

Baseline

issue no. 3

In this third issue you will find:

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- Review of AACBT Pub Discussion
- Review of AACBT National Conference
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- Accreditation Survey Results
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President's Report

You'll find in this issue some further developments on the accreditation front. One of the branch's key priorities is to ensure that we represent our members at the National level as accurately as possible, and the subject of accreditation and minimum standards is high on the National agenda at the moment. We would appreciate your time to provide the branch accreditation subcommittee with positive or negative feedback about the direction we are heading with this issue. I'm going to take the opportunity here to air some of my views, and I'm happy to receive any feedback from you. I was talking recently to a long time AACBT member now living and working in the UK. The experience there is one I believe we should really look to for guidance. CBT is practiced by many professions in the UK and is by no means exclusive to psychology. Yet, Psychologists enjoy arguably greater prestige and recognition for their CBT skills there.

In this context accreditation becomes just one aspect of a broader issue about the health of CBT in Australia. One argument is that by expanding the base of CBT (and including some standards to create that base) then the current practitioners of CBT (primarily psychologists) have an even greater role in maintaining standards and practice, through training, supervision, research and tertiary level practice.

I'm hearing more and more often from practitioners not trained in CBT "why does everything have to be CBT", which concerns me in so many ways – the probable lack of understanding of what CBT is, the continued erosion of the practice and uptake of CBT in our clinical services and the decline of the significance and perceived prestige of CBT practice in these settings, just to name a few. In other areas of the AACBT, we continue our successful pub discussions, the next one scheduled for the 10th August. We also have a MasterClass coming up on the 17th September. Check out our website for details on both these events or contact the AACBT on 0423 184 174.

There are many views within and outside the AACBT about our small steps to examine the feasibility of minimum standards and accreditation. I hope you will share yours with us.

On a more personal note, I'm on maternity leave from my 'normal' job from the beginning of September, but will be continuing with AACBT duties over that time. So thanks to members who email me with questions and comments, you can continue to do that and if I'm out of action for a while, our Vice President, Leanne Hides, will take up the slack. Finally a reminder about the AACBT National Conference being held in Melbourne 16-20 April 2005. The call for papers has gone out. We will have a great range of workshops and a lively scientific program, not to mention a spectacular social program! So remember to put your abstracts in for papers, posters or workshops by the due date.

Nicole Lee
President

AACBT Pub Discussion 2

Manic-depressive patients are too dependent, lack introspection and just need to take their medication. Does CBT have anything to offer in the management of bipolar disorder?

Dr Craig Macneil, Clinical Psychologist

I was profoundly traumatised trying to find "HolliAva, 36 Swan St Richmond." Remembering the number as 'thirty-something' didn't help of course, but it wouldn't have been all that helpful as there was no number on the door, no lights outside to help find it and no sign saying Holli Ava. (I'm not used to attending venues so exclusive that you can't post the name outside). Fortunately, as I'm a CBT psychologist, I'm experienced at looking into this and looking into that, so I looked into this window and saw some obviously cognitive people in semi-darkness in a distant room doing something that was behavioural with wine and beer, so I went and joined them. Craig had forgotten his data projector (or perhaps it was banned), so we crowded him into a corner and made him tell stories of bipolar disorder, which he did with clarity, wisdom and enthusiasm. For me, his reading of an in-depth first person account highlighted the complexity of subjective experience of the disorder and its impact on the self. I came away clearer that working with clients' sense of self, and relapse prevention, should be centre stage in bipolar disorder treatment.

Regards

John Farhall, Clinical Psychologist

AACBT 27TH NATIONAL CONFERENCE Perth, 15-19 May 2004

"The Post Mortem"

The WA branch hosted the AACBT National Conference in Perth this year. The Conference Committee did a great job organising a successful and enjoyable conference – with an excellent line up of workshops, keynote presenters and papers as well as some brilliant social events!

