther Oomen
Congress app

The most recent programme and all abstracts can be found in the congress app. You can compose your own programme through favourites ✪. See page 7 on how to install the app on your phone.

Registration

The registration desk at the entrance of the World Forum is open:
Wednesday 10 September, 8.00 – 20.00 hrs
Thursday 11 September, 8.00 – 18.00 hrs
Friday 12 September, 8.00 – 18.00 hrs
Saturday 13 September: 8.00 – 16.00 hrs

Accreditation

Accreditation for Dutch participants is requested for:
NIP Eerstelijnspsychologie
NIP Kinder- en Jeugdpsycholoog (K&J) / NVO
Orthopedagoog-Generalist (OG)
Nederlandse Vereniging voor Psychiatrie

Accreditation for Dutch participants is granted by:
Vereniging voor Gedragstherapie en Cognitieve Therapie for 21 points
Klinisch Psycholoog BIG – FG2P for 21 points
Your accreditations points will be added to your dossier within four weeks after the congress.

Congress Venue

Exhibition Area

During the congress you can visit information stands which are located throughout the building.

World Forum
Churchillplein 10
2517 JW The Hague, NL
worldforum.nl
T +31 (0)70 306 63 66
Car park available, ticket € 13 a day.
E-market of Innovations in E-mental Health

During scheduled times you can see, hear and experience the latest developments in the field of E-mental Health (apps, games, CBM, virtual reality) including anxiety, depression, addiction, compulsion and PTSD at the Amazon Foyer. You learn how they might add value in clinical practice and meet the researchers responsible for the development. You will find the programme of the E-market at page 57.

In-Congress workshops

The In-Congress workshops can either be booked in advance through the online registration up to and including 31 August 2014 or at the registration desk at the congress from Wednesday 10th September. The charge of a workshop is €35. Places will be limited for most of the workshops and will be allocated on a ‘first come first served’ basis. To guarantee a place, it is best to book beforehand.

Poster Presentations

The posters are grouped into different categories. They can be viewed during scheduled times in the Atlantic and Pacific Foyer. You will find the programming on page 39 and the poster prize nominees on page 40.

Handouts

All handouts or presentations that have been made available by the speakers will be added to the congress app for download after the congress.

Certificate of Attendance

You will receive a Certificate of Attendance by mail within two weeks after the congress.

ATM

The nearest ATM can be found outside at the entrance of the World Forum.

Cloakroom

During all congress days a cloakroom is available.
Social programme
Opening Ceremony, Beach Party and Closing Ceremony. Look at page 55 to find out about the exciting and relaxing moments during this congress!

Free Wi-Fi
Free Wi-Fi is available throughout the building. We offer an extra high speed connection on the ground and the first floor. This service is open to all visitors of the congress.

Special Events
SIG Symposia, Meet, greet & eat, Author Publishing Workshop and more on page 56! Bring your running shoes because on Friday you can start the day with a nice, refreshing run across the beach! Go to the Runners Café on Thursday to get informed (page 69).

Tourist Information
At the main entrance of the World Forum, near the registration desk, an employee of the Dutch Tourist Office is present to give you information about The Hague and The Netherlands.

Follow us
Follow us on Twitter @EABCT2014 and tweet with #eabct2014
Like EABCT on Facebook!

Breaks & Lunch
There are long and short breaks during the congress. Throughout the building, the coffee is served at coffee counters. The same applies for lunch. Special dietary lunches will be served on the ground floor next to the Main Reception. Beyond breaks and lunch beverages and snacks are available at charge at the World Café.
How to install the EABCT Congress 2014 App?

1. Open app.eabct.eu in browser of your desktop, laptop, tablet or smartphone.

2. It is possible to pin the desktop icon to the home screen of your tablet or smartphone like an app from the AppStore or GooglePlay. That way you can open our congress app with one click. Each operating system has its own way of working.

Android
Here we have different versions and implementations in circulation but the following should work from Android 2.0:

- Open the default browser (don’t use Google Chrome, IE, Firefox or other browser!), open app.eabct.eu.
- Use the menu button to add it to your favourites by selecting ‘more’ and then choose ‘bookmark page’ or ‘add favourite’.
- Tap ‘ok’.
- Go back to your home screen.
- Press for a long time on an empty spot. You will see a menu.
- Choose ‘keyboard shortcuts’ and ‘bookmark’ or ‘favourites’.
- Select the bookmark/favourite you just made.
- The EABCT Congress 2014 icon will be shown on your home screen.

iOS (iPhone/iPad/iPod touch)

- Open app.eabct.eu with the Safari browser.
- Below you see a button with ‘+’ sign or a square with an arrow (depends on the iOS version).
- Click and choose ‘add to home screen’.
- Now if you like to you can customize the title.
- Tap ‘add’ and the desktop icon will be placed on your home screen.

Windows Phone

- Go to app.eabct.eu with your default browser (don’t use Google Chrome, IE, Firefox or other browser!).
- Tap ‘more’.
- Click ‘pin to start screen’.
- A new tile is attached to your home screen.
Stefan Hofmann, opening keynotespeaker

‘The first step is to...’

Stefan Hofmann is president of the International Association for Cognitive Psychotherapy (IACP) as well as professor of psychology at Boston University, where he is director of the Psychotherapy and Emotion Research Laboratory. His research focuses partially on translating findings from neuroscience into clinical applications, which fits the theme Bridging the gap between science and practice like a glove. ‘The EABCT Congress offers a rare opportunity not only to build a bridge, but also to generate traffic across it.’

In your opinion, how bad is the gap between science and practice?
‘There are many people who practise old-fashioned types of psychotherapy with procedures that don’t work or even may be harmful. Unfortunately this is also true for some of those who call themselves cognitive behavioural therapists, but who do not practise CBT.’

You were born and raised in Germany and moved to the United States in 1991. Is there a difference between Europe and the US regarding this gap?
‘I don’t think so. It’s an ongoing problem in all parts of the world.’

How does your keynote lecture Toward a Science-informed Practice of CBT relate to the congress theme?
‘I am a clinical scientist, which means a scientist who studies clinical issues. I’m in direct contact with patients and try to alleviate their suffering, but at the same time I’m a scientist in a laboratory (however, without a white lab coat and rats) where we gain more knowledge about how people deal with problems more effectively and adaptively. Some of my research areas include psychotherapy, pharmacotherapy, neuroscience methods and magnetic resonance imaging. We use a lot of the knowledge from our neuroscience colleagues and translate these findings directly into clinical practice and we’ve been quite successful in that.’

Can a ‘science-informed practice’ help to bridge the gap?
‘Very much so. One of the factors that contribute to the gap is practitioners may not find it feasible to implement new methods because of an attitude problem towards scientists. Where scientists can feel it is good to talk to clinicians, the clinicians often feel scientists don’t have to tell them what to do, as the practitioners know their clients and know what is best for them. That is more a political problem that cannot be overcome easily. When you give these practitioners useful, relatively simple tools to implement in clinical practice, I believe a large number of clinicians would use them. The problem is often that they simply don’t know about the novel effective strategies and lack the knowledge to implement them. The first step, therefore, is to build a good strong bridge. Once the bridge is built, you need to direct the traffic across it.’

Does the EABCT Congress help to build a bridge or does it generate the traffic?
‘Both. It certainly further strengthens the bridge by starting a dialogue between practitioners and scientists. Hopefully it also helps to get traffic over the bridge by encouraging practitioners to implement these strategies into their clinical practice.’

Do conferences in general help to connect the scientists and the practitioners?
‘There are very few settings that are specifically designed to bridge the gap. Typically, scientists gather in scientific meetings to exchange their findings, just like practitioners gather separately to exchange their experiences. The scientists of one of the largest professional psychology organizations in the world, the American Psychological Association, even split off to form their own organization which now organizes primarily academic meetings. You see this division over and over again, which is strange considering the fact that we are working towards the same goal. In this sense, the EABCT Congress offers quite a rare opportunity.’

What advice would you have for academics on the one hand and therapists on the other?
‘Scientists tend to focus on small details and often don’t see the bigger picture. They therefore should not work in an ivory tower but instead keep their ears open to what clinicians have to say. Clinicians on the other hand need to maintain a healthy sense of curiosity and learn about the new developments in clinical science. In any case, there is wisdom on both sides. You can enrich theory through practice and you can enrich practice through theory.’

(Bram Peeters)
build the bridge’

Presentations of Stefan Hofmann

Wednesday
Workshops  CBT for social anxiety disorder
Keynote Lecture ‘Toward a Science-informed Practice of CBT’

Thursday
Meet the Expert

Friday
Masterclass

Saturday
Discussant in round table Third Generation CBT: A curse or a blessing?
Judith Beck is Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania as well as president of the Beck Institute for Cognitive Behavior Therapy which she co-founded with Aaron Beck in 1994. Through this non-profit organization in Philadelphia, she has trained thousands of mental health professionals from all over the world and often experienced the gap between science and practice.

What are the gap-related problems you come across?
‘One problem arises when trainees just aren’t familiar with current research. A second problem arises when they are familiar with research but aren’t applying research findings effectively. A third problem develops when organizations require therapists to strictly follow treatment manuals, developed for research studies, with their clients. A final problem is that many therapists aren’t well trained in CBT in the first place.’

How do you deal with these difficulties?
‘We try to address these problems through our continually updated workshops, consultation and supervision programs, and extensive online social media presence, including dissemination of current research findings through our blog and e-newsletters. All our training is informed by research. We emphasize the importance of learning, both the cognitive formulation and general treatment strategies for any given disorder - but we need continually to update our teaching as research expands and elaborates our understanding.’

Your institute’s website www.beckinstitute.org states it’s important to remember that cognitive behaviour therapists use a different formulation for each psychiatric disorder. You use this formulation in ‘conceptualizing the individual patient’. What does this mean?
‘We focus on how to conceptualize the individual patient, based on data the patient and perhaps others provide, and how to use that conceptualization to plan treatment moment-to-moment within the therapy session and across sessions. This dual focus on general formulation and specific conceptualization allows therapists to adapt treatment so it will be effective for a particular patient. The approach is informed by treatment manuals used in research studies but we don’t generally teach therapists to use treatment manuals as written.’

Why not?
‘Many of the treatment manuals used in research studies are too rigid and not sufficiently applicable to therapists in the community. A treatment manual addressing a particular disorder, for example, is not necessarily applicable to patients who have comorbidities or who have a different disorder altogether. Treatment may also need to be adapted for patients who are low-functioning or whose lives are crisis-ridden or chaotic.’

