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new!

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Clinical Forum

Obesity and the Challenge of Long-Term Weight Loss: The Role of Continuing Care and Self-Help

Janet D. Latner, *University of Hawaii*

The global increase in obesity has reached epidemic proportions, with over two thirds of the U.S. population currently overweight or obese (Hedley et al., 2004). Because of its adverse effects on health and quality of life, obesity has led many individuals to seek treatment for weight loss. The most widely researched nonmedical treatment for obesity is behavior therapy, the foundation of weight-loss treatment across many settings (Lundgren, 2006).

Behavior therapy teaches skills such as self-monitoring of food and physical activity, stimulus control, goal setting, and problem solving to assist people in restricting energy intake and increasing activity. The behavior changes resulting from these skills promote the expenditure of more calories than are consumed, an imbalance necessary for any weight loss. Behavioral treatment for obesity also typically includes a component of cognitive restructuring to challenge dysfunctional beliefs that may be interfering with weight loss, such as thoughts that weight control efforts are not paying off (Fabricatore, 2007).

Behavioral treatment typically produces losses between 5% and 10% of initial weight in 16 to 26 weeks (Wadden, Butryn, & Bryne, 2004). A recent meta-analysis demonstrated that weight loss programs using group or individual counseling (or both) led participants to lose 6% of their body weight after 1 year (Dansinger, Tatsioni, Wong, Chung, & Balk, 2007). Weight

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Announcing the Launch of ABCT's

CE/CME Calendar

In an effort to help ABCT members find and announce these types of events and opportunities outside the convention format, ABCT is pleased to announce the launch of the ABCT CE/CME Calendar. This Calendar will allow ABCT members to identify educational opportunities providing CE and CME credit that are given by fellow ABCT members.

To see the calendar, go to www.abct.org and click on **"New! ABCT Launches CE/CME Calendar."** You can view events by clicking on **"View Calendar."** To post an event, you will need your ABCT member ID, along with the information about the event. Currently, the Calendar is limited to postings by members who are either a primary or participating presenter in the event. Once submitted, the event will be screened by members of the CE Committee. If you are organizing or a part of a CE/CME opportunity that you think might be of interest to members of ABCT, please post that opportunity on our CE Calendar. A more detailed, instructional article will follow in the October issue of *tBT*.

INSTRUCTIONS *for* AUTHORS

The Association for Behavioral and Cognitive Therapies publishes *the Behavior Therapist* as a service to its membership. Eight issues are published annually. The purpose is to provide a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.

- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
- Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

Submissions must be accompanied by a Copyright Transfer Form (a form is printed on p. 24 of the January 2008 issue of *tBT*, or contact the ABCT central office): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Submissions via e-mail are preferred and should be sent to the editor at **drewa@albany.edu**. Please include the phrase ***tBT submission*** in the subject line of your e-mail. Include the first author's e-mail address on the cover page of the manuscript attachment. By conventional mail, please send manuscripts to:

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losses of this size are associated with improvements in several key risk factors for cardiovascular disease and diabetes, such as blood pressure, glucose, and cholesterol levels. However, most participants ultimately regain the weight lost in treatment. Dansinger and colleagues found that across studies, participants regained half of their lost weight after 3 years and all of their lost weight after 5 1/2 years.

Why is weight loss so difficult to maintain? Environmental, physiological, and psychological forces pressure us to defend and increase our body weight. The toxic food environment pressures individuals to consume readily available, cheap, palatable, and high-fat foods (Brownell & Horgen, 2004). Physiological pressures to regain weight may include reductions in resting energy and leptin and increases in the gut peptide ghrelin (Wadden et al., 2004). Psychological factors may also increase weight regain, such as the decreased perception over time that the rewards of weight loss outweigh its costs (Jeffery, Kelly, Rothman, Sherwood, & Boutelle, 2004). These forces make it extremely difficult to prevent weight regain once treatment has ended.

Nevertheless, it is still possible to forestall weight regain. Weight maintenance requires lifelong effort at resisting the forces that promote weight regain. However, individuals are not usually armed with sufficient incentive, support, or skills to continue using techniques necessary for maintenance after they are no longer involved in a structured program. A possible antidote to this problem is the provision of long-term or continuing treatment. Maintenance therapy consistently improves long-term weight loss success (Milsom, Perri, & Rejeski, 2007).

Although examples of continuing care treatments for obesity are rare, treatment programs that have offered long-term continuing care have demonstrated long-term weight losses. For example, a Swedish treatment provided behavior therapy plus a very-low-calorie diet in a 6-week in-hospital program, followed by 4 years of continuing weekly maintenance meetings. Participants maintained weight losses of 12.6 kg, even after 4 years (Bjorvell & Rossner, 1985). Another treatment program in Germany provided monthly behavior therapy sessions and energy-controlled meal replacements over 4 years. It produced weight losses of 9.5 kg maintained after 4 years (Flechtner-Mors, Ditschuneit, Johnson, Suchard, & Adler, 2000). Both of these European treatment programs were professionally administered, time-intensive, and costly.

The high prevalence of obesity makes it impossible for our health care system to provide continuing care to all of those in need. The extent of the obesity epidemic and the lack of resources for professional long-term treatment for most obese individuals suggest that the only financially feasible way to administer continuing care is through self-help. Resources can be expanded exponentially by turning helpees into helpers. Fortunately, the principles of behavior therapy for obesity are easily disseminated to paraprofessionals or nonprofessionals alike. Techniques such as self-monitoring and developing strategies to delay and better control eating and activity are relatively simple to teach.

Therefore, self-help treatment holds the promise of easier dissemination. In addition, consumers may view self-help as more acceptable and less stigmatizing than professionally administered treatment. Many obese individuals report having experienced stigmatization by professionals in medical settings (Puhl & Brownell, 2006). Treatment seekers may prefer to avoid stigma and receive care from supportive and accepting peers, or anonymously through self-help books. Indeed, the popularity of self-help programs providing behavior therapy for weight control is indicated by the success of commercial organizations such as Weight Watchers and by the proliferating selection of bestselling self-help books. Self-help treatment can also be applied earlier in the development of a problem than traditional professional treatments. Individuals may be willing to use a book or peer group to make lifestyle changes when they are still in the overweight range (body mass index [BMI; kg/m2] between 25 and 30) but may not be eligible for professional intervention because they have not yet become technically obese (BMI $\geq$ 30). Thus, nonprofessional interventions and self-help may have a greater potential to help prevent obesity. There may also be specific psychological benefits to giving and receiving self-help, such as improved self-efficacy.