Keynote Speakers

Keynote speakers included a fabulous array of national and international talent including:

- Professor Gavin Andrews: A Guide to Treatments that are Cost-Effective
- Professor Kim Halford: Strength in Numbers: The Couple Relationship as a Resource in CBT
- Associate Professor Paula Barrett: Recent Advances in the Treatment and Prevention of Internalising Disorders in Youth
- Professor Steven Hayes: Acceptance and Commitment Therapy and the Third Wave of Behavioural and Cognitive Therapy
- Professor Adrian Wells: Metacognition in Anxiety Disorders

Social Events

The Opening Drinks at C restaurant heralded a convivial conference, a revolving restaurant with fabulous views of Perth. The Conference Dinner was particularly notable for the quantity and quality of dancing, all keynote speakers included with our American colleague producing a surprisingly accurate impersonation of Peter Garrett

Workshops: A Selection

Steven Hayes: Acceptance and Commitment Therapy Workshop

Attending Steve Hayes's two-day workshop on Acceptance and Commitment Therapy (ACT) was informative, stimulating, and at times personally challenging. It became apparent early on that the workshop was not just about ACT, but ACT in action due to its highly experiential nature.

Steve then briefly described the theoretical foundation underlying ACT, that is, Relational Frame Theory (RFT). At the simplest level, RFT is a complex psychological account of human language and cognition, and ACT views the origins of psychopathology to be based in these automatic language processes. The role of therapy then, is not to challenge the content of thoughts as is the case in CBT, but to bring the functions of language under a different contextual control (i.e., reduce the functional importance and literalness of language/cognitions), with the ultimate goal of ACT of achieving psychological flexibility.

In summary, the "ACT Question" gives a good indication of the essence of ACT:

"Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defence, as it is and not as it says it is, and do what works for you in this time and situation?"

Adrian Wells: Cognitive Therapy for Generalised Anxiety Disorder Workshop

One of the consistent findings from the CBT outcome literature is that GAD is generally harder to treat and has poorer outcomes than the other anxiety disorders. Adrian Wells' meta-cognitive focused approach to GAD argues that the traditional content focused CBT is simply not directed at the appropriate target in GAD.

Wells' model outlines three specific types of meta-cognition (meta-worry or Type II worry) that are important in GAD. These are beliefs about the uncontrollability of worry, beliefs about the danger of worrying and positive beliefs about the utility of worrying. He also outlined a clear and sensible sequence for treatment whereby negative beliefs re: uncontrollability and danger are targeted before moving onto positive meta-cognitive beliefs about worry.

Professor Wells also outlined some intriguing research into meta-cognitive models and treatments for other disorders. In particular he mentioned some very positive preliminary findings with PTSD, which we will wait to read with great interest (if a journal willing to publish them is found!)

Wayne Froggatt: Using Cognitive-Behavioural Strategies to Reduce Suicidal Ideation Workshop

This one-day workshop described a model of suicidality combining Ellis (REBT) and Beck's (CT) theories. The model presented a unified approach in the understanding of why individuals become suicidal and also incorporated key motivations for self-harm.

In turning from theory to practice, Wayne presented a comprehensive overview of risk management encompassing assessment, planning, and intervention. Including an Assessment checklist I've found extremely useful in my clinical practice since attending the workshop.

A range of cognitive behavioural techniques to manage and reduce suicidal and self harm behaviour were introduced during the workshop. These included time projection, benefits calculation, decatastrophising, double standard technique, replacement imagery, behavioural rehearsal, activity scheduling, thought diary, disputation and coping plans.

Compiled by Laura Smith, Lisa Saulsman & Louise Buck from the AACBT (WA) Committee

FIRST NOTICE

CALL FOR PAPERS

**REGISTRATION
OF INTEREST**



MELBOURNE 2005

**16TH-20TH APRIL, RYDGES HOTEL
AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY
28TH NATIONAL CONFERENCE**

Integration • Innovation • Inspiration

Keynote Speakers

Prof Mark J Williams University of Oxford - Mindfulness-Based Cognitive Therapy

Prof Nick Tarrrier University of Manchester - Innovations in CBT for Psychosis

Prof Mark Dadds University of Sydney - Innovations in Child and Youth CBT

Dr Amanda Baker University of Newcastle - Innovations in Comorbidity Treatment

As well as presentations by invited local speakers and an exciting social program

For general enquiries contact Dr Nicole Lee: nicole.lee@turningpoint.org.au or 0423 184 174

Call for Papers

The AACBT National Conference Organising Committee invites submissions of abstracts for papers, posters, symposia and workshops.