Does the US have any specific difficulties related to the gap between research and CBT treatment?
‘Students in US graduate schools often face challenges in learning CBT. Programs vary considerably in the quality and extent of their CBT training. One school may have CBT as their predominant orientation while others may offer only a few lectures about CBT. Another problem is that internship supervisors are frequently not CBT-oriented or not well-trained in CBT themselves. We try to ameliorate this
problem by offering workshops, informed by the research on adult learning, to faculty and supervisors. When they enroll in our supervision program, we first focus on getting them to reach competency in CBT and then we teach them how to teach and supervise CBT.

**How do you think the gap between science and practice can be bridged?**

‘Every graduate program should adopt the scientist-practitioner model and graduate schools should continually strive to improve their CBT courses and supervision. Also professional organizations and governmental certifying bodies should require ongoing continuing education in evidence-based treatments; they should accredit and re-accredit training organizations, especially as the field of evidence-based training is developing. And therapists should be required to periodically demonstrate competency in CBT through, for example, evaluation of recorded therapy sessions or standardized role-played sessions and case write-ups, using standardized and validated evaluation instruments. Because even with good quality training and supervision, some therapists drift back to their original modality of treatment over time and fail to consistently and effectively implement CBT.

**Your keynote lecture will discuss the therapeutic relationship with people suffering from personality disorders. How does this topic relate to the theme?**

‘A major problem arises when therapists try to follow research recommendations but fail to develop and maintain a strong therapeutic alliance. If patients are sitting in a therapy session having automatic thoughts such as, “[My therapist] doesn’t care about me/could hurt me/is trying to control me/is incompetent/doesn’t understand me/thinks I’m stupid” and so on, they won’t be receptive to whatever evidence-based strategies the therapist is employing. Research has demonstrated that repairing rifts in the therapeutic relationship is important in achieving positive treatment outcomes.’

(Bram Peeters)
More about
At the main entrance of the World Forum, near the registration desk, an employee of the Dutch Tourist Office is present to give you information about The Hague and The Netherlands.

**Restaurants**
An easy way to find a restaurant in The Hague is to use IENS. IENS is the largest online restaurant review guide in The Netherlands with more than two thousand new reviews added every week. You can use the website iens.nl to find restaurants by location, cuisine, prize range and/or food grade. IENS is also available as an app, but unfortunately only in Dutch.

**Royal The Hague**
The bonds between The Hague and the royal family date back to 1248 when count Willem II settled here. The Hague still has several working palaces. They include Noordeinde palace, the working palace of King Willem-Alexander and Huis ten Bosch palace. While shopping at the ‘Hofkwartier’ you will notice many royal purveyors.

**Indonesian cuisine**
There are hundreds of restaurants in The Hague and the variety is huge. Nowhere is the Indonesian eating culture as strongly rooted as in this city. There are many authentic eateries, such as The Raffles, Sarinah and Shrikandi. Close to the congress venue you find Didong (2e Sweelinckstraat 115) and Keraton Damai (Groot Hertoginnelaan 57).

**Madurodam**
Do you have limited time to see all of The Netherlands during your stay? Discover our country’s highlights and heritage at Madurodam. There you will get an excellent overall impression and a unique Holland’s experience within two hours.

**Museum Mauritshuis**
After renovation work lasting two years, the Mauritshuis has just reopened its doors to the public. The world famous collection of paintings, including ‘Girl with the Pearl Earring’ and the self-portrait of Rembrandt can be admired again in the fully renovated and extended Mauritshuis.

**Shopping**
The Hague is the perfect city to ‘shop in style’. The luxury ‘Hofkwartier’ is an area with beautiful streets and old bricks and gables. Enjoy a stroll along the Grote Marktstraat where all the chain stores are located. Enter Chinatown via the Chinese gates at the Wagenstraat and seek out those typical Chinese shops, specialties and exotic restaurants.

**Off to the beach**
The beach at Scheveningen is like a magnet. Not only for a walk along the beach or a bike ride through the dunes. The beach is the perfect spot for a variety of beach sports, from kite flying to surfing. Or enjoy one of the many beach pavilions where you can enjoy lounging, eating and often dancing in the evenings.

**Haringkraam Buitenhof**
After visiting the Binnenhof, the political heart of The Netherlands, enjoy a herring at the Buitenhof! Ministers, MP’s and civil servants: you’ll see them all enjoying a tender, salt herring at what is probably the country’s most famous herring stall. Haringkraam Buitenhof is located beside the Hofvijver at Buitenhof 22.

You can read more about The Netherlands on page 64 – 65.
Floor Plans and Programme Overview
Programme
Wednesday 10 September

BRIDGING THE GAP BETWEEN SCIENCE AND PRACTICE
Programme Wednesday 10 September 2014

The handouts and literature to accompany the pre-congress workshops are available to download in the congress app. You can print out or save them to your computer as we will not be handing out printed copies.

Programme and rooms are subject to change. Check out the congress app www.app.eabct.eu for the latest information!

9.30 - 11.00 Pre-Congress Workshops Part 1
- Schema Therapy for complex, antisocial patients: an introductory workshop
  David Bernstein
- The full package for treating depression and its co-morbidity: behavioural activation, cognitive interventions and relapse prevention
  Claudi Bockting
- Updating trauma memories: cognitive therapy for PTSD
  Anke Ehlers
- Psychosis is all around and easy to treat in early stages
  Mark van der Gaag
- CBT for social anxiety disorder
  Stefan Hofmann
- CBT for eating disorders: brighten up the basics
  Anita Jansen & Sandra Mulkens
- Mindfulness based cognitive therapy. Ten years on: what have we learned, what are the outstanding challenges
  Willem Kuyken
- Exposure therapy: many ways to do it wrong, but some to do it right
  Jurgen Margraf
- Beyond exposure and response prevention: a contemporary cognitive approach to the treatment of OCD
  Adam Radomsky
- Motivational interviewing and CBT in substance abuse treatment
  Gerard Schippers
- TAFF: separation anxiety treatment program for families
  Sylvia Schneider

11.00 - 11.30 Break

11.30 - 13.00 Pre-Congress Workshops Part 2

13.00 - 14.00 Lunch

14.00 - 15.30 Pre-Congress Workshops Part 3

15.30 - 16.00 Break

16.00 - 17.30 Pre-Congress Workshops Part 4

18.00 - 18.15 Opening Ceremony

18.15 - 19.00 Opening keynote
  Toward a Science-informed Practice of CBT
  Stefan Hofmann
  (see interview page 10)

19.00 - 20.00 Welcome Reception
Programme
Thursday 11 September

BRIDGING THE GAP
BETWEEN SCIENCE AND PRACTICE
Programme and rooms are subject to change. Check out the congress app www.app.eabct.eu for the latest information!