Despite a growing level of research support for self-help programs across a number of psychological and health-related problems (see Den Boer, Wiersma, & Van Den Bosch, 2004, for a review), the amount of research conducted on group self-help programs is still limited. However, research on the effectiveness of self-help groups for obesity is important given the practical advantages of group treatment, its popularity, and its demonstrated efficacy in professional settings. Evidence also suggests that group treatment may produce superior weight loss outcomes to individual care (Renjilian et al., 2001). Group self-help may provide an opportune venue for the provision of continuing care for chronic problems such as obesity.

Although controlled studies of group self-help for obesity are needed, program evaluations of a lay-directed self-help group that provides continuing care have shown encouraging results. The Trevose Behavior Modification Program offers members weekly group meetings focused on behavior modification and social support; it is volunteer run and charges no fees. Members who remained in the program (47% at 2 years and 22% at 5 years) had lost 19% (18 kg) of their initial weight at 2 years and 17% (16 kg) at 5 years (Latner et al., 2000); intent-to-treat analyses (including dropouts) demonstrated weight losses of 4.7% (4.5 kg). Similar results have been found across several different settings (Latner, Wilson, Stunkard, & Jackson, 2002) and across different populations, including participants with frequent binge eating (Delinsky, Latner, & Wilson, 2006). The relative simplicity of teaching behavior modification strategies is demonstrated by the Trevose program's use of memorable catch phrases for basic treatment principles (e.g., for self-monitoring: "No sheet, no eat!"). Participants reported that the most helpful and effective aspects of this treatment were the provision of continuing care and group support (Latner, Stunkard, Wilson, & Jackson, 2006).

Obesity, like diabetes or hypertension, is increasingly viewed as a chronic disease requiring continuing care. Continuing supportive treatment may be needed to permanently prevent relapse. Therefore, we need to take seriously and conduct further research on lower intensity self-help treatments for providing long-term care to the many consumers in need.

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Teaching Forum

From the Mouths of Freshmen: Using Qualitative Student Feedback to Improve Teaching Effectiveness

Matthew E. Goldfine, Kimberly P. Foley, and Cheryl B. McNeil, *West Virginia University*

As beginning instructors, one of our most anxiety-provoking moments was receiving formal feedback from our class. What would the students think of us? Did our hard work and effort make a difference in their lives? However, these questions soon disappeared under the weight of the hundreds of evaluations received. Even for the most conscientious instructor, the task of organizing and—*gasp*—actually learning something from these evaluations is nearly impossible given our substantial time constraints. As an aid to instructors, we have condensed over 500 anonymous, qualitative student evaluations, collected as part of four introductory psychology classes between the 2004–2006 academic years.

Formal student evaluations are a commonly employed practice nationwide (Hobson & Talbot, 2001) and are conducted for all psychology courses at West Virginia University prior to the conclusion of each semester. We chose to focus on the free response inquiries that allowed students to comment on the positive and negative aspects of their instructor's teaching style and course in general. From these items, we have recorded the most frequent points of student feedback regarding desired teaching qualities. While this is an admittedly informal approach, written student comments are a source of insightful and detailed feedback (Center for Teaching and Learning, 1997) and maintain the fidelity of students' perspective on their psychology instructors. Through closely examining student feedback, we have found a number of common themes that consistently arise. While we do not expect our findings to necessarily apply to all instructors—after all, instructors and students are a diverse group—we have personally found success in embracing the following six points of advice.

Don't Be Afraid to Have Fun

"This is the only class that I don't mind coming to, am interested in, and don't sleep through." As much as we would like to portray our students as studious, motivated, and autonomous, it is more often the case that they require additional incentives to consistently attend class. Short of offering $20 bills to students, one of the most effective techniques may be the promotion of a fun environment. While it cannot be forgotten that students ultimately attend class in order to learn, a dry, monotonous lecture will not encourage student turnout. Students communicate through their attendance. If class is enjoyable and engaging (while still being educational, of course), students will make an effort to attend. If you currently preside over an empty lecture hall, you may need to reevaluate your teaching style. Without an audience, a teacher cannot perform his or her job effectively. We realized this advice the hard way during our first semester teaching. We would spend the bulk of our efforts trying to cram endless facts into our lecture, rather than making the material interesting. But it seemed that

the wealth of information was going to waste as we weren't getting through to our students. So how does one maintain the balance between instruction and amusement? Most would like to be engaging and stimulating instructors, able to entertain and educate simultaneously, but it can seem to be an impossible undertaking. From the mouths of the students themselves, they recommend to "Show that you love what you're doing," "Always be enthusiastic," "Be in a good mood," "Have a positive attitude," and simply enough, "Make class fun." With exception to the frequent use of examples within the lecture, which we'll discuss later, students report being most satisfied in class if they perceive their instructor is enjoying him- or herself during class. I'm sure we all can remember a teacher who would speak passionately about even the most mundane topics and how much interest was generated as a result. We find that little changes, such as smiling, relaxing, and taking pleasure in the activity of teaching, make big differences to college students. If instructors present the impression that they do not want to be in class, the students will likely follow suit in their behavior.

Examples, Examples, Examples

"Explain the material in many different ways." By far, the most frequent point of feedback discussed the instructor's use of examples. The overwhelming majority of students claimed that their classroom experience benefited from the use of examples to explain complex topics. Others even noted that examples held their attention and helped improve overall class focus. We believe that explaining a definition, concept, or thought in a simpler and clearer manner assists the students to better understand the material. More specific advice—straight from the students' mouths—is to utilize examples from "[Television] shows and movies that we can relate to" and "Real life events and college situations." While we find that any example is a good example, we admit that it can be daunting to integrate youth culture into our lectures. However, regardless of age discrepancies, you may find that the interests of instructors and students may be more similar than first thought, including music, art, current events, and sports. Another suggestion is to use topics relevant for young adults, such as personal exploration, relationships, and roommates, to explain psychology concepts. The class may even get a kick out of hearing stories from when you were in college. Instructors worried about integrating such content should recognize that the most important facet of using examples isn't necessarily the contemporary content, but rather a clever method of conveying the material. "With every slide [should] come a great example . . . it is easier to remember."

