

the Behavior Therapist

Contents

Research Forum

Dean McKay and Ekaterina Pivovarova

What Are We Talking About at the Annual Meetings of ABCT?
An Analysis of Presentations From 1997–2006 • 125

Book Review

Reviewed by Veronica Tilden and David Reitman

Clark, L. (2002). *SOS! Help for Emotions: Managing Anxiety, Anger, and Depression* (2nd ed.) • 129

Clinical Forum

Marvin Goldfried

Integrating Knowledge of Lesbian, Gay, and Bisexual Issues
in Clinical Practice and Training • 131

At ABCT

Mary Ellen Brown

The ABCT Annual Convention Is Going Green • 135

Kristene Doyle

Do You Have the Vision to Take ABCT Forward?
Then Run for ABCT Office! • 141

Research Forum

What Are We Talking About at the Annual Meetings of ABCT? An Analysis of Presentations From 1997–2006

Dean McKay and Ekaterina Pivovarova,
Fordham University

September brings many things: the end of summer, with the beginnings of fall foliage; a new school year; one of the busiest times of year for people moving to new locales; and for the members of ABCT, the arrival in the mail of the annual convention program book, with complete listings of presentations, symposia, workshops, master clinician series, invited addresses, AMASS, and preconvention institutes. Here we see the obvious and subtle ways that cognitive and behavior therapy (CBT) will be shaped for the coming year and years to follow. Perusing the annual convention offerings, one sees familiar names that annually contribute significantly to the proceedings. We also see herein those who represent the future of CBT. What we might not readily notice is the ways that different areas are covered, and to what extent, at each year's conference.

Over the years, some trends may seem apparent in the distribution of presentations, but our sense of this is probably more a gut reaction than a quantitative assessment. The purpose of this article is to bring a descriptive quantitative evaluation of the content of the conferences for the most recent 10-year period, from 1997 through 2006. In this article we focus on areas covered at the

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- Call for Workshop Submissions (p. 132)
- Stand Out From the Crowd! Certification in Cognitive and Behavioral Psychology, by E. Thomas Dowd (p. 133)
- Annual Convention 2008 (pp. 134-137)
- Call for Award Nominations (p. 138)
- CE/CME Calendar (p. 140)
- Nominate the Next Candidates for ABCT Office (p. 141)
- Welcome, New Members | New Ambassadors (p. 142)

conference dealing with psychopathology research and treatment.

A Brief History

Cognitive behavioral approaches are now widely recognized for their efficacy in alleviating a wide array of psychological disorders. For example, a large majority of empirically supported treatments are cognitive-behavioral in nature (see, for examples, Hayes, Barlow, & Nelson-Gray, 1999). The annual convention is a forum where the early conceptualizations of psychopathology, and interventions, have been presented and refined. The diversity of problems is impressive: psychotic disorders; health and somatic concerns; depression and related affective disorders; addictions; eating disorders; disorders associated with advanced age; and anxiety disorders, to name just a few. ABCT has just passed its 40th birthday, and some of these different content areas had greater prominence depending on which of the prior four decades one considers. So where is the emphasis now?

Convention Coverage: 1997–2006

We reviewed and coded the contents of the convention program book for the years 1997 through 2006. Coding was completed by defining, a priori, categories of psychopathology that are typically represented at conferences. This process was guided largely by the currently defined session tracks that inform the scheduling of the convention as well as by examining topics listed in the index of each year's book. Coding led to a large number of categories, which were later collapsed into broader topics rationally derived from common areas of specialization listed by members of ABCT. This was an ad hoc process, and therefore we have no reliability of ratings to verify our

categories. Only presentations that were submitted on a competitive basis were considered. Therefore, poster sessions, symposia, and workshops were coded, and the following broad categories constituted the final breakdown for examination: anxiety, addictions, affective, personality, disorders of childhood, psychotic, eating, and health/somatic. Poster sessions were coded based on title of the session, not by individual posters.

Workshops

Workshop and training opportunities are submitted for consideration prior to submissions for posters or symposia. Typically, workshops are vetted based on expressed interest by the membership, as well as by anticipated quality of presentation from the presenter (sometimes based on prior presentations at the conference or other related meetings), recognition of presenter in the area, and depth and breadth of coverage. Therefore, these submissions compared to submissions for poster or symposia presentation, are special in light of efforts to bring balance to the conference.