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 08.30 - 10.00 | **Parallel sessions** in different rooms  
(see page 25)                  |
| 10.00 - 10.30 | **Break**                                                              |
| 10.00 - 12.00 | **Poster presentations**  
in Atlantic & Pacific Foyer  
(see page 39)                |
| 10.30 - 12.00 | **Parallel sessions** in different rooms  
(see page 25/26)               |
| 12.00 - 12.15 | **Short break**                                                       |
| 12.15 - 13.00 | **Keynote lectures**  
in World Forum Theater, Atlantic & Pacific  
(see page 26)            |
| 12.30 - 14.30 | **E-market of Innovations in E-mental Health**  
in Amazon roundabout  
(see page 57)                  |
| 13.00 - 14.00 | **Lunch**                                                              |
| 13.00 - 15.00 | **Poster presentations**  
In Atlantic & Pacific Foyer  
(see page 39)                |
| 14.00 - 15.30 | **Parallel sessions** in different rooms  
(see page 26/27)               |
| 15.00 - 17.45 | **E-market of Innovations in E-mental Health**  
in Amazon roundabout  
(see page 57)                  |
| 15.30 - 16.00 | **Break**                                                              |
| 15.30 - 17.30 | **Poster presentations**  
In Atlantic & Pacific Foyer  
(see page 39)                |
| 16.00 - 17.30 | **Parallel sessions** in different rooms  
(see page 27/28)               |
| 17.30 - 17.45 | **Short break**                                                       |
| 17.45 - 18.30 | **Keynote lectures**  
in World Forum Theater, Atlantic & Pacific  
(see page 28)            |
| 20.00 - 01.00 | **Beach party**  
Beach club WIJ in Scheveningen  
Bbq, drinks & dancing!        |
<table>
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<tr>
<th>Time</th>
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<tr>
<td>8.30 - 10.00</td>
<td>Symposium</td>
<td>CBT for anxious youth: predictors and mechanisms of outcomes, and the transportability to routine clinical practice</td>
<td>WF Theater</td>
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<td>Marija Maric a.o.</td>
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<td>Symposium</td>
<td>Psychological treatment in substance use disorders: bridging the gap between science and practice</td>
<td>Atlantic</td>
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<td>Wencke de Wildt a.o.</td>
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<td>Symposium</td>
<td>Chronic depression: what we know and what we do</td>
<td>Pacific</td>
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<td>Jenneke Wiersma a.o.</td>
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<td>Symposium</td>
<td>Pharmacological enhancement of cognitive behaviour therapy for anxiety disorders – clinical potential and mechanisms</td>
<td>Mississippi</td>
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<td>Andrea Reinecke a.o.</td>
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<td>Symposium</td>
<td>Mindfulness-based interventions for children and adolescents</td>
<td>Amazon</td>
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<td>Pierre Philippot a.o.</td>
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<td>Symposium</td>
<td>Do early interventions matter? CBT for anxious children in community settings</td>
<td>Yangtze 1</td>
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<td>Marianne Villabø a.o.</td>
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<td>Symposium</td>
<td>Personality disorders in adolescents</td>
<td>Yangtze 2</td>
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<td>Jeffrey Roelofs a.o.</td>
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<td>Symposium</td>
<td>What is effective emotion regulation? Bridging the gap between experimental research and practice</td>
<td>Everest 1+2</td>
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<td>Sven Barnow a.o.</td>
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<td>Symposium</td>
<td>The treatment of posttraumatic stress disorder in patients with chronic psychotic disorder: efficacy, safety and agents of change</td>
<td>Europe 1+2</td>
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<td>Mark van der Gaag a.o.</td>
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<td>Symposium</td>
<td>Big people and beautiful treatments</td>
<td>Oceania</td>
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<td>Maartje Vroling a.o.</td>
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<td>Symposium</td>
<td>The role of temporal attentional bias in psychopathology</td>
<td>Kilimanjaro 1 + 2</td>
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<td>Renate Neimeijer a.o.</td>
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<td>Workshop</td>
<td>Behavioural treatment manual for tics and tourette syndrome</td>
<td>Antarctica</td>
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<td>Jolande van de Griendt &amp; Cara Verdellen</td>
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<td>Workshop</td>
<td>Not getting out of bed… A lazy adolescent, or… a sleeping disorder?!</td>
<td>North America</td>
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<td>Jeannette Hop, Reino Stoffelsen, Eduard de Bruin &amp; Anna van Spanje</td>
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<td>Open paper session</td>
<td>Autobiographical memory and emotion regulation several speakers</td>
<td>Africa</td>
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<tr>
<td>Open paper session</td>
<td>several speakers</td>
<td>Asia</td>
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<td>Special interest group</td>
<td>Low intensity CBT – Innovation in low intensity CBT Paul Farrand a.o.</td>
<td>South America</td>
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<tr>
<td>8.30 - 12.00</td>
<td>Workshop (paid)</td>
<td>Group experiential interventions to catalyze the therapeutic effects of Schema therapy for personality disorder and complex trauma</td>
<td>Central America</td>
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<td>Joan Farell, Ida Shaw, Elena Romanova &amp; Paul Kasyanik</td>
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<tr>
<td>10.30 - 12.00</td>
<td>Symposium</td>
<td>PTSD 2.0; enhancing exposure-based treatment for PTSD</td>
<td>WF Theater</td>
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<td>Agnes van Minnen a.o.</td>
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<td>Symposium</td>
<td>Virtual reality therapy: broadening the scope across mental disorders</td>
<td>Atlantic</td>
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<td>Katharina Meyerbröker a.o.</td>
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<td>Symposium</td>
<td>If what to do with chronic depression is the question, is cognitive behavioural analysis system of psychotherapy the answer?</td>
<td>Pacific</td>
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<td></td>
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<td>Robert MacVicar a.o.</td>
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<td>Symposium</td>
<td>Cognitive processes in youth social anxiety: from theory to treatment</td>
<td>Amazon</td>
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<td>Michiel Westenberg a.o.</td>
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<tr>
<td>10.30 - 12.00</td>
<td>Symposium</td>
<td>From parents to children: different mechanisms underlying the intergenerational transmission of anxiety  &lt;br&gt; Eline Louise Möller a.o.</td>
<td>Yangtze 1</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Comorbidity of childhood anxiety with autism and ADHD: transdiagnostic and transgenerational mechanisms, and treatment outcomes  &lt;br&gt; Marija Maric a.o.</td>
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</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Cognitive processes as predictors of PTSD and depression after trauma experience in male and female populations at risk: men at war and women at labour  &lt;br&gt; Sabine Schönfeld a.o.</td>
<td>Europe 1+2</td>
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<td>Symposium</td>
<td>The value of behavioral tasks in eating disorder research  &lt;br&gt; Klaske Glashouwer a.o.</td>
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<td>Symposium</td>
<td>Social anxiety and the dysregulation of basic biobehavioral systems  &lt;br&gt; Liat Helpman a.o.</td>
<td>Mississippi</td>
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<tr>
<td></td>
<td>Workshop</td>
<td>Applying videoconferencing in cognitive behavioral treatment  &lt;br&gt; Stian Solem, Patrick Vogel &amp; Joseph Himle</td>
<td>Antarctica</td>
</tr>
<tr>
<td></td>
<td>Workshop</td>
<td>Facilitating the competence of others: improving your effectiveness as a CBT supervisor  &lt;br&gt; Sara Corrie &amp; Michael Worell</td>
<td>North America</td>
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<td>Open paper session</td>
<td>Forensic and prisoners several speakers</td>
<td>Kilimanjaro 1 + 2</td>
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<td>Masterclass</td>
<td>Anke Ehlers about PTSD</td>
<td>Everest 1+2</td>
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<td>Masterclass</td>
<td>Willem Kuyken about case conceptualization</td>
<td>Africa</td>
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<td>Meet the expert</td>
<td>Stefan Hofmann</td>
<td>Asia</td>
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<td></td>
<td>Special interest group</td>
<td>CBT of Psychosis Antonio Pinto a.o.</td>
<td>South America</td>
</tr>
<tr>
<td>12.15 - 13.00</td>
<td>Keynote</td>
<td>Promise and pitfalls of transdiagnostic approaches to psychopathology: the case of repetitive negative thinking  &lt;br&gt; Thomas Ehring</td>
<td>WF Theater</td>
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<tr>
<td></td>
<td>Keynote</td>
<td>Helping the other 40%: efforts to improve child and adolescent Anxiety outcomes  &lt;br&gt; Wendy Silverman</td>
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<td></td>
<td>Keynote</td>
<td>Training of CBT therapists  &lt;br&gt; Freda MacManus</td>
<td>Atlantic</td>
</tr>
<tr>
<td>14.00 - 15.30</td>
<td>Symposium</td>
<td>Being present - present findings: mindfulness components, processes and outcomes of mindfulness-based treatments for depression  &lt;br&gt; Johannes Michalak a.o.</td>
<td>WF Theater</td>
</tr>
<tr>
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<td>Symposium</td>
<td>Routine outcome monitoring and benchmarking: international developments  &lt;br&gt; Marc Verbraak a.o.</td>
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<td>Symposium</td>
<td>Trust in caregiver’s support: understanding the role of attachment in the development of psychopathology  &lt;br&gt; Guy Bosmans a.o.</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Risk and resilience for mental health difficulties: a critical reflection from a developmental perspective  &lt;br&gt; Stella Chan a.o.</td>
<td>Yangtze 1</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Assessment of therapy processes in child interventions as a mean to inform clinical practice  &lt;br&gt; Juliette Liber a.o.</td>
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</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Recruitment of subjects, treatment and costs of CBT in people with ultra-high risk for developing psychosis  &lt;br&gt; Mark van der Gaag a.o.</td>
<td>Everest 1+2</td>
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<td>14.00 - 17.30</td>
<td>Symposium</td>
<td>Posttraumatic stress disorder and sleep: not a dream team! Miriam Lommen a.o.</td>
<td>Europe 1+2</td>
</tr>
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<td></td>
<td>Symposium</td>
<td>Learning not to eat: lessons from the eating lab for eating disorder and obesity treatment Anita Jansen a.o.</td>
<td>Oceania</td>
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<tr>
<td></td>
<td>Workshop</td>
<td>Out of hopelessness - suicide prevention in clinical practice Dora Perczel-Forintos</td>
<td>Africa</td>
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<tr>
<td></td>
<td>Workshop</td>
<td>The willpower workshop: enhancing cognitive control to improve outcomes Frank Ryan</td>
<td>Central America</td>
</tr>
<tr>
<td></td>
<td>Open paper session</td>
<td>Depression several speakers</td>
<td>Pacific</td>
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<td></td>
<td>Open paper session</td>
<td>Anxiety and depression several speakers</td>
<td>Mississippi</td>
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<tr>
<td></td>
<td>Meet the expert</td>
<td>Freda McManus</td>
<td>Asia</td>
</tr>
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<td></td>
<td>Round Table Discussion</td>
<td>Cognitive Bias Modification Moderator: Adam Radomsky</td>
<td>Kilimanjaro 1+2</td>
</tr>
<tr>
<td></td>
<td>Special interest group</td>
<td>Actuality and efficacy in CBT oriented treatments with personality disorders Michele Procacci a.o.</td>
<td>South America</td>
</tr>
<tr>
<td>16.00 - 17.30</td>
<td>Workshop (paid)</td>
<td>Treating overinvested ideas in obsessional compulsive disorder Kieron O'Connor &amp; Jan van Nierkerk</td>
<td>Antarctica</td>
</tr>
<tr>
<td></td>
<td>Workshop(paid)</td>
<td>CBT-E: transdiagnostic bridge to gap Martie de Jong &amp; Jacomien van der Linden</td>
<td>North America</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Meditation and medication to prevent recurrent depression: efficacy and mechanism from three randomised controlled trials Anne Speckens a.o.</td>
<td>WF Theater</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Imagery rescripting in Schema Therapy: glimpses at research and practice Neele Reiss a.o.</td>
<td>Atlantic</td>
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<td>Symposium</td>
<td>Dynamic expression of risk factors for affective disorders Amit Bernstein a.o.</td>
<td>Pacific</td>
</tr>
<tr>
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<td>Symposium</td>
<td>Biased information processing in childhood anxiety Jorg Huijding a.o.</td>
