



Building the Future of CBT

Rational News

The NACBT Quarterly Newsletter

The NACBT is Planning for the 2002 National Conference

Changes to conference format will attract wide range of professionals.

The NACBT 2002 National Conference will be held June 7-9, 2002 at the Mountaineer Race Track and Gaming Resort in Chester, West Virginia, which is located 35 miles West of Pittsburgh, PA.

The 2002 conference will feature two tracts: a general cognitive-behavioral therapy tract and a certification tract. For the **General Tract**, three workshops will be presented concurrently each morning of the three-day conference, and one seminar will be presented each afternoon by a nationally recognized presenter. For the **Certification Tract**, three separate, three-day certification seminars will be presented that will award successful participants with a certification in the area presented.

The new conference format will enable those members seeking advanced training to obtain it through the intensive certification courses while enabling the novice and intermediate cognitive-behavioral therapists the opportunity to learn excellent cognitive-behavioral skills for a wide variety of disorders.

The 2002 National Conference will also feature an **awards dinner** during which a presidential message will be delivered and a keynote speaker will present.

In response to members' requests that the national conference be not only educational, but entertaining as well, the NACBT selected the Mountaineer Resort for its many entertainment opportunities, including over 1,900 video slots and coin drop machines, year-round thoroughbred racing, simulcast racing, golfing, concerts, music / dancing, excellent restaurants, and a full-featured spa which includes professional massages and manicures.



Transportation will be provided to and from the Pittsburgh International Airport.

For more information about the Mountaineer Race Track & Gaming Resort, visit their web site at <http://www.mtrgaming.com>.

National Association of Cognitive-Behavioral Therapists

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"From the President"

PsyCaster and the PsyCaster Psychology Web Site

by Aldo R. Pucci, MA, DCBT
President, NACBT



One of our main goals has been, and will continue to be, to promote cognitive-behavioral therapy and those who practice it. As a result, we are constantly looking for new, effective methods to get the word out.

To encourage psychology students as well as our fellow professionals to adopt a cognitive-behavioral approach to therapy, we must first get their attention. As a result, I have developed the PsyCaster Internet Browser and the PsyCaster Complete Psychology Web Site.

The PsyCaster Internet Browser has a built-in button link to our NACBT web site. To help encourage other mental health organizations to promote PsyCaster, I also included button links to other some of their web sites as well. The PsyCaster Internet Browser has many features, including a chat feature, it's own proprietary, searchable database of psychology-related links that is updated monthly, an excellent Internet search feature that allows you to search several search engines simultaneously, an organizer and scheduler, an FTP client, and a Send-a-Site feature that easily allows you to sent a link of the site you are visiting to whomever you wish.

Additionally, PsyCaster has a special PsyCaster Group feature which allows you to create groups of web sites that you want loaded at the same time. PsyCaster allows you to load more than one web site at a time. The PsyCaster Internet Browser is free of charge and can be downloaded at <http://www.castersoftware.com/psycaster>.

The PsyCaster Complete Psychology Web Site is also free of charge. In addition to support provided for the PsyCaster Browser, the web site also offers many features, such as chat, forums for discussion, psychology news, the ability for employers to post jobs, a job search feature to see what might be available for you, the ability for practitioners to list their private practice, a therapist search feature, a workshop posting / search feature, and a resume posting / search feature.

The NACBT will be advertised heavily on the PsyCaster web site as well as within the browser.

The NACBT web site will be revamped as well in the coming months. We are working on a means of enabling members to edit their own information in the referral database.

We also shall include a great deal more information about cognitive-behavioral therapy for the general public. In the past, the NACBT web site had been geared primarily to professionals, but we do receive many visits from lay people.

Feel free to visit the PsyCaster web site at castersoftware.com/psycaster to take advantage of what it has to offer.

NACBT Bulletin Board

**National Association of
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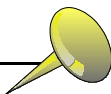


Join the NACBT CBT Discussion List

Join our outstanding discussions by joining the NACBT Cognitive-Behavioral Discussion List. It is a listserv provided by Listbot.

To join, visit the NACBT's Web Site at <http://www.nacbt.org>.

The link to join is near the bottom of the home page.



Anxiety Disorder Specialist Grandfathering

The NACBT is offering the Certified Anxiety Disorder Specialist (CADS) credential through grandfathering. Minimum requirements include a Masters degree, one year experience at applying CBT in the treatment of anxiety disorders, and CBT training.

