



CANADIAN ASSOCIATION OF COGNITIVE AND BEHAVIOURAL THERAPIES /  
ASSOCIATION CANADIENNE DES THÉRAPIES COGNITIVES ET COMPORTEMENTALES

# CACBT-ACTCC ANNUAL CONFERENCE

## Innovations and Advances in CBT VANCOUVER, BRITISH COLUMBIA MAY 11- 12, 2018

### CALL FOR CONFERENCE SUBMISSIONS

CACBT-ACTCC is now accepting submissions for symposia, papers and posters (focusing either on research or clinical work, see below) for our upcoming meeting in Vancouver, British Columbia, May 11- 12, 2018. This year's conference will highlight Innovations and Advances in CBT. We encourage symposia, papers and posters that touch on this theme, but all topics relevant to CBT will be considered.

Symposium and Oral Submissions are due by 5:00 pm, Pacific Time, on Wednesday, January 31, 2018. The deadline for Posters is 5:00 pm, Pacific Time, on Wednesday, February 28, 2018. Information about the conference can be found at [www.cacbt.ca](http://www.cacbt.ca).

CACBT-ACTCC is proud to offer conference content presented entirely in either of Canada's official languages. We welcome submissions for posters or symposia in either English or French.

The submission should be sent in a single document file, preferably in MS Word format, to Dr. Keith Dobson at [ksdobson@ucalgary.ca](mailto:kdobson@ucalgary.ca). Files should be named after the last name of the corresponding author (e.g., Smith.doc). A confirmation e-mail will be provided, normally within 48 hours.

Submission guidelines:

1. Include an abstract, no longer than 300 words.
2. The abstract should contain a title in block capital letters at the top of the page, followed by the names of the authors and their affiliations, followed by a blank line, followed by the abstract.
3. Indicate whether the submission is for a poster or symposium.
4. Indicate whether the submission is for the research track (e.g., an empirical study) or the clinical track (e.g., a case presentation, description of a clinical technique, or some other

topic relevant to the clinical practice of cognitive or behavioural therapies).

5. On a separate page, list each author followed by their full mailing address and their email address.
6. For symposia (50 or 90 min): Provide individual abstracts for each presentation included in the session as well as the overarching abstract. Also, specify symposium Chair and Discussant.
7. For posters: If you are a student, please indicate whether or not you would like to be considered for one of our student poster awards: Best Clinical Poster (Keith Dobson Award) and Best Research Poster (Jack Rachman Award). The posters will be assessed in the poster session and awards will be announced at the AGM. Each award comes with a certificate and a \$100 cash prize.

See the following pages for sample submissions.

**Student travel awards:**

CACBT-ACTCC student members who are first authors on posters or symposium presentations may be eligible for travel awards to support their travel to the conference. Two \$500 student travel awards are available. Note that a separate application from the presentation submission is required. Details about the application process can be found at [www.cacbt.ca](http://www.cacbt.ca). The travel award application deadline is **Wednesday, February 28, 2018.**

**Sample Research Poster Abstract:**

**MECHANISMS ASSOCIATED WITH COGNITIVE AND BEHAVIOURAL TREATMENTS**

William B. Smith, Psychology Department, University of Regina, Julie-Marie Dumont, Université du Québec à Montréal, and John Q. Jones, Psychiatry Department, Simon Fraser University

Much previous research has shown that successful treatment using CBT can occur via a number of psychological and biological mechanisms. Although some authors have proposed that only biological mechanisms are necessary to explain treatment outcomes, others have proposed a more integrative model. Past research has been used to support both types of claims, involving theoretical and empirical support from both perspectives. We sought to assess the degree to which different mechanisms accounted for change in a large sample (n=436) of participants diagnosed with a range of complex problems. Following a semi-structured diagnostic interview (SCID) administered by a graduate student with training in the use of diagnostic interviews, participants completed several lengthy self-report measures (including the Treatment Mechanism Self-Report Scale, the Psychological and Biological Explanations of Change Inventory, and the Beck Anxiety and Depression Inventories) as well as a number of imaging (MRI, PET) and biological (5-HT, PANDAS, Cortisol) tests. Participants met the diagnostic criteria for a number of disorders including panic disorder (n=50), major depressive disorder (n=63), intermittent explosive disorder (n=2), borderline personality disorder (n=327), posttraumatic stress disorder (n=91), and caffeine abuse disorder (n=435). Encouragingly, all diagnostic categories were associated with significant treatment gains. Hierarchical linear regression analyses revealed that no single mechanism can account for treatment response, however important study limitations (most notably our methodology and the problematic issue of comorbidity) prevented us from making more concrete conclusions. Results are discussed in terms of biological and cognitive-behavioural models of treatment.

**Type of Submission:** Research Poster

- I am a student
- I wish to be considered for a student poster award

**Sample Clinical Poster Abstract:****CBT WITH A VIOLENT CLIENT**

Andrea S. Carey, St. Joseph's Healthcare Hamilton, Hamilton, ON

Established cognitive-behavioural models tend to focus on one type of diagnosis, while in reality clients often present with multiple problems. There are excellent treatments for clients with depression and for clients with anger management difficulties, however there is little guidance on how to help clients who experience both types of problems. This poster will review the conceptualization, course, content and outcome of a client who presented for help with his depression, but who also exhibited recurrent violent behaviour, normally targeting furniture (e.g., by taking a hammer to his glass coffee table) and other inanimate objects (e.g., by punching a hole in the wall of his apartment when he was sad and alone). The poster will highlight the importance of case conceptualization in understanding and predicting when the client's violent behaviour would occur, as well as some novel cognitive interventions designed to help the client question himself more logically during depressive and/or violent episodes. These strategies, combined with a collaborative approach led to robust reductions in the client's depression, and to the elimination of violent episodes over our 12 weeks of treatment. This case makes clear that CBT principles can be successfully applied to a wide range of not only primary problems, but secondary ones as well.

**Type of Submission:** Clinical Poster

- I am a student
- I wish to be considered for a student poster award

**Sample contact page (based on sample research poster abstract, above):**

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