<td>Yangtze 1</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Bridging the gap: practicing evidence based practices in evidence based ways using measurement feedback systems Yael Meijer a.o.</td>
<td>Yangtze 2</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Cognitive behavioural therapy for traumatic grief: innovations in research and clinical practice Jos de Keijser a.o.</td>
<td>Europe 1+2</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Subtypes in obesity: different mechanisms and interventions? Laurence Claes a.o.</td>
<td>Oceania</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Cognitive bias modification in children and adolescents: training attention and interpretation biases to prevent or reduce anxiety and depressive symptoms Leone de Voogd a.o.</td>
<td>Kilimanjaro 1 + 2</td>
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<tr>
<td></td>
<td>Workshop</td>
<td>Setting up an online psychotherapy trial, publishing the results, and implementing it into the health care system - from start to finish Per Carlbring</td>
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<tr>
<td></td>
<td>Workshop</td>
<td>Collaborative stepped care with CBT and problem solving treatment for anxiety and depressive disorders in primary care: from theory to practice Klaas Huijbregts &amp; Anna Muntingh</td>
<td>Central America</td>
</tr>
<tr>
<td></td>
<td>Open paper session</td>
<td>PTSD and psychosis several speakers</td>
<td>South America</td>
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<td>Time</td>
<td>Category</td>
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<td>Meet the expert</td>
<td>Thomas Ehring</td>
<td>Asia</td>
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<td></td>
<td>Round Table Discussion</td>
<td>With or without them? Parents in CBT for anxious children Moderator: Maaike Nauta</td>
<td>Amazon</td>
</tr>
<tr>
<td><strong>17.45 - 18.30</strong></td>
<td>Keynote</td>
<td>Group versus individual parent-child interaction therapy for preschoolers with ADHD Sheila Eyberg</td>
<td>WF Theater</td>
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<td></td>
<td>Keynote</td>
<td>Balancing on a tightrope between the gap between science and practice: mental imagery and emotional disorders Emily Holmes</td>
<td>Atlantic</td>
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<tr>
<td></td>
<td>Keynote</td>
<td>CBT for personality disorders: the gap between science and practice Arnoud Arntz</td>
<td>Pacific</td>
</tr>
</tbody>
</table>
Programme
Friday 12 September
**Programme and rooms are subject to change. Check out the congress app www.app.eabct.eu for the latest information!**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 10.00</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 31)</td>
</tr>
<tr>
<td>10.00 - 10.30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10.00 - 12.00</td>
<td>Poster presentations</td>
<td>in Atlantic &amp; Pacific Foyer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(see page 39)</td>
</tr>
<tr>
<td>10.30 - 12.00</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 31/32)</td>
</tr>
<tr>
<td>12.00 - 12.15</td>
<td>Short break</td>
<td></td>
</tr>
<tr>
<td>12.15 - 13.00</td>
<td>Keynote lectures</td>
<td>in World Forum Theater, Atlantic &amp; Pacific</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(see page 32)</td>
</tr>
<tr>
<td>12.30 - 14.30</td>
<td>E-market of Innovations in E-mental Health</td>
<td>in Amazon roundabout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(see page 57)</td>
</tr>
<tr>
<td>13.00 - 14.00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13.00 - 15.00</td>
<td>Poster presentations</td>
<td>in Atlantic &amp; Pacific Foyer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(see page 39)</td>
</tr>
<tr>
<td>14.00 - 15.30</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 32/33)</td>
</tr>
<tr>
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<td>E-market of Innovations in E-mental Health</td>
<td>in Amazon roundabout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(see page 57)</td>
</tr>
<tr>
<td>15.30 - 16.00</td>
<td>Break</td>
<td></td>
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<tr>
<td>15.30 - 17.30</td>
<td>Poster presentations</td>
<td>in Atlantic &amp; Pacific Foyer</td>
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<tr>
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<td></td>
<td>(see page 39)</td>
</tr>
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<td>Parallel sessions in different rooms</td>
<td>(see page 33)</td>
</tr>
<tr>
<td>17.30 - 17.45</td>
<td>Short break</td>
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<td>Keynote lectures</td>
<td>in World Forum Theater, Atlantic &amp; Pacific</td>
</tr>
<tr>
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<td></td>
<td>(see page 33)</td>
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<td>Time</td>
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<tr>
<td><strong>8.30 - 10.00</strong></td>
<td>Symposium</td>
<td>Effectiveness of behavioral and cognitive treatment for children and adolescents with ADHD&lt;br&gt;Saskia van der Oord a.o.</td>
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<td>Symposium</td>
<td>Mechanisms underlying recurrence in major depressive disorder&lt;br&gt;Claudi Bockting a.o.</td>
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<td>Symposium</td>
<td>Extinction learning across the lifespan&lt;br&gt;Corinna Mohr a.o.</td>
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<td>Symposium</td>
<td>Depression and emotion regulation&lt;br&gt;Caroline Braet a.o.</td>
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<td>Symposium</td>
<td>Exploring the verbal information and vicarious learning pathways of fear and anxiety&lt;br&gt;Gemma Reynolds &amp; co-chair Donna Ewing a.o.</td>
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<tr>
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<td>Symposium</td>
<td>Evidence-based treatment for PTSD in children and adolescents&lt;br&gt;Carlijn de Roos a.o.</td>
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<tr>
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<td>Symposium</td>
<td>Attentional bias to pain: how does it work and what can we do about it?&lt;br&gt;Stefaan van Damme a.o.</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Understanding the complexity of posttraumatic stress disorder: from laboratory to clinic&lt;br&gt;Katharina Meyerbröker a.o.</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>New insights in research on the determinants of eating and weight problems from young childhood to adolescence&lt;br&gt;Sandra Verbeken a.o.</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Cognitive bias modification for interpretation and appraisal: new developments in experimental and clinical applications&lt;br&gt;Marcella Lydia Woud a.o.</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Beat the tics: behaviour therapy for tic disorders&lt;br&gt;Cara Verdellen a.o.</td>
</tr>
<tr>
<td></td>
<td>Open paper session</td>
<td>Mindfulness and ACT&lt;br&gt;several speakers</td>
</tr>
<tr>
<td></td>
<td>Meet the expert</td>
<td>Gerhard Andersson</td>
</tr>
<tr>
<td></td>
<td>Special interest group</td>
<td>Worry, rumination and repetitive thinking: what do they involve, how do they contribute to clinical disorders and how can they be reduced&lt;br&gt;Colette Hirsch &amp; Giovanni Ruggiero a.o.</td>
</tr>
<tr>
<td><strong>8.30 - 12.00</strong></td>
<td>Workshop (paid)</td>
<td>Workshop Schema Therapy for cluster-c personality disorders&lt;br&gt;Hannie van Genderen &amp; Arnoud Arntz</td>
</tr>
<tr>
<td></td>
<td>Workshop (paid)</td>
<td>Prolonged exposure for PTSD – basics and beyond&lt;br&gt;Agnieszka Popiel</td>
</tr>
<tr>
<td><strong>10.30 - 12.00</strong></td>
<td>Symposium</td>
<td>Personalized medicine for depression&lt;br&gt;Marcus Huibers a.o.</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Psychological inflexibility as a vulnerability factor for emotional disorders&lt;br&gt;Elise Debeer a.o.</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>What makes repetitive negative thinking dysfunctional? Current research into the role of thinking style in worry and rumination&lt;br&gt;Timo Skodzik a.o.</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Anxiety disorders in childhood and adolescence&lt;br&gt;Jinnie Ooi a.o.</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Creating synergy between science and practice: moving from practice-based idea to evidence-based practice&lt;br&gt;Rachel van der Rijken a.o.</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Voluntary and involuntary memory for trauma&lt;br&gt;Rafaële Huntjens</td>
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<td>Time</td>
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<td>10.30 - 12.00</td>
<td>Symposium</td>
<td>Neurocognitive deficits in binge eating disorder and their treatment implications</td>
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<td></td>
<td>Symposium</td>
<td>Treating severe patient: a bridge between research and the clinic?</td>
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<td>Workshop</td>
<td>Knowledge transfer: bridging another gap</td>
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<td></td>
<td>Open paper session</td>
<td>Youth anxiety</td>
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<td>Open paper session</td>
<td>Anxiety and depression</td>
</tr>
<tr>
<td></td>
<td>Masterclass</td>
<td>Stefan Hofmann about social anxiety</td>
</tr>
<tr>
<td></td>
<td>Meet the expert</td>
<td>Emily Holmes</td>
</tr>
<tr>
<td>12.15 - 13.00</td>
<td>Keynote</td>
<td>Innovations in understanding and treating OCD: bridging the gap between the lab and the clinic</td>
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<tr>
<td></td>
<td>Keynote</td>
<td>Are we winners and/or losers? Long term effects of CBT and advances in treatment in depression</td>
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<tr>
<td></td>
<td>Keynote</td>
<td>Train your problems away… Online Training for addiction and related disorders: emperor's new</td>
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<tr>
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<td>suit or valuable addition to CBT?</td>
</tr>
<tr>
<td>14.00 - 15.30</td>
<td>Symposium</td>
<td>Metacognitions and the memory retrieval competition in CBT: promises, disappointments and</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>Emotional reasoning processes in anxiety, OCD, and depression: new directions for intervention</td>
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<td>Symposium</td>
<td>Memory processes in trauma, grief and depression</td>
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<tr>
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<td>Symposium</td>
<td>The course of depressive and anxiety disorders: a bumpy road</td>
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<tr>
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<td>Symposium</td>
<td>Twins perpetrator and victim: separated</td>
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<tr>
<td></td>
<td>Symposium</td>
<td>The impact of comorbidity on intervention outcome for youth mental health problems</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Novel directions in CBM research: a follow-up on the potential of cognitive case conceptualization</td>
</tr>
<tr>
<td></td>
<td>Workshop</td>
<td>Disciplined personal involvement: making use of the therapeutic relationship in early traumatized</td>
</tr>
<tr>
<td></td>
<td>Open paper session</td>
<td>Eating disorders</td>
</tr>
<tr>
<td></td>
<td>Open paper session</td>
<td>E-health in youth</td>
</tr>
<tr>
<td></td>
<td>Masterclass</td>
<td>Wendy Silverman about child anxiety disorders</td>
</tr>
<tr>
<td></td>
<td>Meet the expert</td>
<td>Adam Radomsky</td>
</tr>
<tr>
<td></td>
<td>Meet the expert</td>
<td>Arnoud Arntz</td>
</tr>
<tr>
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<td>Round Table</td>
<td>Third Generation CBT: A curse or a blessing?</td>
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<td>Symposium</td>
<td>Cognitive bias modification training: a promising intervention</td>
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<td>to improve treatment for childhood anxiety and OCD?</td>
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<td>Lidewij Wolters a.o.</td>
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<td>Symposium</td>
<td>New meta-analyses, overviews and a consensus statement</td>
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<td>Adolescent depression: from prevention to intervention</td>
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<td>Denise Bodden a.o.</td>
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<td>Treatment of sleep problems from infancy to adolescence:</td>
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<td>Symposium</td>
<td>Using ROM and feedback to improve treatment results:</td>
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<td>Symposium</td>
<td>When the past features strongly in the ‘here and now’:</td>
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<td>Symposium</td>
<td>Implementing CBT in clinical practice, barriers and opportunities</td>
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<td>Meet the expert</td>
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<td>Round Table Discussion</td>
<td>Standardised versus individualised CBT: Does one size fits all?</td>
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<tr>
<td>17.45 - 18.30</td>
<td>Keynote</td>
<td>Misremembrance of things past: disrupted autobiographical</td>
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<td>memory processing in depression and anxiety and the</td>
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<td>Tim Dalgleish</td>
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<td>Keynote</td>
<td>Now we know! Internet-based CBT works and can be</td>
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<td>Treatment of eating disorders</td>
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</tbody>
</table>
Programme Saturday 13 September 2014