Abstracts should not exceed 250 words and are required by Friday 26th November 2004. All abstracts should be submitted as an email attachment in MS Word to:

Dr Leanne Hides, Scientific Convenor:
lhides@unimelb.edu.au (papers, posters, symposia)
Sussannah Tipping, Workshops Convenor:
s.tipping@pgrad.unimelb.edu.au (workshops)

Please include the following:

- Presentation title
- Authors (presenter underlined)
- Type of submission and stream if appropriate
- Contact details including title, full name, affiliation, full postal address, telephone, fax and email.

Conference abstracts will be published and presenters may also contribute an electronic version of their paper, which will be peer reviewed, to an ISBN-registered conference proceedings.

Major Streams

Integration and innovations in depression, anxiety, psychosis, eating disorders, comorbidity and other complex presentations, child and youth issues, including behavioural problems and mental health, educational settings and training, supervision & accreditation.

The AACBT welcomes submission of abstracts that fall outside these streams.

Registrations of Interest

Non-members of the AACBT can register their interest to receive registration information by emailing: nicole.lee@turningpoint.org.au with your name and mailing or email address.

Registration forms will be available on the AACBT website in September 2004.

Sponsorship

Opportunities for companies and organisations to become partners in the AACBT 28th National Conference are now available. Our trade stand and sponsorship packages will provide you with exposure to delegates from a range of disciplines including medicine, psychology, social work and nursing. Further information is available from Guy Doron: g.doron@pgrad.unimelb.edu.au.

The AACBT

The Australian Association for Cognitive and Behaviour Therapy is a multidisciplinary association for professionals with an interest in the application of the principles of behavioural and cognitive therapy to help alleviate difficulties experienced by individuals, families, organisations and groups in the community.

The AACBT is a national organisation with branches throughout Australia. Active links are maintained with International associations with similar aims.

**MINIMUM STANDARDS AND ACCREDITATION
SURVEY RESULTS
(Victorian State Branch)**

Thanks to all who participated and took the time to provide us with some interesting and valuable feedback.

Quantitative Data

The following results are based upon the responses of 52 participants.

Responses (% of the total responses)	No	Yes	D/K	N/A
1. Do you practise CBT?	5.8	94.2	0	
2. Would you describe yourself a Cognitive-Behaviour Therapist?	11.5	78.8	9.6	
3. Are you aware that the UK, USA and European countries have strict minimum standards to accredit Cognitive-Behaviour Therapists?	53.8	44.2	1.9	
4. Do you agree with the proposal to accredit therapists who state they practice CBT?	11.5	82.9	5.8	
5. Do you believe there will be benefits to practitioners if accreditation occurred?	7.7	82.7	9.6	
6. Is there a place for accrediting CBT practitioners to generate a referral list for GPs and the Better Outcomes for Mental Health Projects?	3.8	86.5	9.6	
7. If you are not currently a member, would you consider becoming one given accreditation of CBT?	7.7	1.9	0	90.4
8. Do you agree with the accreditation of CBT courses?	5.8	94.2	0	
9. Would you like to see CBT supervisors accredited?	9.6	90.4	0	
10. If AACBT established an accreditation standard, would you be confident that it could be effectively maintained and monitored?	25	34.6	40.4	

Qualitative Data

Due to the variety of responses and the effort people took to express their opinions we have included a good range.