Slow Down

We admit that all of this talk about having fun and entertaining the class may make some wonder exactly what kind of instructors we are. While much of our advice deals with becoming a more dynamic instructor, we now shift to an equally important aspect of our job—actually teaching the class. We realize that there is an intense pressure when trying to communicate volumes of material within a limited time frame. The all-too-familiar feeling that every second of class time must be utilized to the fullest has led us to rush through many lectures. However, our student feedback frequently noted that progressing too quickly through a lecture is actually quite detrimental. Think about all that students have to do during a busy class period—copying down notes, attending to the lecture, participating, and critically thinking about the material. "Don't switch the [PowerPoint] slides so quickly so students can finish writing," "Give more time to copy notes," and "Slow down a bit." We were surprised to find that students weren't complaining about the quantity of lecture notes but their ability to take it all in. Selecting the most important topics and focusing on them may be a better alternative than planning to go over each detail. If the density of the class material is too great, students have suggested distributing or electronically posting the class notes before class. Posting a skeleton of the lecture material lets students concentrate on the content and your verbal additions rather than frantically taking notes. We agree that such a practice may covertly encourage students to skip class, but this can be averted through the use of graded in-class activities or by adding lecture material not included in the posted notes.

Furthermore, allow yourself and the class short breaks during lectures. As most class periods range from 45 to 90 minutes, it is understandable that few students (and, we'll admit, teachers) can sustain their full attention and energy level for an entire class period. While incorporating nap time in class is taking our recommendation a bit too far, presenting audio/visual clips which relate to lecture material can serve as such a break. "Incorporate movie and television show clips . . . it's a nice break from taking notes." Not only does this allow the class to relax a bit, but by varying teaching methods, students may actually learn during this "break" period, especially if you choose video examples that enhance lecture material. Humor, entertainment, and contemporary relevance are always encouraged. As one student describes, having a break each class "makes us laugh and understand at the same time . . . I enjoy coming to class."

More than Memorization

"I like the way you tell us how to remember things, because it always works." Thinking back to our experiences as students, with the countless lectures and pages of notes, how much is still remembered over the years? Most likely it's embarrassingly little. Try to keep in mind how you can assist students to not just do well on an upcoming exam, but retain the information over a long period of time. Some effective ways to accomplish this are to utilize "variation in [teaching] tactics used—movie clips, PowerPoint, writing on board, impromptu questions," and "good visuals." Varying our presentation style appears to be the common factor in our students' long-term recall of the information. Students especially preferred the use of analogies or other creative ways to recall facts as learning strategies. Mnemonic devices were also a big hit for memorizing a series of steps or list of items. Other student recommendations for improving recall overlap with their desire for the use of examples and include, "Incorporating things that interest us into lecture" and "Using humor." Again, student feedback supports that a creative and informative lecture will be more enjoyable and effective in promoting the retention of complex information.

Test Review

It's no surprise that students prefer a review of a chapter's main points prior to an exam. It felt repetitive reviewing the material so soon after it was initially presented, but our student feedback reported that it helped them better understand the material and provided a structured study plan. "Give [us] a study guide before each test and a little review. It's very helpful." Innovative techniques such as "Psychology Jeopardy" or "Who Wants to Be a Millionaire?" (including polling the "audience" and narrowing down the answers to two) can help playfully present the material and spice up a monotonous review. Students noted enjoying our integration of "exam-like questions

during lecture." We didn't realize this our first time around, but a wonderful learning opportunity was right under our noses that we overlooked—discussing an exam after it's over: "[After the exam], review test questions that were mostly missed." By revisiting an exam, students are given a rare opportunity to better understand their mistakes and, in turn, improve overall test-taking abilities.

Be Available to Students and Open to Feedback

One of the most pleasant surprises on the evaluations was student praise for simple, seemingly minor behaviors that are too often overlooked by instructors. "Being available during office hours" and "Responding promptly to emails" are some of the reasonable requests that all instructors should strive to fulfill. Considering the frequency of this feedback, these actions are not inconsequential and make a difference in the overall learning experience. Students noted that in many of their classes, these behaviors were not consistently the norm. We doubt that instructors are maliciously overlooking these tasks, but think about the message it sends to a student when you do not arrive during an office hour appointment or remember to follow up on a question asked in class. If you demonstrate that the students' concerns are important, by responding quickly to an email or providing quality one-on-one interactions, the students are more likely to behave in a similarly respectful manner.

Setting a good example can go beyond conscientiousness. Students report approval over an instructor's eagerness to consistently improve and adapt his or her teaching style. "Be open-minded and willing to change to better help us learn," and "Frequently ask for feedback . . . this shows you care about how much we learn." We would take a few minutes every couple of weeks to informally gauge student concerns, and it increased overall student satisfaction. Such a procedure also sets a good example for students to seek out and improve as a result of critical feedback. The last requests are likely self-explanatory. "Go over material again if it's misunderstood," "Have a mastery of all subjects taught," and "Speak clearly and slowly. It makes it easier to understand." It was interesting that students viewed these seemingly minor behaviors as a measure of instructor commitment to student welfare.

General Conclusions

The process of surveying students in order to determine the qualities of effective instructors has been put to use for a number of years. Despite the cultural changes that occur over time, many of these components remain the same. Hildebrand (1973) found that creative use of examples and enthusiasm were frequently cited as preferred instructor attributes—even 35 years ago. In more recent studies (Onwuegbuzie et al., 2007; Sheehan & DuPrey, 1999), instructor enthusiasm and sustaining student interest in the lecture remain effective teaching tools, but instructor availability and preparation, along with clarity of speech, fair testing, and ethical behavior (among others), arise as new characteristics desired by contemporary students. Distinctive to our findings is that slowing down, reviewing for exams, and responsiveness to student feedback are also frequently cited indices of successful teaching. So what do these results mean? For one, today's psychology student is likely unique from those in other fields. While nearly all college students respond well to an engaging and memorable instructor, psychology students tend to emphasize lecture delivery techniques. In other words, how you transmit the material—pace, style, technique—often determines if a student will enjoy class and learn as a result.