Programme and rooms are subject to change. Check out the congress app www.app.eabct.eu for the latest information!

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 10.00</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 36)</td>
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<tr>
<td>10.00 - 10.30</td>
<td>Break</td>
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<tr>
<td>10.00 - 12.00</td>
<td>Poster presentations in Atlantic &amp; Pacific Foyer</td>
<td>(see page 39)</td>
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</tr>
<tr>
<td>10.30 - 11.15</td>
<td>Keynote lectures in World Forum Theater, Atlantic &amp; Pacific</td>
<td>(see page 36)</td>
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<tr>
<td>11.15 - 11.30</td>
<td>Short break</td>
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<td>11.30 - 13.00</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 36)</td>
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<td>12.00 - 14.30</td>
<td>E-market of Innovations in E-mental Health in Amazon roundabout</td>
<td>(see page 57)</td>
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<tr>
<td>13.00 - 14.00</td>
<td>Lunch</td>
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<td>13.00 - 15.00</td>
<td>Poster presentations in Atlantic &amp; Pacific Foyer</td>
<td>(see page 39)</td>
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<td>14.00 - 15.30</td>
<td>Parallel sessions in different rooms</td>
<td>(see page 37)</td>
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<tr>
<td>15.30 - 16.15</td>
<td>Closing keynote The Therapeutic Relationship and Personality Disorders Judith Beck in WF Theater</td>
<td>(see interview page 12)</td>
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<tr>
<td>16.15 - 16.30</td>
<td>Closing Ceremony and awarding Best Poster Prize 2014</td>
<td>(see page 40)</td>
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<td>in WF Theater</td>
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<td>8.30 - 10.00</td>
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<td>Metacognitive therapy developments in anxiety disorders and depression</td>
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<td>Symposium</td>
<td>Moving beyond effects – complex issues in anxiety disorders and anxiety treatment with children</td>
<td>Yangtze 1</td>
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<td>Krister Fjernestad a.o.</td>
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<td>Symposium</td>
<td>Academic CBT applications: reducing anger, fear and habits</td>
<td>Oceania</td>
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<td>Arnoud van Loon a.o.</td>
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<td>New developments in the treatment of trichotillomania and other habit disorders</td>
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<td>Ger Keijsers a.o.</td>
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<td>Workshop</td>
<td>Innovative treatment for young children with conduct problems</td>
<td>Yangtze 2</td>
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<td>Frederique Coelman, Willemine Heiner, Marielle Abrahamse,</td>
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<td>Open paper session</td>
<td>Depression several speakers</td>
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<td>Masterclass</td>
<td>Judith Beck about cognitive therapy</td>
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<td>Keynote</td>
<td>The psychology of physical symptoms</td>
<td>Atlantic</td>
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<td>Winfried Rief</td>
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<td>Keynote</td>
<td>The central role of learning principles is our basic postulate! Or can CBT really evolve without?</td>
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<td>Dirk Hermans</td>
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<td>Group schematherapy; a promising new treatment for patients with borderline personality disorder</td>
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<td>Symposium</td>
<td>Information processing in anxiety and mood disorders</td>
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<td>Kristoffer NT Månsson a.o.</td>
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<td>Trust in Caregiver’s Support: Towards the Operationalization of Attachment in CBT</td>
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<td>Guy Bosmans a.o.</td>
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<td>11.30 - 13.00</td>
<td>Symposium</td>
<td>An interpersonal perspective on psychopathology</td>
<td>Yangtze 2</td>
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<td>Corine Dijk a.o.</td>
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<td>Symposium</td>
<td>Alexithymia, emotion processing and psychological symptomatology</td>
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<td>John Hart a.o.</td>
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<td>Cognitive Defusion in Chronic Pain</td>
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<td>Jaap Spaans &amp; Shiva Thorsell</td>
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<td>Positive supervision for supervisors, supervisees, facilitators and peer groups</td>
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<td>Workshop (paid)</td>
<td>Treatment of eating disorders</td>
<td>Oceania</td>
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<td>Martina de Zwaan</td>
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<td>Cognitive behavioural systems approach in treatment of couple and sexual problems</td>
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<td>Predictors to outcome of cognitive behaviour therapy</td>
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<td>The use of personalized time-series analysis in mood disorders</td>
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<td>to narrow the gap between science and clinical practice</td>
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<td>Marieke Wichers a.o.</td>
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<td>Fear and avoidance: current insights</td>
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<td>Angelos Krypotos a.o.</td>
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<td>Understanding the development and treatment of children's anxiety</td>
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<td>differential effects of mothers and fathers during interactions</td>
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<td>Daniëlle van der Giessen a.o.</td>
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<td>Symposium</td>
<td>New developments and evaluations of existing treatments for children,</td>
<td>North America</td>
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<td>adolescents and adults with posttraumatic stress disorder</td>
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<td>Jana Gutermann a.o.</td>
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<td>Symposium</td>
<td>Metacognitions across psychological disorders: new developments in</td>
<td>South America</td>
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<td>Giovanni Maria Ruggiero a.o.</td>
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<td>Workshop</td>
<td>Taking the red pill instead of the blue pill: unraveling the matrix of</td>
<td>Yangtze 2</td>
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<td>(acceptance and commitment) therapy with RFT</td>
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<td>Africa</td>
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<td>Dirk Hermans</td>
<td>Antarctica</td>
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<td>Special interest group</td>
<td>Training and supervision – therapeutic challenges and skills</td>
<td>Atlantic</td>
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<td>Andreas Veith a.o.</td>
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<td>15.30 - 16.15</td>
<td>Keynote</td>
<td>The therapeutic relationship and personality disorders</td>
<td>WF Theater</td>
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<td>Judith Beck</td>
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<td>16.15 - 16.30</td>
<td>Closing Ceremony</td>
<td>Awarding Best Poster 2014 Prize</td>
<td>WF Theater</td>
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Programme
Poster presentation

BRIDGING THE GAP
BETWEEN SCIENCE AND PRACTICE
**Location:** Atlantic & Pacific Foyer

### Thursday 11 September

<table>
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<th>Time</th>
<th>Posters in the category</th>
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<td>10.00 - 12.00</td>
<td>Transdiagnostic processes, Anxiety/OCD/Trauma</td>
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<tr>
<td>13.00 - 15.00</td>
<td>Anxiety/OCD/Trauma, Child and Adolescent, Psychosis</td>
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<tr>
<td>15.30 - 17.30</td>
<td>CBT world wide implementation, Personality disorders</td>
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### Friday 12 September

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<th>Time</th>
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<tr>
<td>10.00 - 12.00</td>
<td>Depression, Eating disorders /Obesity</td>
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<tr>
<td>13.00 - 15.00</td>
<td>Addiction, CBT world wide implementation, Child and Adolescent</td>
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<td>15.30 - 17.30</td>
<td>CBT world wide implementation, Psychosomatic disorders</td>
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### Saturday 13 September

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<td>13.00 - 15.00</td>
<td>Anxiety/OCD/Trauma, Depression</td>
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*More than 200 posters will be presented at the congress, each session showing about 25 posters. Check out the congress app www.app.eabct.eu for all the abstracts!*
**Poster Prize Nominees**

During the EABCT congress a selection committee, composed of the poster review committee and several EABCT representatives will determine the final winner. The poster prize will be awarded during the closing ceremony of the congress.

Go and see all poster presentations in the Atlantic and Pacific Foyer!

**Thursday 11 September 2014**

10.00-12.00 hrs
Care Dependency of Patients Who Receive Psychological Treatment: Development of a Self-Report Questionnaire

Geurtzen Naline, Hutsemaekers Giel J. M., Keijser Ger P. J. & Karremans Johan C. T. M.

Interference with the Reconsolidation of Trauma-Related Memories in Adults

Kredlow M. Alexandra & Otto Michael

13.00-15.00 hrs
Ruminative self-focus in social anxiety disorder: The detrimental impact of experiential compared to analytic self-focus

Norton Alice R. & Abbott Maree J.

Predictors of Anxiety Symptoms among Children and Adolescents: The Added Value of Global and Contingent Self-Esteem

Bos Arjan, Simon Ellin, Rosier-Brattinga Karen & Veraart Yvonne

15.30-17.30 hrs
Efficacy of a brief computer-based cognitive-behavior intervention targeting increased anxiety sensitivity

Markanovic Dragana, Bagaric Branka & Jokic-Begic Natasa

Temperamental traits as predictors of PTSD remission after prolonged exposure in a group of car accident survivors diagnosed with PTSD

Popiel Agnieszka & Zawadzki Bogdan

**Friday 12 September 2014**

10.00-12.00 hrs
Observer Vantage Perspective and Rumination: Understanding their Relationship in Depression

Huynh Ly & Moulds Michelle

Parenteral perinatal depression symptoms, perceived social support and infant temperament in longitudinal associations

Zande Diāna & Sebē Sandra

13.00-15.00 hrs
The Effects of Electronic Smoking (Vaping) on Quit Rates, Craving, Benefits and Complaints

Van Gucht Dinska, Adriaenssens Karolien & Baeyens Frank

Metacognitive Group Training for Schizophrenia Spectrum Patients with Delusions: An RCT

van Oosterhout Bas, van der Gaag Mark & Krobberdam Lydia

Preventing Depression and Anxiety in Adolescent Girls of Parents with a Mental Illness: Preliminary Results

Rasing Sanne P A, Creemers Daan H M, Janssens Jan M A M & Scholte Ron H J

15.30-17.30 hrs
Preventive Cognitive Therapy in Preventing Recurrence of Depression

de Jonge Margo, Bockting Claudi, Kikkert Martijn & Dekker Jack

Combined Cognitive Bias Modification training in alcohol addict outpatients: A Randomized Controlled Clinical Trial. What’s the progress so far?

Bofio Marilisa, Pronk Thomas, Cerantola Elisa, Mannarini Stefania & Wiers Reinout W

A brief cognitive-behavioral therapy for the breast reconstruction decision-making. Psychological effects of the breast reconstruction

Gallego Maria José, Peris Carmen Pilar, Aracil Juan Pablo, Barres Jordan, de Francia Stephane & Lujan Consuelo

Choosing Is Losing: Pain-Avoidance versus Valued Non-Pain Goals

Claes Nathalie, Crombez Geert & Vlaeyen Johan

**Saturday 13 September 2014**

10.00-12.00 hrs
Use of Positive Reappraisal in Response to Ageing-Related Challenges and its Relationship with Positive Emotion and Time

Nowlan Jamie, Wuthrich Viviana & Rapee Ron

Metacognitions, Intolerance of Uncertainty and Worry in everyday life: An ambulatory assessment study

Spieker Carolin, Andor Tanja & Ehiring Thomas

13.00-15.00 hrs
The relationship between self-compassion, automatic thoughts, and emotions regarding radiation exposure among non-evacuees in Japan: A three-year study of the Fukushima Daiichi Nuclear Disaster

Arimitsu Kohki

Acute performance stress and disruption of executive functioning by distracting evaluative threat words

Angelidis Angelos, Putman Peter & Schakel Lemmy

Poster Prize Nominees

During the EABCT congress a selection committee, composed of the poster review committee and several EABCT representatives will determine the final winner.

The poster prize will be awarded during the closing ceremony of the congress.

Go and see all poster presentations in the Atlantic and Pacific Foyer!
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Reinout Wiers
“Cognitive Bias Modification (CBM) has been developed as an alternative for CBT. Based on theory about underlying mechanisms and empirical data, I will argue that CBM should be seen as a promising add-on to CBT, with a high potential to ameliorate clinical practice through homework opportunities. CBT in turn, may help to improve motivation to perform CBM.”

Gerhard Andersson
“By using the internet we have been able to speed up the process from initial clinical findings to full-blown clinical trials. Perhaps this comes as a surprise but internet-based cognitive behaviour therapy has been tested in more than 100 controlled trials and we now know that it can be as effective as seeing a clinician face-to-face. It is increasingly the case that novel treatments are tested directly in internet trials and moreover the transition from clinical trial to implementation is gradually shrinking. Thus, evidence-based CBT can now be offered to more people who may live far away from the specialist centre.”