5. Do you agree with the proposal to accredit therapists who state they practice CBT?

"I think (accreditation) is a really important issue and should be addressed. As a clinical psychologist I train e.g. physiotherapists and medical doctors in CBT techniques. An issue that always arises is where the boundary for expertise is. Often the learners seem to 'not know what they don't know'. They seem to think that technique equals principle. This may be my bias but I'm aware that when I discuss this issue it can be seen as a "turf" issue rather than an expertise issue. I try to separate these issues but it is still difficult. Having levels of expertise makes this issue explicit. Hopefully it will make other issues more explicit and thus ensure best practice for the client."

"How would you accredit practitioners who did Master of Psych courses many years ago and have kept up their skills by attending day courses etc since?"

"An accreditation may give me cause NOT to resign from this organisation with its support for academic "empirical" rather than practice experience embedded in structural theory."

6. Do you believe there will be benefits to practitioners if accreditation occurred?

"Only if they are psychologists who are members of the APS."

7. Is there a place for accrediting CBT practitioners to generate a referral list to GPs and the Better Outcomes for Mental Health Project?

"See this as especially important in the light of the Better Outcomes initiative".

"But in conjunction with the APS"

"The BOMH project is potentially earmarked to grow threefold in the next few years. To maintain the integrity of this Access to Allied Health Initiative can we also include an information package for GP's outlining CBT practitioner quality guidelines".

"Need to work with the APS. No need to duplicate such work"

9. Do you agree with the accreditation of CBT courses?

"Would be helpful in identifying which courses in CBT are worthwhile."

"Are the Level 1 and 11 Certificates in Cognitive Behaviour Therapy offered by the Centre for Cognitive Behaviour Therapy this year being considered as part of the accreditation process for CBT therapists? It would be good if a Certificate of Attendance to the AACBT Seminars was provided."

"I would like to think that courses of substance which have not previously been accredited would be recognised once their credentials are checked."

10. Would you like to see CBT supervisors accredited?

"A practitioner's desire for good supervision shouldn't be limited only to those supervisors who chose to be accredited by the AACBT. I think that if the supervisor is willing to fill out relevant paperwork as AACBT accredited eligible then it would be appropriate."

"If courses and practitioners are accredited, there should be no need to accredit supervisors through separate processes."

"I very strongly support any efforts to accredit CBT practitioners and supervisors."

"Better still, actively train up and disperse or network of supervisors..."

"Through the APS"

"I would be interested in obtaining supervision from an accredited CBT supervisor."

How might one become accredited? "

"Has this been addressed yet?"

11. If AACBT established an accreditation standard, would you be confident that it could be effectively maintained and monitored?

"I would be concerned that AACBT does not have the funding and the infrastructure to maintain and monitor accreditation standards – yet I think it is of utmost importance that AACBT is the body that is delegated this duty rather than the other possible alternatives."

"The challenge will be to determine the standards, and to achieve some uniformity. It will be a difficult and very political task, but well worthwhile."

"A big job requiring ongoing funding but an important and necessary step. Thanks to AACBT to have got is this far and hopefully to keep going all the way. You have my vote of confidence."

"Yes, but at what cost in terms of administration etc. The APS fees are very high simply because they have to travel the length and breadth of Australia doing this. Why not, get AACBT members of APS to lobby for a category in the APS accreditation of programmes whereby they accredit any speciality that University department claims, be it cognitive behavioural or psychodynamic or etc etc"

"AACBT would need to establish national registration and monitoring process to effectively maintain accreditation, but this is the direction the association should next take."

"This would depend on the system. The APS P.D. point system might be a model if minimum course standards and 'grandfather' clauses could be agreed."

"As confident as I am that other professional standard accreditation mechanisms are "effectively maintained and monitored"."

"It will be hard to work. Learn from UK where lack of supervision was/is their problem."

MINIMUM STANDARDS AND ACCREDITATION SURVEY RESULTS

Qualitative Data continued...