Over the years examined, there was relative parity of workshop coverage among the eight categories. However, sharp increases in anxiety disorder workshops were noted over the years 2001 through 2004, whereupon anxiety and affective disorders became equally represented, with identical levels the past 3 years (2004 through 2006). Psychotic disorders had the lowest representation at conferences. Six years had no workshops devoted to addressing psychotic conditions. Figure 1 illustrates the breakdown of workshop topic areas covered during that time.

Poster Sessions

Poster sessions are organized by topic areas. The number of poster sessions devoted to particular topic areas is a function of accepted poster presentations and number of "slots" allowed at a particular meeting. Throughout the years examined, anxiety disorders were clearly the best represented for poster sessions. Until 2006, no other category clearly occupied second place in number of poster sessions. As of the Chicago (2006) conference, affective disorders appeared to gain hold as second most represented poster session, with health psychology a growing area of interest and focus of scholarly presentation at the meetings. As with workshops, psychotic disorders had the fewest sessions represented; three years had no poster sessions devoted to psychotic disorders. Figure 2 lists the breakdown for the eight categories examined.

Symposia

As noted, workshops and posters are evaluated based on a diverse array of factors. However, there are clear limitations on each based on categories and diversity, and by membership suggestions from evaluations at prior conferences. Symposia, while subject to similar demands from the membership requests, are also under least control by the Program Committee and members of the Convention and Education Issues Committees. With rare exceptions, symposia are not solicited, but are instead submitted competitively at the same time as posters. Therefore, there is little control over diversity of submissions.

Examination of the frequency of presentations for symposia is perhaps the most telling about the interests and scholarly work presented at the conference. In the case of symposia, anxiety disorders have clearly dominated the annual conference

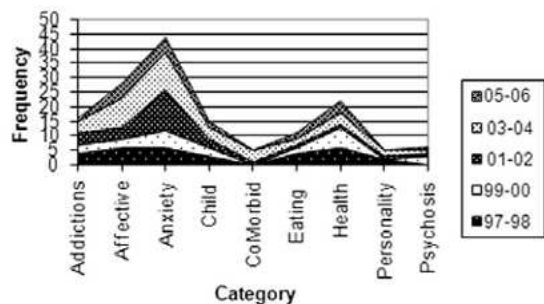


FIG. 1: Workshop Presentations 1997–2006

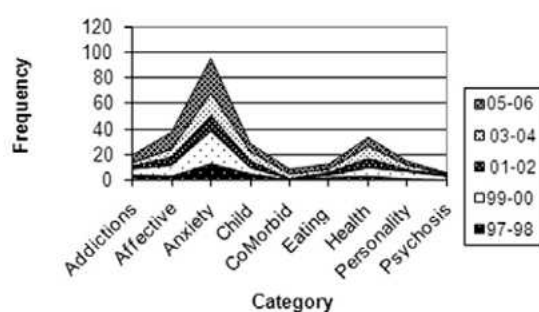


FIG. 2: Poster Sessions 1997–2006

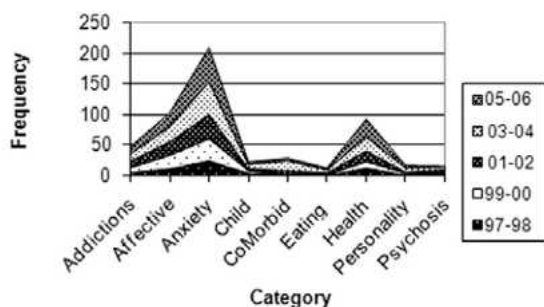


FIG. 3: Symposia Presentations 1997–2006

from 1997 through 2006, with the last year reviewed having the highest number of anxiety disorders–related symposia at 32. Figure 3 shows the breakdown of symposia presented. Of note, the data reveal the ascendancy of health-related symposia, as well as the relatively steady representation of presentations related to affective disorders. These three areas, as with posters, represent the largest areas of presentation at the conferences, and appear to be growing steadily. During the period reviewed, there were limited presentations related to psychotic disorders and severe mental illness; three years had no symposia related to this topic.

Potential Explanations for the Data

Upon examining these data, one might be tempted to say, “The people have spoken.” After all, the program committee is composed of members representing a wide range of interests and expertise in CBT, and they are the arbiters of what is presented at the conference each year. Alternatively, one could take the position that the areas of emphasis reflect “what’s hot” in CBT. However, there are also some pragmatic considerations as well. A notable one is the occurrence of conferences during, or near in time, to when the annual meeting of ABCT is held.