Dirk Hermans
“Human behaviour exists by grace of learning principles. This is true for both normal and problem behaviour, and whether it concerns overt actions, thoughts or feelings. The functional perspective that typifies learning theories is something that we rightly cultivate and cherish. Not the form, but the function of behaviour is the core for treatment. Over the last 20 years a lot has changed within the field of CBT and it seems as if we sometimes replace old truisms by new ones, instead of accumulating and integrating knowledge. The basic postulate of behaviour as a learned response often appears to be too far-off.”

Winfried Rief
“Mental disorders are frequently associated with physical symptoms, and most therapists hope that treating the mental disorder relieves the somatic complaints. However, this assumption is not warranted, and psychological interventions have to address physical symptoms adequately. This presentation will summarize scientific results about the nature of somatic symptoms, and will offer several approaches how the clinical practitioner can support the patient in managing with somatic complaints.”

Giovanni Fava
“I belong to the endangered species of clinicians who do research and actually see patients. The idea of well-being therapy came to me when I combined research findings on well-being with what I was detecting in clinical practice. I will describe my 20 year journey and show you that well-being therapy has little in common with positive psychology and is probably one of most promising fields in psychotherapy research.”

Sheila Eyberg
“My presentation describes the development and testing of a group treatment protocol for parent-child interaction therapy. An adaptation of PCIT must be empirically tested in a randomized controlled trial comparing it to the standard, empirically supported version of PCIT and showing either superiority or equivalence (with sample sizes of > 30 per group) to the standard treatment before the adapted protocol is approved for clinical use. The study I present establishes a group PCIT protocol as an evidence-based adaptation of standard individual PCIT. Clinicians with long waiting lists of young children with disruptive behaviour may find group PCIT an efficient alternative to standard PCIT.”

Wendy Silverman
“Cognitive behaviour therapy has helped to alleviate the suffering of many children who suffer from anxiety disorders. Despite the progress made, there is still much room for improvement, as upward toward 50% of children still show significant...”
anxiety after receiving cognitive behaviour therapy. This presentation will focus on efforts underway to improve these outcomes focusing on the development of evidence based explanations of treatments. Research findings that help to explain ‘what is the role of parents in their child’s treatment?’ ‘what is the role of peers?’ will be discussed. Current research underway to augment CBT with attention bias modification training and other procedures also will be discussed.”

Adam Radomsky
“The best advances in treatment stem from the results of laboratory research; similarly, some of the best research is that which is inspired by or which supports work conducted in the clinic. We have capitalized on this relationship in a variety of domains, and it will be demonstrated how experimental psychopathology research and clinical work have come together to produce advances in our ability to enhance the acceptability and effectiveness of CBT for OCD and anxiety disorders.”

Thomas Ehring
“Researchers like to reduce complexity by focusing on clearly defined groups of patients with one disorder and little comorbidity. Clinicians, on the other hand, are typically faced with complex cases. The dominance of disorder-focused approaches in clinical research contributes to the gap between science and practice as clinicians often feel that results from research on highly selected groups are simply not relevant for their clinical practice. Taking the process of repetitive negative thinking (worry, rumination) as an example, I will critically discuss transdiagnostic approaches to psychopathology as an alternative approach that may help bridging the gap between science and practice.”

Social Programme

Wednesday 10 September
18.00-20.00 hrs
at World Forum Theater

Opening Ceremony

The congress will start with a surprise! Then Chair of the Scientific Committee Paul Emmelkamp will welcome you and Stefan Hofmann will give his opening keynote ‘Toward a Science-informed Practice of CBT’. The President of the EABCT Rod Holland will open the congress.

Thursday 11 September
20.00-01.00 hrs at Scheveningen Beach in Beachclub WIJ

International Beach Party
Buses run from the World Forum. Drinks, bbq, fun, beach, sea, music, dj, dance!

Friday 12 September
15.00-17.30 hrs
at South-America

Awards
The Honorary Fellowship of the EABCT will be awarded to Rod Holland during the EABCT General Meeting.

Saturday 13 September
15.30-17.30 hrs
at World Forum Theater

Closing Ceremony
Judith Beck will start with her closing keynote ‘The Therapeutic Relationship and Personality Disorders’. After that, the Best Poster Award 2014 will be presented to the winner. The congress will be closed by the President of the EABCT and Chair of the Organising Committee Paul Rijnders will hand the congress over to Israel.
Special Events

SIG Symposia

The Special Interest Group symposia are arranged under the auspices of EABCT by Antonio Pinto, scientific coordinator EABCT.

Thursday 11 September 2014
8.30-10.00 hrs at South America
Low Intensity CBT

10.30-12.00 hrs at South America
Psychosis

Friday 12 September 2014
8.30-10.00 hrs at South America
Worry, rumination and repetitive thinking

Saturday 13 September 2014
14.00-15.30 hrs at Atlantic
Training and Supervision – Therapeutic challenges and skills

Other Meetings

Thursday 11 September 2014
13.00-13.45 hrs at South America
Meet, greet & eat
Are you working in the field of Schema Therapy? Join your international colleagues during a networking lunch. You can grab your lunch from the counters in the catering area and take it to room South America where you can meet and greet your international colleagues, exchange ideas, case studies, network or just hang out.

13.00-13.45 hrs at Asia
Meet, greet & eat
CBASP is the first psychotherapy model developed for chronic depression. It is featured in two symposia ‘Chronic depression: What we know and what we do’ and ‘If what to do with chronic depression is the question, is Cognitive Behavioural Analysis System of Psychotherapy the answer?’ on Thursday morning, a symposium ‘Being present - present findings: Mindfulness components, processes and outcomes of mindfulness-based treatments for depression’ on Thursday afternoon and a workshop ‘Disciplined Personal Involvement: Making use of the therapeutic relationship in early traumatized patients with chronic depression’ on Friday afternoon. You can grab your lunch from the counters in the catering area and take it to room Asia where you can meet and greet your international colleagues, exchange ideas, case studies, network or just hang out.

Friday 12 September 2014
10.30-12.00 hrs at South America
Pan African Network Meeting
This network was set up at the EABCT congress in Marrakech last year, and aims to offer a forum for people delivering or interested in CBT in African countries. The meeting is an opportunity for delegates from African countries, and people interested in connections and collaborations with African CBT to network. Members interested in this group are welcome to connect on Linkedin and to attend this meeting.

Friday 12 September 2014
10.30-12.00 hrs at Central America
Author Publishing Workshop
Elsevier publishes more than 68 high-quality journals covering the entire field of clinical psychology and psychiatry. During this congress we will be running an Author Publishing Workshop. Please join us!

Meet the experts

On Thursday Thomas Ehring, Stefan Hofmann and Freda McManus.
On Friday Gerhard Andersson, Arnoud Arntz, Emily Holmes, Adam Radomsky and Reinout Wiers.
On Saturday Tim Dalgleish, Dirk Hermans and Winfried Rief.

Check the programme for exact times and rooms!
The most recent and innovative developments in E-mental health will be demonstrated. You will have the opportunity to really see, feel and experience these technological developments, learn how it might add value in clinical practice and meet the researchers.

3 x Luck

Based on ‘Three Good Things’, a therapeutic intervention used by Seligman, Steen, Park and Peterson (2005) in the context of Positive Psychology, we have developed a pc-based version. Every evening the user is guided to recall three moments of intensive positive feelings during the day. His answers to the questions are recorded and played back to him. To hear one’s own voice has an activating effect and enforces the imprinting of new ways of thinking and feeling. The pc-program was developed as a therapeutic tool to be used during therapeutic sessions supervised by the therapist or alone at home. It can be used especially with patients suffering from mild to medium depression. It can also be used as a psycho-educative tool for prevention by increasing resilience.

Dr. Christoph Woelk, University of Osnabrück, cwoelk@uos.de

SPARX

SPARX is a CBT treatment for clinical depression in the form of an interactive fantasy game intended for adolescents with subclinical and clinical depression. The program consists of seven levels in which the player tries to restore balance in a game world plagued by negative thoughts. SPARX was developed by the University of Auckland and was recently translated to Dutch.

Marlou Poppelaars, Radboud University Nijmegen/ Behavioural Science Institute, m.poppelaars@pwo.ru.nl

Mobile Cognitive Therapy

Mobile Cognitive Therapy (CT) is an Internet-based Preventive CT including monitoring of mood and minimal therapist support. Preventive CT is based on cognitive therapy for acute depression. Like regular CT, Preventive CT follows a fixed structure. For adults aged between 18 and 65 year, in remission of recurrent MDD for at least two months, but no longer than two years.

Gemma Kok, University of Groningen, g.d.kok@rug.nl
Train away your addiction

During the E-market, visitors will be able to try different versions of Cognitive Bias Modification for substance related problems. They can choose the substance (alcohol, cannabis or nicotine), and the cognitive bias they would like to retrain (attentional bias or approach bias). Dutch therapists can receive more information on how their clients could participate in research on the combination of Cognitive Behavioral Therapy and CBM.

For Individuals with substance related problems (alcohol use, cannabis use, or smoking).

Denise van Deursen, University of Amsterdam, d.s.vandeursen@uva.nl

How Can We Enhance Bias Modification techniques?

A Preliminary Analysis of the Effects of Prospective Imagery

Cognitive bias modification for interpretation, a computerized program which manipulates biased interpretations, has shown therapeutic promise, including evidence that negatively biased interpretations can be reduced, leading to corresponding improvements in symptoms.

JongSun Lee, King’s College London, sunny597@gmail.com

JPO Cliëntenlogin

The JPO Cliëntenlogin supports therapists and their clients in a modern way during the treatment by making online communication easy and affordable. Therapists and clients can safely communicate through the web-based application, share files, the client can make diaries/logs. It is especially used for motivation treatment/change, making analyzes of problems and understanding-together issue by asking questions, registration problems, cognitive therapeutic components: challenge thoughts, exposuer guidance and supervision of experiments, new behavior-monitoring.

Denis de Vries, Je Practijk Online, denis@jepraktijkonline.nl

Mobile mental health

Smartphones have the advantage that they are more accessible during the day and can be used more spontaneous in comparison with computers. Furthermore, smartphones have the potential to outnumber personal computers in the near future. A mobile version of an early group intervention for panic complaints that has been shown to be effective in previous research may reach more people and may be more (cost-) effective. The app for panic complaints will be demonstrated and is for adults with sub-threshold and mild panic disorder.