Other comments:

"There is a place for accreditation, but this list of accredited practitioners and our policies should be careful not to imply that such practitioners are the only appropriate practitioners to receive referrals or treat individuals. CBT is only one therapy that is research-based. Behaviour therapy, brief dynamic therapy, problem-solving therapy, family systems therapy, and interpersonal therapy all appear as either probably efficacious treatments or as well-established according to Chambless and Ollendick's criteria in their article (2001) Empirically supported psychological interventions: Controversies and evidence. Annual Review of Psychology. Pp 685-716. Further, for many of the CBT therapies seen as quite efficacious, it is still being established as to what are the mechanisms of action."

"Anecdotally, my CBT clients and I agree that it is changing how they think that made the difference. Yet, my interpersonal therapy clients and I agree that it is exploring their relationships that made the difference. Also what we as therapists know anecdotally cannot be trussed up as supporting empirical research. Anecdotally many individuals have been helped by therapies that don't have any evidence, such as exorcism."

"Even for CBT for depression the most widely researched area, research establishing the mechanisms of action is being refined and findings are still seen as controversial. In a therapy such as DBT, we are a long way off from establishing the cognitive process as being the important active ingredient. As a group of practitioners and as an accrediting body, we must be careful what we say now because it might come back to haunt us as other therapy types continue to gain research evidence... And they will."

"Further, the costing of this accreditation process is a concern. I think that the application cost would have to be fairly high to justify the work involved with checking credentials, reviewing courses, accrediting supervisors, etc."

"CBT gets a bad name due to those who say they practice CBT but who I would say only use CBT strategies in a piecemeal fashion."

"As a AACBT member for some years now I was alarmed at the survey regarding CBT accreditation that is in the latest issue of baseline. It is very pointed and specific and does not apply to me as a AACBT member..."

"This survey is poorly set out ...and limited in its scope as it only applies to those in clinical practice who primarily describe themselves as CBT therapists. It does not mention research nor applied behaviour analysis. Given that we train psychologists in the "scientist practitioner" model, the lack of relevance

to research is alarming, and given the usefulness of ABA, and the fact that many of our members have an interest in this area, this is also a surprising omission. Psychologists are also accredited in ABA in the USA."

"While I agree that accredited CBT courses would be a useful thing, so would accredited courses in other areas of psychological practice. There is a general need for such courses so that those who are already qualified can update and expand their knowledge base. This is most properly done through the APS, not the AACBT."

"As an academic member of AACBT with an interest in applied behaviour analysis, I see the thrust of this survey as indication that the AACBT wishes to turn down a path where it is only relevant to CBT clinicians. If this were to be the case I would have to wonder at the usefulness of my membership and would likely resign."

"I am a GP- can you cope with the concept that a 'therapist' may not be 'full-time' doing CBT but using it in other areas?"

"Would require external (government) funding to be done properly. Self-funding would cost participants out of the system."

"I don't think any intelligent therapist can claim that they just use CBT in therapy. Most of it is supportive and insight-orientated psychotherapy."

"Infra-structure to be successful would be too much and too expensive."

"The above responses are conditional on CBT quals or training being extensive and are the basis of accreditation not other academic qualifications. I.e., it is a standard that proudly stands alone."

"Local monitoring perhaps would provide effective standards eg., through APS peer supervision."

"CBT is in a state of flux and it is too early to write it in concrete. Note the tension between traditional CBT, mindfulness, and cognitive (meta) approaches."

"Any accreditation should also meet university standards and be recognised by other professional bodies"

"APS should provide accreditation of this in other areas of psychological practice. AACBT is not an organization for clinicians who practice CBT as implied by this survey. You are ignoring much of your membership and other roles AACBT plays. (See email to follow.)"

"Accreditation is difficult in Australia because of the diversity of training. Any scheme would need to be fair and realistically workable (What types of courses/workshops get accredited? How is the content and standard judged? How can state and regional differences in access to quality training be handled so as not to unfair, disadvantage some?)."