Another potential contribution is the annual conference theme. However, in our coding of the data, with the exception of the theme of one particular year, there was not a lasting effect of the primary thrust of any individual conference. The one exception was from the year in which the conference theme was “comorbidity,” which has since been a separate topic for identification among those submitting papers for the conference.

One other important consideration is the shifting emphases in CBT over the past

40 years. The early years were marked by demonstrating the effectiveness of behavioral principles in changing behavior. While there was an emphasis on psychotic disorders, there was also interest all along in anxious and depressive problems. Over the years, cognitive interventions gained prominence, with the emphasis shifting to depressive and anxious disorders in general. The most recent years have focused on the development of empirically supported treatment for specific diagnoses, which could account, at least in part, for the increased emphasis on anxiety disorders, a heterogeneous group of conditions with specific interventions for each.

The recent surge in presentations representing health psychology is an important direction in the organization. For many years, members were torn between attending meetings that were entirely devoted to health psychology, such as the Society for Behavioral Medicine, where there is much overlap with the history and tradition of cognitive and behavioral therapies. Because of the broader applications of CBT and the increasing recognition that CBT enjoys the greatest level of empirical support (McKay, Abramowitz, & Taylor, in press), our health psychology colleagues may be returning to ABCT as a home for their scientific work, as well as viewing it as a place to seek new and unique ways to apply their skills. Other trends from the broader CBT arena, such as the growing interest in health anxiety, could also explain the growth in this area.

What is interesting is that over the past 10 years there has been a diversity of areas of expertise for the presidents of the organization. This suggests that ABCT continues to attract a broad cross-section of professionals, with diverse specializations, despite the trends observed in the data presented here. This is perhaps most encouraging in the data, since it shows that ABCT continues to

attract a wide range of interests across different forms of psychopathology.

This analysis was intended to be descriptive, and therefore to stimulate additional discussion among members of ABCT. It is our hope that the presentation of this material highlights the current and changing areas of focus at the conference, and therefore in the field of CBT. It is also our hope that it will stimulate discussion about whether we should continue these trends, direct our attention to areas that are not as well represented at the annual conference, or develop a broad range of “tracks” that effectively covers all the various areas of CBT.

References

- Hayes, S. C., Barlow, D. H., & Nelson-Gray, R. O. (1999). *The scientist-practitioner: Research and accountability in the age of managed care*. Boston: Allyn & Bacon.
- McKay, D., Abramowitz, J. S., & Taylor, S. (in press). *The expanded scope of cognitive-behavior therapy: Lessons learned from refractory cases*. Washington, DC: American Psychological Association.

We would like to thank David Reitman for very helpful suggestions on an earlier draft of this manuscript, and for assistance with the figures.

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Book Review

Clark, L. (2002). *SOS! Help for Emotions: Managing Anxiety, Anger, and Depression* (2nd ed.) Bowling Green, KY: Parents Press, 280 pages

Reviewed by Veronica Tilden and David Reitman, *Nova Southeastern University*

Learning how to manage one's emotions is a difficult task for any individual to master, and Lynn Clark suggests that the limited amount of time spent in therapy each week may not be enough to facilitate adequate change. *SOS! Help for Emotions* (SHE) is intended to supplement therapies based on the Rational Emotive Behavior Therapy (REBT) model, but its use is not limited to those already receiving professional psychological services. SHE is written in a manner that might appeal to any motivated adult or older teenager seeking to increase self-knowledge and control over unpleasant emotions.

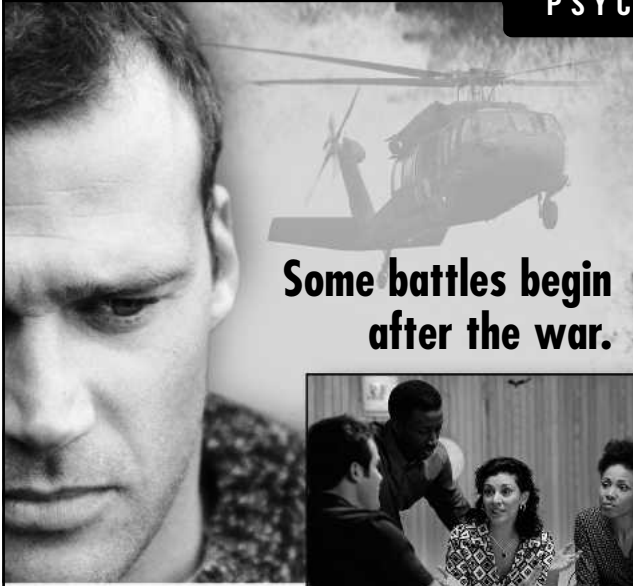
SHE is divided into four sections. "Part One: Understanding Our Emotions" be-