For an application, telephone the NACBT at 1-800-853-1135



Reminder of NACBT Diplomate Offering

The NACBT Diplomate represents outstanding knowledge of cognitive-behavioral therapy as well as a commitment to promoting and advancing our preferred form of psychotherapy.

If you would like an application for the NACBT Diplomate, give us a call at 1-800-853-1135 or e-mail us at nacbt@nacbt.org.



New Business Opportunity for NACBT Members!

The NACBT announces the NACBT Affiliate Program. Members who own web sites can place our banner advertisement on their web site and earn a 15% commission on each sale that *results from* their referral to our Professional & Self-Help Online Store.

For more information, visit our site a <Http://www.nacbt.org/affiliates.htm>.



NACBT Recruiting State Representatives

If you would like to serve as an NACBT State Representative, call the NACBT at 1-800-853-1135 or send us an email at representative@nacbt.org and request an application.

We hope to have a representative for each state by this time next year.

Looking for Presenters for Three-Hour Workshops for the 2002 Conference

The NACBT is seeking workshop proposals for the 2002 National Conference at the Mountaineer Gaming Resort in Chester, WV (30 West of Pittsburgh, PA).

While all cognitive-behaviorally-oriented workshop proposals will be considered, we are looking for presentations dealing with the application of cognitive-behavioral therapy to specific disorders or in specific settings, such as, "Treating Fibromyalgia with CBT," or "Utilizing Cognitive-Behavioral Therapy in a Crisis Unit Setting."

This is your opportunity to share your knowledge and experience with fellow cognitive-behavioral therapists. Many of our past presenters continue to comment on the benefits they have received from presenting at the conference.

The workshop proposal form can be found in this issue of *Rational News*.

Looking for Presenters for Three-Day Intensive Seminars for the 2002 Conference

The NACBT 2002 National Conference will offer three three-day intensive certification seminars. The three-day intensive will offer a cooperative agreement between the presenter and the NACBT with the presenter receiving 30% of the gross income from registrations of the seminar. If approved, the NACBT can provide the actual certification to the attendees, unless the presenter's company wishes to do so.

Anyone wishing to present such a seminar is invited to contact NACBT president Aldo Pucci at 1-800-853-1135, or by email aldo@nacbt.org.

Reminder: No 2001 NACBT National Conference

As was reported in the last issue of *Rational News*, the NACBT elected not to have a national conference during 2001 as the Association is in transition and needed to focus on many other issues involving credentials, re-certification, and continuing education opportunities. Additionally, the NACBT has focused a great deal of time and energy developing an approach to promoting it and, more importantly, its members. Details on this new publicity approach are explained in the "From the President" section of this issue of *Rational News*.

Looking for Articles for *Rational News*

The NACBT is seeking submission of articles for *Rational News*. Submit one-three page articles on a cognitive-behavioral topic of your choosing to *Rational News*, NACBT, P.O. Box 2195, Weirton, WV 26062 or you can email the article at nacbt@nacbt.org.

NACBT Bookstore

Home Study

Rational Hypnotherapy Certification Program

Utilize this excellent home-study program to learn this straight-forward, easy to learn hypnotherapy approach. Includes 12 audio cassettes and a video presentation. Step-by-step instructions will have you performing hypnotherapy in a matter of days. **Only \$225**

Rational Eating Group Course

Learn how to help people eat rationally (and lose weight in the process!) Use as a model for your own groups! Audio-taped Training Course. **Only \$95**

Books by
Aldo R. Pucci, MA, LPC

How to Live a Healthy, Happy Life —
No Matter What!
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Self-hypnosis. Excellent tape for people having difficulty sleeping.
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Cognitive-Behavioral Progress Notes (Reproducible)

Excellent for Charting Progress of Cognitive-Behaviorally-Oriented Therapy 10 per Pack **Only \$15**

Cognitive-Behavioral Intake Forms (Reproducible)

Obtain the Information You Need to do Effective CBT
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An excellent way to obtain important diagnostic information so that you can focus the first session on "the issues."
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Books by
Frans M.J. Brandt, Ed.D.

Personality and Love: An Illustrated Primer on Understanding Human Relationships.