COMMITTEE MEMBER PROFILE

Lisa Wong, BSc, GradDipEdPsych Treasurer & Memberships Co-ordinator

Lisa is a Senior Research Assistant and Probationary Psychologist at ORYGEN Youth Health, University of Melbourne. She recently joined the Substance Use Research and Recovery Focused (SURRF) program and is involved in a study investigating an integrated pharmacological and psychological approach to young people with comorbid depression and substance abuse. Her previous role was as co-ordinator of the prolonged recovery subprogram of the Early Psychosis Prevention and Intervention Centre (EPPIC), ORYGEN Youth Health. She is also completing her supervision program with the Registration Board. Lisa joined the AACBT (Vic) executive committee in September 2003.

Monica O'Kelly – Committee Member

Monica commenced her career as a psychologist with the then called Mental Retardation Services in 1973. She returned to university in 1975. Over the following almost thirty years she has juggled motherhood with an MBSoc (Mother's Speech to Young Down's Syndrome Children) and a PhD

(Multirole Women: Work, Stress and Their Beliefs) as well as continuing her clinical practice and training in cognitive behaviour therapy at the Albert Ellis Institute in New York and the Beck Institute in Philadelphia. She has a busy private practice dedicated to the use of cognitive behaviour therapy. Her recent venture is to make high quality CBT training readily accessible.

Monica has a strong conviction that there is not sufficient emphasis in clinical training in evaluation in the clinical setting. Groups designs in university settings are not readily applicable to clinical practice. Nor can conclusions regarding efficacy transfer from university settings to clinical practice given the different contexts. The N=1 design is more applicable. Practitioners should be encouraged to use this design in their work, analyse their data with statistics for N=1 design and be encouraged to publish.

When not working Monica enjoys travelling, good food, live theatre and sailing, and breeds and show Soft Coated Wheaten Terriers. You can find out what she is doing in her private practice by visiting www.ccbt.com.au

COGNITIVE THERAPY WITH CHALLENGING CLIENTS

The Centre for Cognitive Behaviour Therapy is delighted to be sponsoring the visit to Australia of eminent therapist **DR JUDITH BECK**.



Judith Beck, Ph.D. is the Director of the Beck Institute for Cognitive Therapy and Research in Philadelphia, which she co-founded in 1994 with her father Aaron T. Beck, M.D. She also is Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania.



Dr Beck is a clinician, a teacher and a researcher. She has been involved in training and supervising cognitive therapists for the last 20 years. Research interests include studies of personality disorders, panic disorders, and bipolar disorder. She is co-author of *Cognitive Therapy of Personality Disorder* (Guilford, 2003), and has authored a basic text, *Cognitive Therapy: Basics and Beyond* (Guilford, 1995) which has been translated into 12 languages.

Dr Beck is an acclaimed speaker. Her common sense approach in workshops is characterised by pertinent clinical examples, role play therapy demonstrations and illustrative videos.

Workshop focus

This workshop focuses on helping the clients that we all find difficult. Judith S. Beck, Ph.D, and Aaron T. Beck, M.D., along with their colleagues have worked for many years developing specialised treatment strategies for challenging patients with difficult disorders. This workshop will address problems common to the range of difficult patients.

Dr Beck's teaching style is practical and engaging. She will cover cognitive conceptualisation with identification of characteristic dysfunctional beliefs, therapeutic alliance, counter-transference, goal setting, structuring the therapy setting, modifying automatic thoughts and images, enhancing homework compliance, identifying and modifying core beliefs and reducing self harming behaviour. Hands-on participation is encouraged with role-plays of difficult clients, imaginal exercises, videotapes, and discussion of conceptualisation worksheets.

Workshop Dates	Costs: (include GST)
Brisbane, 27th September 2004	Early bird registration up to 1st August 2004 \$275
Sydney, 29th September 2004	Registration after 1st August 2004 \$330
Melbourne, 1st October 2004	<i>For more information:</i> www.ccbt.com.au or 03 9882 4414

Professional Development & Training for AACBT(Vic)Members

LOCAL

9th August or 11th November
Relaxation and meditation
training
Tel: (03) 9886 0955
Email: tomi@tranx.org.au
Web: www.tranx.org.au

9th August or 11th November
Better Sleep: Help your clients to
understand and improve their
sleep.