As educators, we are forced to fulfill multiple roles as a leader, instructor, entertainer, and motivator. Focusing on the academic aspect of our job, such as completing the necessary curriculum, organizing class efficiently, and presenting the required material, is only a fraction of our responsibility. Consider the last time you received student evaluations. As they are typically conducted toward the end of the semester, this feedback is not received until weeks, if not months, afterward. By this time, your focus has switched to your latest class, grant, or other vital task. Why do we seek important feedback too late to actually incorporate it? Instead, try surveying the class the very first day. Ask what they liked and disliked about previous classes and how you can help them be successful students. The key is to incorporate student comments into teaching techniques and classroom presentations. As one student reported, "By frequently asking for feedback on how to improve his teaching, his teaching ability has gotten better, which shows he cares."

Curiously, only minimal feedback was provided on the content of the course as students focused most on the teaching meth-

ods utilized. Most students critically evaluated the teaching techniques of their instructor. To the students, these characteristics are what shape the learning process. Successful instructors are able to merge the personal and professional into a coherent and engaging lecture. In other words, they convey the necessary material in a way that educates while simultaneously holding the students' attention. Personal aspects such as creativity and innovation assist students in learning the material while increasing class attendance and participation. Additionally, students will likely enjoy class more and subsequently attend class more frequently. Other teaching qualities that students appreciate are the frequent use of examples, conducting lectures at a reasonable pace, and demonstrating that you care about the students' well-being. Teaching is a unique profession in which personal attributes can mean the difference between the success and failure of others. Along with an openness to change, the information obtained from teaching evaluations can promote an ideal learning environment as well as make a meaningful difference in the lives of students.

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Dr. Jonathan Grayson Appears on *Oprah*

Christopher Campbell and David DiLillo, *University of Nebraska, Lincoln*

Jonathan Grayson, Ph.D., Co-Director of the Anxiety and Agoraphobia Treatment Center in Pennsylvania and ABCT member, appeared on the May 21, 2008, edition of CBS's *Oprah Winfrey Show* to discuss obsessive-compulsive disorder (OCD). As noted on the show, an estimated 10 million Americans (1 in 40 individuals) experience OCD symptomatology. In the segment, Oprah's "Dr. Oz" (Mehmet C. Oz, M.D., a cardiothoracic surgeon who frequently appears on the show) joined Dr. Grayson, along with six individuals currently experiencing significant OCD symptoms, to participate in a 72-hour intensive group therapy or "OCD Boot Camp." Throughout the show, Dr. Grayson advocated the use of exposure and response prevention therapy for anyone struggling with OCD, stating that, "If somebody's going to get treatment for OCD, if the person they're going to does not say those words, that's a problem." He also added that both "the American Psychiatric Association and the American Psychological Association recommend this as the prime treatment for OCD." Example exposures during "camp," which were also performed by Dr. Oz and Dr. Grayson, included group hugs, stomping on bed linens and towels with dirty feet, and eating pizza together without washing beforehand.

Prior to treatment, one of the clients featured on the show (Brian) had contamination fears, which involved using his right hand for everything while keeping his left hand in his pocket to protect it from germs. He was terrified of using the bathroom in his house and kept the bathroom door closed to avoid looking at his toilet; he even urinated outside. Brian's contamination exposures involved wiping his hands on a dirty floor, a toilet seat, and the inside of an alley trash receptacle, touching his body (e.g., clothes, face, hair), and later licking his fingers.

While Brian's treatment may seem severe, Dr. Grayson emphasized that facing one's fears never means forcing clients to do something they are not prepared to do. Dr. Grayson commented that the disgusting tasks are "truly not a big deal," and that there are numerous examples in which people without OCD do similar things, such as putting a pen that has been on the floor in their mouth. According to Dr. Grayson, "The art of therapy is talking [clients] into it and helping convince them and support them." During the course of treatment, he reminds clients that obsessive-compulsive rituals, such as Brian's elaborate behaviors to avoid contamination, are not effective and do not protect them from the things they fear (e.g., germs). He convinces clients that facing their fears is better than living with them and the associated impairment.

Finally, Dr. Grayson cautioned against erroneous beliefs by viewers that OCD can be completely cured in 3 days of intensive therapy. He reminded the audience that there is no simple, quick fix for OCD. Rather, individuals must continually face their fears for years to come. An article based on Dr. Grayson's appearance on Oprah, including Brian's successful treatment, can be viewed at: www.oprah.com.

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We at *the Behavior Therapist* want to hear about noteworthy achievements and media appearances of ABCT members. If you or a colleague have been recognized for your contributions to your organization, community, or the field, or have appeared in the newspaper, on the radio, or on television, please let us know! Please forward your accomplishments to *tBT*'s Editorial Assistant, Melissa Them, Ph.D.: **themm@union.edu**

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$33.95 (download)

Reviewed by LeeAnn Cardaciotto, *La Salle University*

Since the introduction of progressive muscle relaxation by Jacobsen (1925, 1938), many methods have been developed to reduce stress and increase relaxation. However, not all individuals have access to stress-reduction programs, and some may feel uncomfortable seeking therapy for stress management. Stress-reduction tapes are a cost-effective alternative to formalized treatment that can be made available to a large number of people. When conducting an Internet search, though, one finds an overwhelming number of options. Therefore, having an empirically based, effective set of recordings to recommend to clients for stress reduction and relaxation would be quite useful.

Structure of the Program

The FAST Technique for Stress Relief is a seven-part program divided across two discs, and appears to combine elements of traditional relaxation techniques and hypnosis. The Basic CD contains three tracks: *Introducing Relaxation* (27 minutes, 41 seconds), *Applying Relaxation* (23:31), and *Enjoying Relaxation* (20:27). The first two tracks contain a description of the FAST program and instructions for how to engage in the relaxation exercises, including ways of adapting the program to fit one's preferences. All tracks on this disc focus on three basic techniques: "Block Breathing," a variant of diaphragmatic breathing; "Tense-and-Release," a modified version of progressive muscle relaxation; and visual imagery exercises. During some of these exercises, the listener is instructed to repeat "I am relaxed"; as per the audio-recording, this will "solidify the connection with this serene state."