*** Was \$15.95, Now it's on sale for only **\$10** ***

Naltrexone and CB Therapy for the Treatment of Outpatient Alcoholics: Results of a Placebo-Controlled Trial

Raymond F. Anton, M.D., Darlene H. Moak, M.D., L. Randolph Waid, Ph.D., Patricia K. Latham, R.N., Ph.D., Robert J. Malcolm, M.D. and James K. Dias, Ph.D. Am J Psychiatry 156:1758-1764, November 1999

OBJECTIVE: The opiate antagonist drug naltrexone has been shown in a few studies with limited sample sizes to be effective when combined with psychosocial therapies for the treatment of alcohol dependence. The goal of this study was to obtain additional information regarding its efficacy in pertinent alcoholic populations and with a well-defined therapy. **METHOD:** In this study, 131 recently abstinent alcohol-dependent outpatients were treated with 12 weekly sessions of manual-guided cognitive behavioral therapy and either 50 mg/day of naltrexone (N=68) or placebo (N=63) (with riboflavin added as a marker of compliance) in a double-blind, randomized clinical trial. Alcohol consumption, craving, adverse events, and urinary riboflavin levels were assessed weekly. Levels of blood markers of alcohol abuse were also ascertained during the trial. **RESULTS:** The study completion, therapy participation, and medication compliance rates in the trial were high, with no differences between treatment groups. Naltrexone-treated subjects drank less, took longer to relapse, and had more time between relapses. They also exhibited more resistance to and control over alcohol-related thoughts and urges, as measured by a subscale of the Obsessive Compulsive Drinking Scale. Over the study period, 62% of the naltrexone group did not relapse into heavy drinking, in comparison with 40% of the placebo group. **CONCLUSIONS:** Motivated individuals with moderate alcohol dependence can be treated with

greater effectiveness when naltrexone is used in conjunction with weekly outpatient cognitive behavioral therapy. Naltrexone increases control over alcohol urges and improves cognitive resistance to thoughts about drinking. Thus, the therapeutic effects of cognitive behavioral therapy and naltrexone may be synergistic.

Six-Year Outcome for Cognitive Behavioral Treatment of Residual Symptoms in Major Depression

Giovanni A. Fava, M.D., Chiara Rafanelli, M.D., Silvana Grandi, M.D., Renzo Canestrari, M.D. and Murray A. Morphy, M.D. Am J Psychiatry 155:1443-1445, October 1998

Objective: The authors' goal was to determine whether cognitive behavioral treatment of residual symptoms of depression might have a significant effect on relapse rate. **Method:** A 6-year follow-up assessment was conducted of 40 patients with primary major depressive disorder who had been successfully treated with antidepressants and were randomly assigned to either cognitive behavioral treatment of residual symptoms or standard clinical management. **Results:** Ten of the patients (50%) in the cognitive behavioral treatment group and 15 (75%) in the standard clinical management group relapsed. The difference did not attain statistical significance. When multiple relapses were considered, patients in the cognitive behavioral treatment group had a significantly lower number of depressive episodes than those in the standard clinical management group. Patients responded to the same antidepressant drug used in the index episode; in two cases (4%), resistance occurred. **Conclusions:** The protective effects of cognitive behavioral treatment that were evident at 4-year follow-up faded afterward. Cognitive behavioral treatment of residual symptoms, however, improved the

long-term outcome of major depression in terms of total number of episodes during the follow-up period. Am J Psychiatry 1998; 155: 1443-1445

The Role of Emotion in Group Cognitive-Behavioral Therapy for Binge Eating Disorder: When Things Have to Feel Worse Before They Get Better

Louis G. Castonguay, Aaron L. Pincus, W. Stewart Agras, and Charles E. Hines Psychotherapy Research 8 225-238, 1998

The goal of this study was to investigate the client's emotional experience in group cognitive-behavioral therapy for binge eating disorder (BED). Sixty-five individuals meeting the DSM-IV criteria for BED completed a 12-week manualized treatment conducted by experienced therapists. As predicted, the client's emotional experience was characterized by both positive and negative emotions. Also as expected, the experience of negative emotions was most prevalent in the middle phase of therapy. The client's emotional experience also discriminated between treatment responders and nonresponders. As predicted, the results suggest that the prevalence of positive feelings (e.g., hope, relief) and perception of positive group climates (e.g., stimulating, affectionate) was related to client change. The findings also suggest that the lack of negative feelings (e.g., worried, upset) in the beginning of treatment and, paradoxically, the perception of negative group climates (e.g., depressed, discouraged, inhibited, tense) in the middle of therapy was associated with positive treatment response.

Prices are Member Prices. Please add \$5 for Shipping. All orders shipped two-day USPS.



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1-800-853-1135

Or Mail order with Check or Money Order to:
NACBT, P.O. Box 2195, Weirton, WV 26062

Cognitive-Behavioral Therapy Research