Tel: (03) 9886 0955

Email: tomi@tranx.org.au

Web: www.tranx.org.au

**10th Aug, AACBT (Vic) Pub
Discussion. Dr Andrew Chanen:
Cognitive Analytic Therapy (CAT)
for Personality Disorders, Tel: 0423
184 174 Email:**

pd@psychsociety.com.au

Web: www.psychsociety.com.au/pd/pd_activities/default.asp

13th & 14th Aug, Interpersonal
Psychotherapy Workshops 2004:
Intensive workshop for
psychologists, overview of the
theory, structure and evidence
base for IPT.

Dr Prasuna Reddy MAPS, Melb Uni
Tel: (03) 8662 3300

16th – 17th Aug, Cannabis &
Mental Illness Conference, RMH
Web: www.mh.org.au/MentalHealth/MHTDU/Cannabis_conf.htm

24th – 25th Aug, Violent, Suicidal, &
Self-Harming Adolescents: A
Collaborative Solution-Oriented
Brief Family Therapy Approach.
Matthew Selekman MSW, LCSW
Tel: 1800 636 748

Web: www.writtenword.com.au

**17th Sept, AACBT(Vic) Masterclass:
A Series of Practical
Demonstrations of CBT in Action.
Speakers TBA, Swinburne
University Tel: 0423 184 174
Web:** www.aacbt.org

**19th Oct, AACBT (Vic) Pub
Discussion Dr. Grant Devilly:
Pseudoscience and Alphabet
Therapies Tel: 0423 184 174
Web:** www.aacbt.org

NATIONAL

20th – 21st August, Melbourne,
Psychotherapy and Counselling
Federation of Australia Conference
Web: www.pacfa.org.au

31st Aug – 3rd Sept, Gold Coast
The Mental Health Services 14TH
Annual Conference

Tel:(02) 9810 8700

Email:mailto:info@themhs.org. Web:

www.themhs.org

4th – 5th Sept, Brisbane. Society for
Psychotherapy Research,
Researching Individual Psychotherapy
Process: Family and Group Interaction
(07) 3365 5143 Email:

robertk@psychiatry.uq.edu.au

22nd- 24th September 2004, QLD 8th
Biennial Australasian Schizophrenia
Conference. Email:

asc2004@icms.com.au

Web:www.icms.com.au/asc2004

24th – 26th Sept, QLD. Addictions 2004,
Crossing Boundaries: Implications of
Advances in Basic Sciences for the
Management of Addiction

Tel: (07) 83774696

Web:www.addiction-conference.elsevier.com

29th September – 3rd October, Sydney:
39th APS Annual Conference. Tel: (03)
8662 3300

Email:conference@psychsociety.com.au

14th – 17th November, Fremantle
Beyond the Drug
APSA 2004 National Conference
Tel: (07) 3846 5858

Email: apsad@eventcorp.com.au

Web: www.apsadconference.com.au

2nd – 3rd Dec 2004, Perth. The
Australasian Society for Psychiatry
Research

Email:vmorgan@cyllene.uwa.edu.au

INTERNATIONAL

7th - 11th Sept, British and European
Association for Behavioural and
Cognitive Therapies Annual
Conference, Manchester, United
Kingdom

Web:<http://www.babcp.org.uk/>

15th Sept, Auckland, NZ. Promotion
of Mental Health and Prevention
of Mental and Behavioural
Disorders: The Third World
Conference

Web:www.mentalhealth.org.nz

19th – 22nd Sept, Qld
15th International Congress on
Child Abuse and Neglect

Tel: (07) 3844 1138

Email:ispcan2004@icms.com.au.

Web:www.congress2004.com

28th Sept – 1st Oct, Vancouver,
Canada. 4th International
Conference on Early Psychosis Tel:
(03) 9342 2837

Email:secretariat@iepa.org.au

Web:www.venuewest.com/2004/iepa/