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Report from the 9th International Congress of Cognitive Psychotherapy, Cluj-Napoca, 28.06.–01.07.2017

The 9th International Congress of Cognitive Psychotherapy was held in Cluj-Napoca, Romania, at the end of June and the beginning of July (http://www.iccp2017. org/). 550 participants from 42 countries took part in this year's Congress under the heading *Toward integrative CBT: implications for science and practice*.

One of the main concerns of multiple lectures, symposia, poster sessions, debates and workshops was to address the cohesion and integrity of CBT rationale. CBT embraces several therapeutic approaches, from cognitive therapy, trough rational-emotive therapy to numerous 3rd wave approaches. All of them were represented at the Congress by worldwide known researchers and clinicians such as Judith Beck, Stefan Hofmann, Robert Leahy, Steve Hayes, and many others.

Two tendencies were apparent among the presented research. First, the focus on the factors determining CBT efficiency and on the transdiagnostic processes. In this context, Edward Watkins presented a keynote and a workshop on the rumination and recently developed rumination-focused CBT, not only for mood disorders but also for anxiety disorders, eating disorders or addictions, as well as in the transdiagnostic perspective. New technologies and their role in modern CBT in both, clinical and research perspective, were the second leitmotif of the Congress. The use of new technologies gives clinicians several opportunities, but it also raises technical or ethical challenges and questions. Gerhard Anderson presented his almost 20-year clinical and research experience of blending internet and classic CBT in Sweden.

Moreover, the research presented at the Congress were also focused on the use of video games, mobile applications or virtual reality for clinical purposes. From the Polish perspective, it seems interesting to quote a research by Madalina Scula investigating the causes of using (or not using) psychological health mobile apps in Romania. According to the results, a serious break in the use of this kind of CBT support is the limited access to the apps in Romanian comparing to English-speaking countries; one can hypothesize that Polish clinicians are facing similar obstacles. An important concern raised during the Congress was also how to test the new technologies solutions for clinical practice following the CBT evaluation gold standard – the randomized control trial.

A crucial outcome of the Congress is a declaration signed by IACP president Stefan Hofmann and this year's Congress chairman Daniel Davis. The declaration quotes the key elements for the further CBT development: (1) defining coherent theoretical framework; (2) transferring this cohesion to CBT training, so that the transferred content coincides with evidence-based TBP practices and does not differ depending on the

place of the training and its main approach; (3) binding various CBT approaches to improve the rationale of treatment and prevention of mental disorders; (4) promoting the integration between cognitive psychopathology and other related research fields, like biology or neuroscience, but also areas related to new technologies; (5) supporting the integrative and multimodal CBT as an evidence-based discipline. This concise declaration seems to be an ideal resume of the Congress itself, but also of the further directions in CBT research and clinical practice in the very near future.

Monika Kornacka

ICACS, University of Social Sciences and Humanities PSITEC Lab, University of Lille