The Advanced CD contains four tracks, all of which begin with the exercises from the Basic CD. The first two tracks of this

disc, *Enhancing Relaxation* (27:24) and *Building Confidence* (18:59), introduce additional relaxation exercises, whereas the last two tracks, *Affirming Confidence* (12:25) and *Projecting Confidence* (11:48) contain abbreviated versions of these new exercises. The author indicates that the goal of the shortened tracks is to increase the likelihood that listeners practice and use the exercises during their day (e.g., during a coffee break). During the first relaxation introduced on this disc, "Autogenic Relaxation" (i.e., autogenic training), a specified relaxation response is elicited through self-suggestion (Stetter & Kupper, 2002). For example, listeners are instructed to turn their attention to their heartbeat and repeat, "My heartbeat is steady and calm" three times. The next exercise, "Stress-Reducing Affirmations," involves repeating twice a series of statements such as, "I feel safe," "I feel secure," and "I feel comfortable," and stringing them together into a single statement, which is also repeated twice. During "Image Rehearsal," the listener begins by envisioning a specific situation while repeating the phrase, "I am relaxed," and then imagines him- or herself mastering that situation. The last exercise introduced on this disc is called "Guided Imagery," leading the listener through a story that minimizes a specific negative memory and enhances a positive memory.

Strengths and Limitations

The FAST Technique for Stress Relief program has some positive qualities and may be a unique alternative to traditional relaxation methods. For example, the background sounds of ocean surf and acoustic guitar are pleasant, and a citation provided by the author showed that listeners in his study preferred relaxation exercises that had accompanying sounds (Nathan, Nathan, Vigen, & Wellborn, 1981). The exercises are portable, and the CDs provide instruction for ways to generalize and apply what is learned to everyday life. There also may be advantages to using a series of tracks in a single program, rather than a mixture of unrelated relaxation exercises. In the FAST program, each track builds upon the other, increasing the amount each exercise is practiced and reinforcing what was previously learned. Further, throughout the seven tracks, the author often encourages the listener to be aware of his/her experience, and increased mindful awareness has been linked to several indices of well-being (e.g., Brown & Ryan, 2003).

The paramount concern about the FAST program is that it may be overstating its effectiveness. At the conclusion of each track, the listener is instructed to visit www.upwardpress.com for more information, which states:

> Discover this new, powerful way to improve your health and your self-confidence. Imagine if you could feel relaxed anywhere and anytime. You would overcome your fears, be more successful and feel less depressed. You would become more attractive, control your anger and enrich your relationships. Now you can! You've heard of timed-release medications. The breakthrough FAST Technique™ helps you get the same kind of relief from stress throughout even your busiest day. This is drug-free stress relief at its best!

The website contains testimonials by health care professionals and lay persons, but no outcome data are provided. Further, the FAST program acronym is defined as, "**F**acilitated **A**wareness **S**timulus **T**raining which incorporates cue-controlled relaxation with a 'time-release' stimulus to encourage the use of brief relaxation techniques throughout the day" (www.partnersinrhyme.com/wmcstore/WMCshop.cgi?action=dbview&id=EA23). Not only does the acronym "FAST" have implications about the rate by which one might become relaxed, but the use of scientific jargon in the program's description may mislead consumers to believe the program is effective when its methods have not yet been tested.

Although data were not provided about the FAST program's overall efficacy, parts of the program appear to be based on psychological science. For example, "Block Breathing" is similar to breathing retraining, which is used in empirically supported treatment manuals (e.g., Foa, Hembree, & Rothbaum, 2007). "Tense-and-Release" is a variant of progressive muscle relaxation (Jacobsen, 1925, 1938). A recent meta-analysis examining autogenic training showed medium to large clinical main effects that exceeded placebo effects, suggesting that it is as effective as other methods in inducing relaxation (Stetter & Kupper, 2002). The FAST program also promotes the use of mental rehearsal, which has been associated with improved self-efficacy (Marlatt & Gordon, 1985).

In conclusion, the FAST program falls prey to some of the problems identified with self-help methods (Redding, Herbert, Forman, & Gaudiano, in press; Rosen, 1987). Most importantly, its effectiveness has not been tested, and therefore claims about the benefits it yields may be inaccurate. Despite these problems, the FAST program has the potential to be a useful resource for therapists seeking new audio-recorded relaxation exercises for their clients. For those interested, a 6-minute sound clip can be previewed on www.relaxfastforfree.com. If the FAST program is used as an adjunct to therapy, steps should be taken to address the program's limitations. For example, the therapist should articulate reasonable expectations about the benefits that may occur. Further, providing psychoeducation and a rationale for the program's methods may improve compliance, demystify the exercises, and decrease reliance on the audio-recordings.

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Web Corner

A New ABCT Website Is Coming!

Mitch Prinstein, *ABCT Web Editor*

ABCT is a unique association in its commitment to evidence-based, behavioral and cognitive approaches to assessment and treatment. This offers a very important opportunity to educate health care professionals and the general public about cognitive/behavioral therapies, and, hopefully, to change the practice landscape. Accordingly, a major goal of ABCT is to revise its website to serve as a resource for not only its current and potential members, but also for health care professionals and the public more broadly.

This website revision is now well under way thanks to the incredible help of several folks in the ABCT central office, including David Teisler, M. J. Eimer, Stephanie Schwartz, and webmaster Leonid Shiriaev. We have also assembled a hard-working team of Associate Editors whose expertise reflects several of the emphases of ABCT. Our Web Associate Editors include Esteban Cardemil (Clark University), Kristi Gordon (University of Tennessee, Knoxville), and Bunmi Olatunji (Vanderbilt University). The Website Committee also includes John Guerry, a student member from University of North Carolina at Chapel Hill.