Peter Meulenbeek, University of Twente, GGNet, p.a.m.meulenbeek@utwente.nl

Braingame Brian

An Executive Function Training Program which trains three Executive Functions (working memory, inhibition and cognitive flexibility) in an adaptive manner. The training is built within a game-world and consists of 25 sessions of 45 min. each. For children between 8 and 12 yrs of age who have cognitive control problems, such as children with ADHD.

Pier Prins, University of Amsterdam, p.j.m.prins@uva.nl
Pro Persona Online

Pro Persona Online is an e-health application (portal) for clients and therapists to enable blended care. The portal offers secure communication functionalities such as (video) chat, mail and contact with fellow clients. When clients make their first appointment they can watch video’s online to prepare for the intake and lower their anxiety. The online portal is developed to make treatment more customer friendly, efficient and effective. It’s a key element in transparent health care where clients gain more control over their treatment and therefore show more commitment. The portal is currently available for starting clients who are registered for an intake and clients with (an indication for) a personality disorder.

Floor Tonnissen, Pro Persona, floortonnissen@hotmail.com

Appraisal training in PTSD

We would like to present a Cognitive Bias Modification - Appraisal Training (CBM-App) in the context of Posttraumatic Stress Disorder (PTSD). Maladaptive appraisals are crucial in PTSD. As such, developing techniques targeting the modification of dysfunctional appraisals could aid the prevention and treatment of PTSD. Our CBM App training represent such an approach, i.e., a computerized training procedure to change dysfunctional appraisals.

Marcella Woud, Radboud University Nijmegen, marcella.woud@rub.de

Mindlight

Mindlight, developed by Gain Play and the PLAYNICE institute, is an immersive video game that integrates insights from neuroscience and evidenced based techniques from clinical psychology with game mechanics to intrinsically motivate children to face and overcome their fears. The more children relax, the brighter the mindlight shines, and the less scary the mansion is. They learn to focus on positive aspects of the environment and shift attention away from negative stimuli by solving attention bias modification (ABM) puzzles. For children at-risk for anxiety disorders (age 8-12 years).

Geert Verheijen, Radboud University Nijmegen, g.verheijen@pwo.ru.nl

Blended CBT for panic, depressive disorder and PTSD

ProPersona (Mental Health Institution) and Caplan (Caplan BV) developed 3 apps that support blended CBT treatment for panic disorder, PTSD, and depressive disorder.

In the apps, 2 actors appear. One as a hostess and one as the therapist. The hostess guides the patient trough the programme. The therapist explains every module of the treatment and homework assignments. The apps can be used at home and in therapy as well.

Mirjam Kampman, ProPersona Overwaal, m.kampman@propersona.nl

Interpretation training

Visitors have the opportunity to try out a CBM Interpretation training for children and adolescents with obsessive-compulsive disorder (OCD). The training has been developed as a pre-treatment to CBT and is offered during the waitlist before CBT starts. The training consists of 12 sessions in 4 weeks and is completed at home. The added value of the training as a pre-treatment to CBT is examined in a multi-center RCT.

Lidewij Wolters, AMC, Bascule, l.h.wolters@amc.uva.nl

Appraisal Training in PTSD
Blended e-mental health care interventions for youth

Examples of blended treatments for anxiety, depression, eating disorders and behavioural problems in youth. We will show demo’s of four e-mental health programmes.

Rozemarijn Vos, Accare, r.vos@accare.nl

CBM training and measurement via the Internet

Cognitive Bias Measurement and Modification (CBM&M) shows great potential in understanding and treating mental disorders such as addiction. Various forms of CBM&M can, in principle, be deployed as automated e-health instrument. However, developing such innovative interventions can be expensive and complicated. Design Once, Run Anywhere (DORA) is a project aimed at allowing efficient large scale deployment of CBM&M via the Internet. DORA spawned products used in studies of four different mental processes (approach/avoidance, attention, memory associations, and working memory) across four addictive behaviors (alcohol, cannabis, tobacco, food) in four countries (Great Britain, Italy, Lithuania, and The Netherlands), with more being developed. Curious visitors can try out these measurements and trainings, while more ambitious visitors can develop a small DORA task on the spot.

Thomas Pronk, University of Amsterdam, pronkthomas@gmail.com

PsyFlex

A serious ACT-based game

In recent years, more antidepressants are prescribed for adolescents with anxiety and/or depressive symptoms. It is important to change this overconsumption of antidepressants in adolescents by implementing preventive programs that match this specific target group such as a serious game.

Naomi Daniëls, Faresa b.v.b.a., naomi.daniels@faresa.be

Ask

A smartphone app

The Ask app allows researchers to administer a visual-search-based Cognitive Bias Modification paradigm via smartphone. It also enables the measurement of numerous psychological variables (e.g. self-esteem) using a questionnaire function. The software developers intend to make other app-based forms of cognitive bias measurement and CBM paradigms available in the future. We intend to evaluate the Ask app in a clinical sample of adolescents.

Belinda Platt, Ludwig-Maximilians-University, Munich, belinda.platt@med.uni-muenchen.de

Mental Mood Guidance

The Mental Mood Guidance is a twelve chapters Internet-based guided self-help program (IGSH), based on cognitive behavioral approaches. Each chapter covers a well-defined subject with examples and exercises at the end. For adults and adolescents with depression and/or anxiety symptoms.

Inga Hrefna Jonsdottir, Reykjalundur Rehabilitation Centre, ingahrefnajons@gmail.com
The Positivity Training

The Positivity training consists of an approach/avoidance training (AAT) in which the participants are instructed to pull or push neutral or positive pictures according to the tilt of the picture. The procedure is similar to the AAT procedure used by Rinck & Becker (2007) in their study on approach avoidance behaviour in people with fear of spiders.

Amras van Opdorp, Radboud University Nijmegen, a.vanopdorp@psych.ru.nl

The Burn-Out Aid (BOA)

In recent years, burn-out and stress prevention are more emphasized in the work setting and by governmental agencies. The increased prevalence rate also indicates that burn-out is more common than in the past. Therefore, it is important to concentrate on preventive programs that match the specific target group and setting. BOA, a behavior therapy app for burn-out prevention will be available for prevention at company level, for individuals and for general practitioners, psychiatrists and psychologists for the purpose of blended care. We will demonstrate a prototype of BOA.

Nele Jacobs, nele.jacobs@faresa.be

Dojo

An immersive 3D video game

Dojo (GameDesk) is an emotion management game that teaches the player to regulate emotional arousal and control physical reactions to stress. Dojo addresses three emotions, namely fear, frustration and anger, with informational videos and games specifically tailored to address these emotions. Players are provided with strategies and exercises that reinforce emotion regulation techniques. Dojo is used to prevent anxiety in adolescents with subclinical anxiety. Additionally, it is used as an intervention strategy for a very high-risk sample of anxious-aggressive adolescents in residential treatment.

Hanneke Scholten, Behavioural Science Institute, h.scholten@pwo.ru.nl

Virtual Reality (Exposure Therapy) solutions using the Oculus Rift VR-glasses

Interactive Virtual Reality (VR) solutions are. CleVR will have a fully functional Virtual Reality Exposure Therapy (VRET) system available at the stand.

CleVR is specialized in creating complete and customized Virtual Reality solutions. CleVR delivers interactive custom built VR software for a wide range of purposes in the (Mental) Health Care sector (such as fear of heights, fear of flying, Psychosis and Social Anxiety Disorder) where the user is able to interact with the computer in a natural and intuitive way.

During the EABCT Congress 2014 you are more than welcome to visit the CleVR stand and get to know more about the Virtual Reality solutions for the new Oculus Rift VR-glasses. CleVR will not only demonstrate different social (virtual) worlds but you can also experience them yourself!

For more information check the CleVR website: www.clevr.net.

CleVR (www.clevr.net) will be present at the EABCT Congress 2014. During the congress visitors will have the opportunity to see and experience how realistic the

'Images have a huge influence on our brains and therewith have a strong influence on our emotions and our pattern of thought.'
### Online symptom-directed mini-interventions

The reach of prevention strategies for depression is low in populations with low socio-economic status (SES), while the prevalence of depression in this population is among the highest. To meet the needs of persons with a low SES background, the Trimbos-institute has recently developed three online symptom-directed mini-interventions (SDMIs) aimed at sleep, stress, and worry. In all three SDMIs the specific complaint is the point of focus and they can be followed independently at www.snelbeterinjevel.nl.

Stephanie Leone, Trimbos Institute, sleone@trimbos.nl

### Virtual reality environment for OCD

Virtual reality environment made out of video images to provoke obsessive compulsive disorder symptoms and measure them.

Soemiat Kabanmoentalib, AMC Psychiatry, m.s.kasanmoentalib@amc.nl

### SnowWorld as an Early Intervention for PTSD

SnowWorld was developed as a Virtual Reality environment to reduce pain, specifically during wound care. Patients’ attention is drawn into the virtual world, and away from their pain. Studies have shown its effectiveness, reducing pain by 35-50%. In this prospective randomized controlled study, we are using SnowWorld in the Emergency Room, in order to examine its effectiveness at disrupting the laying down of memories after a traumatic event by adult patients, thus preventing PTSD.

Sara Freedman, Bar Ilan University, sara.freedman-goldstone@biu.ac.il

### MindSpace

A video game designed to facilitate exposure therapy for children with anxiety. MindSpace is a computer-game based cognitive behaviour therapy for children with anxiety disorders. This jump-and-run game uses common CBT strategies for anxiety, such as exposure or ‘practicing’.

Manuel Sprung, University of Vienna, manuel.sprung@gmail.com

### Space Ranger Alien Quest

A novel computer-game based preventive intervention program to promote Executive Functioning skills. The Space Ranger Alien Quest game (SRAQ) is an action video game designed to assess and train a group of neuropsychological skills known as executive functioning (EF) has been developed.

Manuel Sprung, University of Vienna, manuel.sprung@gmail.com
Round Table Discussions

Each Round Table Discussion focusses on a specific topic that will be debated and discussed by five experts. Check the congress app for their names. The discussion, which lasts about 1.5 hour, will be led by a moderator.

Thursday 11 September
14.00-15.30 hrs, Kilimanjaro
Cognitive Bias Modification
CBM training aims to modify biases in attention, interpretation, and memory through computerized, repeated practice that reinforces more adaptive styles of processing. There is considerable evidence that these training procedures are effective in laboratory studies. Questions remain, however, on the degree to which CBM training is effective in clinical practice. Central to the discussion will be the question whether there is an added value of CBM training to state of the art CBT. Moderator: Adam Radomsky.