gins to address the origin of emotions, and educates the reader on how poorly managed anxiety, anger, and depression can interfere with achieving one's goals and desires. Clark explains how irrational beliefs and negative self-talk influence emotions and, ultimately, behaviors. Clark also integrates psychologist Daniel Goleman's work on emotional intelligence (Goleman, 1995) with the underlying core principles of REBT to very good effect, nicely conveying the practical implications of learning (or not learning) to successfully manage one's emotional life. "Part Two: Managing Our Emotions" outlines how to gain control over emotional states through the use of cognitive-behavioral techniques, such as identifi-


cation of irrational beliefs, using coping self-talk, and progressive muscle relaxation. "Part Three: Managing Anxiety, Anger, and Depression" specifically discusses the means by which unpleasant emotions can be targeted and their intensity decreased. As noted in the foreword, SHE is not intended for persons currently experiencing severe emotional disturbance. Finally, "Part Four: Helping Ourselves in More Ways" extends the focus of SHE from oneself to learning how to cope with other difficult people, as well as offering guidance on how to avoid difficult situations entirely.

Throughout the book, Clark avoids the use of psychological jargon and theory in his effort to communicate the fundamental connections between thoughts, feelings, and behavior that are characteristic of REBT. While those with an already strong foundation in REBT may find SHE rather elementary, SHE could serve as an excellent quick reference for cognitive behavior therapists or less experienced psychologists who have yet to master Ellis' approach.

Other notable features of SHE are its "guidepost sayings," key points the author would like for the reader to take away from each chapter. Clark recommends copying



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sayings that appeal to the reader, and posting them around the home or office to facilitate behavior change. Posting prompts such as "When Upset, Analyze Your Beliefs and Self-Talk!" (p. 55) are intended to foster actions consistent with many of the REBT techniques outlined within the book. Mastery of these lessons is further reinforced through the use of quizzes and exercises contained in the final chapter, providing the reader with feedback concerning their level of skill acquisition. Readers seeking more detailed information about the contents can review excerpts at www.sosprograms.com/preview_Content_0105.htm#startpage.

Following in the tradition of Clark's *SOS! Help for Parents*, SHE is a treatment resource that can be used both as an introductory reference for professionals and as a self-help aid. Emotions can be complex and often overwhelming, and the author skillfully guides the reader through the process of understanding our potentially conflicting thoughts and emotions. By using humor and a multitude of visual aids (over 100 illustrations), Clark minimizes the stigma surrounding anxiety, anger, and depression, and invites the reader to join him on a journey towards emotional maturity and self-

acceptance. Though (oddly) ABCT is not mentioned in the extensive list of resources for readers, members of ABCT will recognize the editorial assistance provided by Albert Ellis (see Chapter 2) and Raymond DiGiuseppe, as well as references to the work of many other prominent cognitive behavior therapists. Readers seeking a more nuanced discussion of the similarities and differences between REBT and other forms of contemporary behavioral and cognitive behavioral therapies are likely to be disappointed as there is little discussion of such issues in this very practical self-help guide. Nevertheless, *SOS! Help for Emotions* ultimately succeeds in communicating REBT in a user-friendly, humorous way that owes much to Ellis' own approach to conducting psychotherapy and it serves as a fitting tribute to the legacy of our recently departed colleague.

Reference

Goleman, D. (1995). *Emotional intelligence*. New York: Bantam Books.



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Integrating Knowledge of Lesbian, Gay, and Bisexual Issues in Clinical Practice and Training

Marvin R. Goldfried, *Stony Brook University*

Within the past decade, there has been a dramatic increase in the visibility of lesbian, gay, bisexual, and transgender (LGBT) individuals in our society. The long-time invisibility of sexual minorities—many of whom were closeted—has been replaced by TV, film, and other media coverage on those issues important to LGBT individuals, ranging from the right to march in a parade to the right to marry and be parents. In marked contrast to the past, LGBT individuals are no longer a hidden minority.