Please check the "Web Corner" in each issue of *tBT*: We will announce new features to the website and updated postings of resources that are available to you. Also, please be on the lookout for emails from the Web Committee asking for you to join our team of Consulting Editors by writing brief articles for the website or guidelines and suggestions to our expanding web audience.

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At ABCT

Orlando 2008: "Are We There Yet?"

Deborah C. Beidel, *Chair, Local Arrangements Committee*, Joe Raiker, and Theresa Trombly, *University of Central Florida*

This year, ABCT's Annual Convention will be in Orlando, Florida. One of the United States' premier vacation destinations, Orlando is home to three major (and often overwhelming) theme parks: Walt Disney World, Seaworld, and Universal Studios. However, there is more to Orlando than roller coasters and rodents wearing white gloves. There are numerous championship golf courses, wonderful gourmet restaurants, the fastest growing university in the country (University of Central Florida), and the NBA's Orlando Magic. Only a short drive to beautiful Cocoa Beach and the Kennedy Space Center, Orlando offers its visitors a variety of activities, no matter how you define the word "fun."

The Orlando metro area has a population of 1.4 million people. Located in central Florida, Orlando lies just 50 miles from the Atlantic Ocean and 75 miles from the Gulf of Mexico. In 1842, Orlando began as a settlement around an old Army post known as Fort Gatlin. The settlement was originally named Jernigan but was changed in 1857 to honor soldier Orlando Reeves, who, while on sentinel duty at the fort, was killed in 1835 by an Indian arrow as he raced to warn the settlement of an oncoming raid. In its early days, cattle, cotton, and citrus were the driving forces behind the economy. Although not as well known as Dodge City and Tombstone, settlers established cattle ranches and cattle rustlers had gunfights in the streets. Orlando was a rough-and-tumble town. Yet, the Florida climate, characterized by summer heat, sandy soil, and sporadic torrential rains, turned out to be the perfect for growing citrus crops. Oranges, grapefruit, tangerines, and limes all thrived in the sandy soil. By 1870, orange fever struck Central Florida, and the citrus industry grew rapidly. Although the Great Freeze of 1894–1895 destroyed nearly all the citrus crop in the region, by the 1950s Florida again had more than 80,000 acres of citrus trees spread across the flatlands and rolling hills. Orlando is also a high-tech region. A major economic force, the Martin Marietta missile factory—now known as Lockheed Martin—arrived in 1922 with its facilities spread over 10.6 miles of Central Florida and staffed with thousands (it's the area's largest employer).

The average temperature in Orlando during November ranges from the low 70s to mid 80s. Orlando ranks only behind San Francisco, Los Angeles, New York, and Miami as the most visited United States city by foreign travelers. And it ranks only behind Las Vegas for most hotel rooms. In fact, Orlando has 90 attractions, 3,800 restaurants, and 100,000 hotel rooms.

Hotel and Immediate Surroundings

The convention will be held on the "Dolphin" side of the Walt Disney World Swan and Dolphin Hotel. The hotel has just been named North America's Leading Resort, USA, from the World Travel Awards Association, so the accommodations will be first-rate. You can enjoy the new Mandara Spa, 17 restaurants and lounges, five pools, white sand beach, two health clubs, tennis, nearby golf, and many special Disney benefits, including complimentary transportation to all Walt Disney World Theme Parks and Attractions, and the enhanced Extra Magic Hours benefit. For information on hotel amenities visit http://www.swandolphin.com.

Attractions, Restaurants and Nightlife

Walt Disney World

Even though the city dates its founding back to 1842, the seminal year in Orlando was 1971. That was the year that Walt Disney and company decided that the vast acreage and accommodating local leaders were just what they needed to build the company's first theme park outside

California. So let's deal with the "House of the Mouse" first. Walt Disney World (http://disneyworld.disney.go.com) is not one attraction but consists of four theme parks (Magic Kingdom, Epcot, Disney's Hollywood Studios, and the Animal Kingdom) and two water parks (Blizzard Beach—Disney legend has it that a freak snow storm produced Florida's first ski resort, and Typhoon Lagoon—water slides galore). Your Local Arrangements Team recommends the Tower of Terror in Disney's Hollywood Studios. Downtown Disney is great for evenings. In addition to various dining options, it is home to Circque du Soleil La Nouba and House of Blues. Tickets to Circque du Soleil can be purchased in advance (http://disneyworld.disney.go.com)—click on MORE MAGIC, then DOWNTOWN DISNEY. For House of Blues, which has live music acts, dancing and dining, call 407-934-BLUE or click www.hob.com.

Universal Studios

There is more to Orlando than Walt Disney World. There is also Universal Studios (http://www.universalorlando.com), located a short drive down I-4. There are three attractions within Universal Studios including Universal Studios Florida, Islands of Adventure, and Wet n Wild Water Park. The Simpson's Ride in Universal Studios Florida is rated "awesome" by your Local Arrangements Team and is the number one theme park attraction in the world, according to Themeparkinsider.com. Universal Studios is also home to CityWalk, another great place to spend the evening. You can enjoy a performance by Blue Man Group (for tickets, www.universalorlando.com/bmg_overview.html), and enjoy an incredible night life at any of the other seven nightclubs and bars, including Red Coconut Club, Jimmy Buffet's Margaritaville, and Hard Rock Live. Or test your entertainment skills at the brand new karaoke night club, Rising Star, where you can sing on stage with a live band.

SeaWorld Resort

The third theme park is Seaworld Orlando (www.seaworld.com/orlando), which consists of Seaworld Adventure Park, Aquatica waterpark, and Discovery Cove (http://www.discoverycove.com/default2.aspx), where you can swim with the dolphins (children must be at least 6 years old). You must book in advance. To take advantage of special conference attendee rates, go to www.discoverycove.com/vi_dcpackages_convention.aspx.

Where to Go When You Are Theme-Parked Out

Pointe Orlando

Located along International Drive, Pointe Orlando is just 15 miles north of Walt Disney World and is home to some of the best outdoor shopping, dining, and entertainment Orlando has to offer. Several of the bars and restaurants feature live entertainment throughout the night for your enjoyment. If you're into movies, you won't want to miss the movie complex featuring 20 theatres and a giant IMAX screen for one of the most unique moviegoing experiences in Orlando. In addition, just minutes away, you will find WonderWorks, "an amusement park for the mind," and Orlando's only upside down building (seriously, the building is upside down) with over 100 interactive exhibits to enjoy.