16.00-17.30 hrs, Amazon
With or without them?
Parents in CBT for anxious children
We will discuss this contrast between the influence of family factors on the onset, maintenance and CBT outcome on the one hand, and the lack of apparent additional benefits of family interventions on the other hand. How should we understand these findings? What clinical guidelines can be derived from current knowledge? And where should future research focus on?
Moderator: Maaike Nauta

Clinical Masterclasses

Thursday 11 September
10.30-12.00 hrs in Everest 1 & 2
Anke Ehlers about PTSD
In this public supervision questions can be asked concerning the treatment of post traumatic stress disorder (PTSD) following one or more traumatic events in adulthood. In case of several comorbid conditions, PTSD should be the main problem. The supervisor has expertise in the field of cognitive therapy for PTSD and other anxiety disorders.

10.30-12.00 hrs in Africa
Willem Kuyken about case conceptualization

Friday 12 September
10.30-12.00 hrs in World Forum Theater
Stefan Hofmann about social anxiety
In this public supervision questions can be asked concerning the treatment of social anxiety disorder. The supervisor has expertise in anxiety disorders, other emotion problems, and conventional and modern cognitive behavioral techniques.

Friday 12 September
14.00 - 15.30 hrs, Everest 1 & 2
Third Generation CBT: A curse or a blessing?
The last two decades, we have witnessed the rise of so-called third wave or third generation CBT treatments, such as mindfulness-based cognitive therapy and ACT. Central to this discussion will be the question of whether there is an added value of third generation CBT treatments to standard CBT and, if so, what the added value is.
Moderator: Filip Raes.

16.00 -17.30 hrs, Mississippi
Standardised versus individualised CBT:
Does one size fits all?
In classic CBT, indivualised treatment plans are built on individualised problem analyses. Clinical practice however, is increasingly dominated by standardised treatment manuals. This discussion will explore the risks and benefits, as well as the necessity or possible redundancy of each approach. The discussion will also cover the potential risks and benefits of online CBT interventions.
Moderator: Arnold van Emmerik.

Saturday 13 September
8.30-10.00 hrs in World Forum Theater
Judith Beck about cognitive therapy
More about

Getting around in The Netherlands
Since Holland is a compact country it’s also possible to visit Amsterdam (Rijksmuseum, Anne Frank House and Museum, Van Gogh Museum, shopping, red light district), rent a bike and go to the Kinderdijk Windmills, let Rotterdam surprise you or go to the cheese capital Gouda! Public transportation is reliable, convenient and fast. Get on the train in The Hague and you can reach Groningen (north) or Maastricht (south) within two and a half hours.

The nineteen mills were constructed around 1740 as part of a larger water management system which prevented floods. The unique character of the Kinderdijk area was rewarded with a UNESCO recognition in 1997. Zaanse Schans is a fully inhabited, open air conservation area and museum located just a few miles north of Amsterdam. You can get a vivid impression of the Dutch way of life in the 17th and 18th centuries. The area consist of authentic houses, a historic shipyard, a pewter factory, a cheese and dairy farm, an age-old grocery store, clog-making demonstrations, and above all, lots of windmills.

Why not see the city from a different perspective and rent a boat, canoe or water bike?

Cultural sites: Kinderdijk and Zaanse Schans
Your photo album of your trip to The Netherlands isn’t complete without a shot of the windmills at Kinderdijk.

Enjoy the canals
Amsterdam, Utrecht, The Hague… many Dutch cities are famous for their beautiful canals. In the past they were used for transport, water management and city defence but today they serve more recreational purposes. Why not see the city from a different perspective and rent a boat, canoe or water bike?

Amsterdam
It is the 17th century historical atmosphere combined with the vibe of a modern metropolis that makes Amsterdam so attractive. The small scale of the buildings and the intimacy of the streets, canals and squares create an atmosphere that visitors find unique. And of course the many museum: the most well-known are situated at the Museum Square: Rijksmuseum, Van Gogh Museum and The Stedelijk Museum. Don’t forget to also visit the Anne Frank House and Dam Square while you are in Amsterdam!
More about the Netherlands

Fun Facts

- 26% of The Netherlands is under sea level and when you arrive at Schiphol Airport, you are four meters below sea level. Nieuwerkerk aan den IJssel is the lowest point in the country: 6.76 meters below sea level.
- Amsterdam alone has over 1200 bridges.
- There is no country in the world where more liquorice is consumed than in The Netherlands: 32 million kilos per year. And on average, the Dutch eat 14.3kg of cheese per person per year.
- There are twice as many bikes than cars in the country.
- The Netherlands has the highest concentration of museums in the world.

Utrecht

Utrecht is the lively, beating heart of The Netherlands. It was built around the Dom tower, which you can see from any point in the city, so there is no way you can get lost in the attractive, car-free city centre. Utrecht has beautiful canals with extraordinary wharf cellars, housing cafés and terraces by the water. A broad variety of shops and boutiques lines the canals and streets in the inner city. The city centre is small enough to explore on foot but big enough to entertain you for days with art and culture.

Delft

Not much spare time? Combine your visit of The Hague with a visit to historic Delft, since it’s only 20 minutes by train. In the New Church of Delft you can visit the crypt where the Royal Oranges find their final resting place. The Vermeer Centrum offers a visual voyage through the life, work and city of the artist Johannes Vermeer. Royal Delft, established in 1653, is the only remaining Delftware factory from the 17th century. Discover the world of Delft Blue here and see how authentic manufacturing methods are still used today.

You can read more about The Hague on page 14 - 15.
Visit the exhibition market during breaks and get to know products and services of various organisations.

The Hague is the international city of peace and justice, the seat of government in the Netherlands, and the capital city of the province of South Holland. With a population just over 500,000 inhabitants and more than one million inhabitants including the suburbs, it is the third largest city of the Netherlands.

Boom Mental Health is a modern publishing house that publishes for general, scientific, educational and professional markets. The topics we specialize in are (neuro)psychology, psychiatry, psychotherapy, self-help/self-improvement and child raising advice. A major publication in the past year has been the Dutch translation of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

The Hogrefe group is one of the world’s largest publishers of books, journals, and scientifically validated assessment tools, primarily but not exclusively in the fields of psychology and psychiatry, for professionals and researchers. Hogrefe has offices in Europe and North America, each with publishing programs in the local language.

CleVR delivers interactive custom built Virtual Reality (VR) software for a wide range of purposes in the (Mental) Health Care sector. During the congress visitors will have the opportunity to see and experience our interactive VR solutions. CleVR will have a fully functional Virtual Reality Exposure Therapy (VRET) system available at our stand.

TelePsy develops and manages web-based software for healthcare providers, for the purpose of measuring, monitoring and reporting of psychological and physical symptoms. The conducting of tests and questionnaires forms the basis, within a platform where caregivers can find each other, refer patients and exchange information with one another.

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At Cure & Care development hospitality comes first. As a certified educational institute for professionals in Mental Health Care, we develop, maintain and offer high-quality programs presented by leading experts in the field. Our courses are all accredited by professional associations in care and controlled by a Scientific Advisory Board.

Run2Day is a retail chain with 25 shops in the Netherlands. They sell only top quality running shoes and trendy clothes of the best, successful brands. In The Hague the shop is located at Fluwelen Burgwal 9 (see also www.denhaag.run2day.nl). Run2Day Den Haag is sponsoring the Running Clinic on September 12, Friday Morning, on Scheveningen beach.

On behalf of the EABCT, the Dutch Association for Behavioural and Cognitive Therapy (VGCT) organises this congress. The VGCT has more than 4000 members and is the largest psychotherapy society in The Netherlands.

But wait, there’s more!

At the time this magazine was printed, we were still busy organising this exhibition market for you. Because of that, not all organisations are included in this overview. Come to the market and visit more interesting exhibit booths, like Wiley and Taylor & Francis publishers.
The Psychosomatic Assessment
Strategies to Improve Clinical Practice

Editors:
G.A. Fava, N. Sonino, T.N. Wise

Evaluating subjective perceptions of patients has become mandatory for a full assessment of treatment responses. In this context, clinimetrics, the science of clinical measurements, provides unprecedented opportunities for psychosomatic assessment.

This volume illustrates how this approach can be translated into everyday practice complementing and improving the medical interview. The most sensitive and reliable clinical methods are presented for evaluating specific psychosocial aspects of disease such as childhood adversities, lifestyle, sexual function, personality, illness behavior or family dynamics. Each chapter provides practical illustrations as to how crucial information can be obtained with specific methods individualized according to the patients’ needs. A hyperlink is provided to a website that contains many of the instruments assessed in the volume.

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Psychotherapy and Psychosomastics

Editor:
G.A. Fava

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Friday 12 September 2014

**Running Clinic**

Where: We will meet at Strandclub WIJ in Scheveningen. (This is where the Beachparty takes place the day before)

Time: 8.00 – 8.45 hrs

After the interesting Congress and the fantastic Beachparty of the day before, what’s better than a nice, refreshing run across the beach? On Friday morning, we provide a Running Clinic. We will start off with a couple minutes of warming-up and stretching, and after that you can choose one of our two routes. We offer two tracks, one of 2 km and one of 5 km, running across the beach and through the dunes of Scheveningen. Everyone follows their own pace. You will be supervised by Paul Westerman, Psychologist at Kobussen & Partners Psychologen. He is also a Cognitive Behavioral Therapist in training, Running Therapist and Athletics trainer.

Paul Westerman is a Psychologist at Kobussen & Partners Psychologen. He is also a Cognitive Behavioral Therapist in training, Running Therapist and Athletics trainer. Paul accompanies running groups in Rosmalen, Breda, Amsterdam and Culemborg.

Thursday 11 September 2014

**Runners café**

Where: World Café (near Main Reception)

Time: 17.00 – 18.00 hrs

Presentation: Paul Westerman

While at the Runners Café, clients will be able to share experiences that they’ve had with Running Therapy, and exchange tips with fellow runners. Running Therapy is a relatively new treatment, which will have clients go through ten sessions of recreational running, under the supervision of a Running Therapist. This treatment uses running to make clients feel empowered and in control of their life. Running Therapy was especially designed for patients who have suffered from mental health problems, including mood swings, anxiety, burn-outs, and sleeping disorders. At the end of our ten sessions, the client will be able to run 30 minutes straight, at their own pace. Not only does Running Therapy help participants feel more fit and healthy, it also helps them regain grip on life itself. Every Running Session includes a warming-up, a stretch session and a cooling-down. We will also be working on running and breathing techniques. The Runners Café precedes the Running Clinic, which will take place on Friday, September 12th, at the beach in Scheveningen. The Clinic starts at 08:00 am at Beachclub WIJ.

Paul Westerman is a Psychologist at Kobussen & Partners Psychologen. He is also a Cognitive Behavioral Therapist in training, Running Therapist and Athletics trainer. Paul accompanies running groups in Rosmalen, Breda, Amsterdam and Culemborg.
Call for Papers 1 februari tot 1 mei 2015

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