Restaurants

Not too far from the convention hotel is Sandlake Road, which has numerous restaurants. Three for which reservations are recommended include **Season's 52** (casually sophisticated grill and wine bar with a seasonally changing menu; 7700 Sand Lake Road Orlando, 407- 354-5212), **Roy's Hawaiian Fusion** (7760 W. Sand Lake Road, Orlando, 407- 352-4844), and **Christini's** (7600 Dr. Phillips Boulevard I Orlando, 407-345-8770). A complete restaurant guide will be available at the Local Arrangements table at the meeting.

Music

In addition to all the music options at the various theme parks at Pointe Orlando, Sarah Brightman will be performing at the University of Central Florida Arena on November 14, 2008 (for tickets, go to www.ticketmaster.com). UCF is about a 45-minute drive from the hotel.

Winter Park

Winter Park, located about 25 miles north of Walt Disney World, is a treasure-trove of history, culture, fine dining, shopping, recreation, Rollins College, and a beautiful chain of lakes. Its attractions feature three fine art museums and a historical museum, the Scenic Boat Tour, as well as the Park Avenue, Hannibal Square, and Winter Park Village shopping districts. The city's best restaurant (as voted by the readers of *Orlando* magazine) is **Luma on Park** (407-599-4111, www.lumaonpark.com). Nearby is **The Wine Room on Park Avenue** (www.thewineroomonline.com; 407-696-9463), voted Orlando's best wine bar. Winter Park is a great alternative to the frenzy of the theme parks and a wonderful place to spend a quiet evening of good food, fine wine, and great company.

Cocoa Beach

Located on a barrier island and an hour's drive east of downtown Orlando is Cocoa Beach. Just six miles long, and mostly less than one mile wide, Cocoa Beach is truly a unique place! Where else can you choose between watching a space launch from the beach or animal species in their natural habitat? Widely known as the surfing capital of the East Coast, Cocoa Beach is the hometown of surfing champions. A visit to Cocoa Beach is not complete without a stop at **Ron John's Surf Shop**, one of the most visited attractions in Florida. Encompassing over 52,000 square feet, this multi-level store features its own waterfall and glass elevator, not to mention a huge selection of boards, bikinis, and surfbrand clothing. Bands, school groups, and surf stars stop in to liven up the days (and nights) with music, demonstrations, and autograph sessions. Ron John's is open 24 hours a day, 7 days per week.

Kennedy Space Center

Also about an hour east of downtown Orlando, on a huge wildlife refuge eight times the size of the island of Manhattan, is Kennedy Space Center, NASA's launch headquarters, and the only place on Earth where you can tour launch areas, meet an astronaut, see giant rockets, train in spaceflight simulators, and even view a launch (http://www.kennedyspacecenter.com).
There is a shuttle launch scheduled for November 10, but weather sometimes delays the launch for several days and so there is a possibility that the launch of Shuttle *Endeavor* will occur during the time of the conference. If you can't get to the Space Center to watch, the shuttle launch is visible from many parts of Orlando by simply looking into the eastern sky at the time of lift-off. The Space Center also offers you the opportunity to "get vertical" by partaking in the Shuttle Launch Experience where you can strap in to the sights, sounds and sensations of a real space shuttle launch.

Getting Around Orlando

There is complimentary, scheduled transportation from the Walt Disney World Swan and Dolphin throughout the Walt Disney World Resort. Check with the Local Arrangements table for schedules. The Central Florida Regional Transportation Authority (LYNX http://golynx.com) is the existing public transit provider in Orlando. LYNX provides regularly scheduled bus service to 65 routes on comfortable buses equipped with bike racks. There are over 5,000 LYNX bus stops spread throughout the 3 county service area. Taxis are also available. Car rental rates in Orlando are reasonable (compared to other same-size cities) and are the easiest way to get to non-Disney theme parks or other areas of Orlando.

Getting to Orlando

The Orlando International Airport (MCO and no, it does NOT stand for Mickey's Corporate Office) is the major airport in the Orlando area and is served by all of the domestic airlines. The hotel is about 22 miles (30 minutes) away from the airport and can be reached by private car, taxi ($60.00), or shuttle. Mears Transportation - Shuttle Services to/from MCO is the preferred service provider for the Walt Disney World Swan and Dolphin with rates of $19.00 one way/$32.00 round trip for adults. To make your transportation reservations using the hotel transportation service, go to www.swandolphin.com/guests/public/login.cfm.

Orlando Sanford International Airport (SFB) is served by Allegiant Airlines, a low-cost domestic airline with nonstop service to Orlando from smaller market cities. The airport is 48 miles away from the hotel, but may be a low-cost alternative if you plan to rent a car for your stay.

Local Arrangements at Your Service

The Local Arrangements Committee, made up of faculty, graduate students, and undergraduate students from the University of Central Florida, is already hard at work to make sure that you enjoy the "happiest place on earth," even if large rodents and ducks without pants are not your idea of a good time. There will be a table in the registration area on Thursday, November 13; Friday, November 14; and Saturday, November 15, staffed by members of the Local Arrangements Committee. Be sure to stop by and say hello. We will have information on transportation to and from the airport, other attractions within the area (did we mention Gatorland or the Everglades Airboat Tour?), and many more fun and interesting things to do. The concierge service at the hotel is top-notch but we will also have information to assist you with printing, copying, shoe repair, check cashing, the locations of the best outlet shopping malls, and whatever we can do to make your stay more enjoyable. We are compiling a list of restaurants to suit every taste and budget. There will be a fun run organized by several UCF graduate students—there are several great jogging trails within the resort itself. Check the Local Arrangements table for details. If you have any questions for the Local Arrangements Committee, please contact the chairperson, Deborah Beidel, at dbeidel@mail.ucf.edu. We look forward to welcoming you to Orlando and will do our best to make your stay a memorable one.

At ABCT

Private Practice Initiative

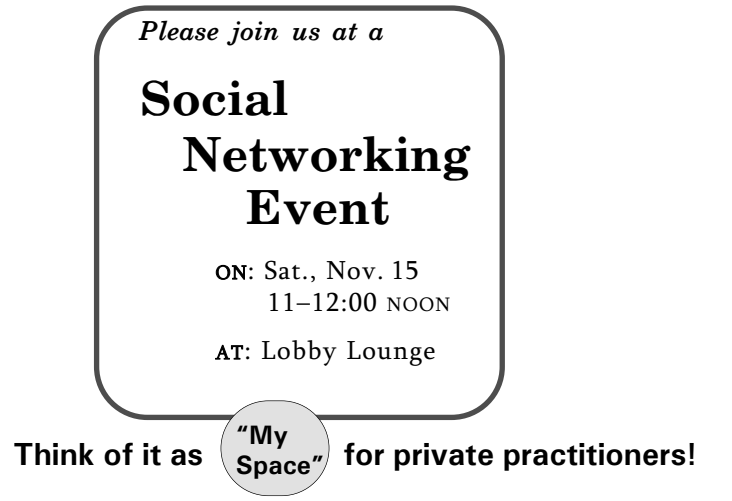
Deborah Melamed, *SohoCognitive, New York,* and Amy Wenzel, *University of Pennsylvania*

The Professional Issues Committee invites all ABCT members in private practice to a social networking event at this year's conference in Orlando. This will be a chance for private practitioners to meet and greet, and hopefully begin to create a new professional home within ABCT—possibly even a new SIG!

In informal surveys of ABCT members' needs, the committee has found that private practice folks are eager to join in, to share their clinical expertise and lessons from the field, to dialogue with researchers on new methods, to chat about the business and marketing of their practices, and to mentor the next generation. But they report that sometimes they have a hard time finding each other within the larger organization. Our goal is to make this easier!

Ultimately, we'd also love to attract more cognitive-behavioral therapists to ABCT, thereby improving the dissemination of best practices in CBT and enhancing ABCT's reputation as the premier national CBT organization. So, please plan to join us for this kick-off event on **Saturday, Nov. 15, 11–12:00 P.M., in the Lobby Lounge (cash bar) of the Swan and Dolphin Resort** (the convention hotel). Meanwhile, please contact us to RSVP or share your thoughts. We look forward to seeing you there.

—Deborah Melamed, Ph.D., dmelamed@SohoCognitive.com
—Amy Wenzel, Ph.D., awenzel@mail.med.upenn.edu



Call for

WORKSHOP SUBMISSIONS

43rd Annual Convention | November 19–22, 2009
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Please send a 250-word abstract and a CV for each presenter to:

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or email: cpepper@uwyo.edu

DEADLINE for submissions: February 2, 2009

Classified

HUDSON RIVER REGIONAL PSYCHOLOGY INTERNSHIP PROGRAM, NEW YORK STATE OFFICE OF MENTAL HEALTH: offers full-time pre-doctoral internship positions in professional psychology for 2009-2010 in its APA-accredited program. Weekly seminars in a variety of clinical and professional areas supplement extensive supervision. Clinical assignments are to inpatient and community services programs at facilities of the New York State Office of Mental Health: Hudson River Psychiatric Center and Rockland Psychiatric Center. Preference is given to students enrolled in APA-accredited clinical or counseling psychology programs. For further information and application materials contact: Paul Margolies, Ph.D., Training Director, Hudson River Regional Psychology Internship Program, Hudson River Psychiatric Center, 10 Ross Circle, Poughkeepsie, NY 12601-1078; email hrrhpjm@omh.state.ny.us; phone (845) 483-3310.

ABCT **42nd Annual Convention**
November 13–16, 2008 | Orlando

Intensive Training *for* Clinicians

Register online!

CLINICAL INTERVENTION TRAINING 1
Thursday, November 13 ■ 8:30–5:00 p.m.

Dialectical Behavior Therapy: Clinical Outcomes and Emotional Characteristics
Marsha Linehan & Kathryn E. Korslund, University of Washington
7 CE credits

CLINICAL INTERVENTION TRAINING 2
Thursday, November 13 ■ 8:30–5:00 p.m.

Parent-Child Interaction Therapy
Cheryl B. McNeil, West Virginia University
7 CE credits

CLINICAL INTERVENTION TRAINING 3
Thursday, November 13 ■ 8:30–5:00 p.m.

Contemporary Cognitive-Behavior Therapy With Couples and Families
Frank M. Dattilio, Harvard Medical School
7 CE credits

Institutes

Institute 1 | Thurs., 8:30 a.m.–6:00 P.M.
Working With Bipolar Disorder in Children and Adolescents: Clinical Presentation, Assessment Strategies, and Treatment
Eric A. Youngstrom

Institute 2 | Thurs., 1:00–6:00 P.M.
Intensive Treatment of Specific Phobia: The One-Session Treatment Method
Lars-Goran Öst & Thomas H. Ollendick

Institute 3 | Thurs., 1:00–6:00 P.M.
Cognitive and Behavioral Techniques for Weight Loss and Maintenance
Judith S. Beck

Institute 4 | Thurs., 1:00–6:00 P.M.
Cognitive Therapy for Suicidal Patients
Amy Wenzel & Gregory K. Brown

Institute 5 | Thurs., 1:00–6:00 P.M.
Mindfulness-Based Cognitive Therapy and Prevention of Relapse in Major Depression
Zindel Segal & Mark Lau

Institute 6 | Thurs., 1:00–6:00 P.M.
Using ACT Principles to Empower Therapeutic Work Regardless of Label
Steven C. Hayes & Kirk Strosahl

Institute 7 | Thurs., 1:00–6:00 P.M.
Collaborative Case Conceptualizaton: A Three-Stage Model for Individualizing Evidence-Based Treatments
Christine A. Padesky & Willem Kuyken

Institute 8 | Thurs., 1:00–6:00 P.M.
The Reluctant Angry Client: Engagement, Assessment, and Treatment
Howard Kassinove & Raymond Chip Tafrate

REGISTER by Oct. 17 for discounted rates www.abct.org

the Behavior Therapist

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