Although the increased visibility of sexual minorities within society has been most apparent, this unfortunately has not been the case within psychology and psychotherapy. As documented elsewhere (Goldfried, 2001), mainstream psychology has tended to ignore the literature on LGBT issues. This has occurred despite the fact that this literature is most relevant to such topics as human development, identity formation, close relationships, family issues, depression, and suicide. Thus, suicide researchers typically ignore the consistent finding that gay adolescents are more likely to make suicide attempts than their heterosexual peers. Once silent with an attitude of don't ask, don't tell, LGBT researchers and clinicians—as well as some of their heterosexual allies—have been contributing to the literature. They are now telling, but mainstream psychology is not listening.

The lack of information about sexual minority issues is particularly a problem for therapists, especially since LGBT individuals are more likely to make use of individual and couples therapy than are heterosexuals (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Green, 2000). Not only are they faced with the same issues that heterosexual individuals confront, but they are also affected by additional personal, family, occupational, and legal stressors associated with being LGBT.

Well-meaning therapists have argued that they treat LGBT clients no differently than their heterosexual clients, and that an

accepting and compassionate approach is sufficient. Unfortunately, this attitude fails to recognize that LGBT clients can have difficulty with situations for reasons that are not immediately clear. For example, I once worked with a gay man who dreaded to go to work on Monday mornings. Although one might speculate that he was anxious about or otherwise disliked his job, it was more that he felt particularly uneasy when co-workers discussed what they had done over the weekend. As he was not “out” to people at work, this was a topic he preferred not to discuss. Indeed, there are numerous situations that are seemingly innocuous to heterosexuals that sexual minorities find to be stressful, such as family gatherings that they may be attending with their partners (Pachankis, Goldfried, & Ramrattan, 2008).

Sad to say, the mental health community has a history of not having served LGBT individuals well. Indeed, surveys have found that LGBT clients have been adversely affected by their therapy (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). I recently saw a self-identified gay man in his sixties with a slight attraction to women who was told by his previous therapist that he was really “a closeted heterosexual.” Recent surveys of graduate students in clinical and counseling programs have revealed that they do not feel adequately trained to work clinically with sexual minorities (Anhalt, Morris, Scotti, & Cohen, 2003; Murphy, Rawlings, & Howe, 2002). Indeed, this concern about inadequate preparation in their training has motivated graduate students to submit a memo on behalf of the APA Graduate Student Organization (APAGS) to the APA Committee on Accreditation, asking them to be more conscientious in taking into account the extent to which clinical programs covered LGBT issues as part of their diversity training.

As a response to the tendency of mainstream psychology to pay little or no attention to sexual minority issues, a group of

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psychologists having LGBT relatives was formed, called AFFIRM: Psychologists Affirming Their Lesbian, Gay, Bisexual and Transgender Family. In addition to providing open support to their LGBT family members—their children, grandchildren, brothers, sisters, nieces, nephews, cousins, aunts, uncles, mothers, and fathers—AFFIRM also supports the clinical and research work in this area. Formed in 2000, AFFIRM now has an international network of over 850 members. For further information about AFFIRM, see www.sunysb.edu/affirm. If you have an LGBT family member and would like to join the AFFIRM network, you can do so without cost from the Web site.

With support from a grant by the Arcus Foundation National Fund, AFFIRM has just completed a project to enhance the training of graduate students in clinical psychology. With the input from the APA Society for the Psychological Study of LGB issues (Division 44), AFFIRM has compiled a carefully selected list of readings on LGB issues and sent them to Directors of Clinical Training, asking them to distribute to their faculty. The list of readings, together with their abstracts, have primarily been published in first-rate journals (e.g., *Psychological Bulletin*, *Psychological Review*, *Journal of Consulting and Clinical Psychology*, *Clinical Psychology: Science and Practice*) and cover topics relevant to clinical practice: child/development, couples/family, psychopathology, psychotherapy, and ethics. To facilitate ease of use, a PDF for each of the articles can readily be obtained through PsychINFO, by contacting the author, or by emailing marvin.goldfried@sunysb.edu.

The reaction to this project has been very gratifying, with Directors of Clinical Training expressing their appreciation for receiving these resources. Among their

comments were: "Thanks for the work by you and others in AFFIRM!!! Our students have loved having the master list, and several key readings have been integrated into our courses already." "Thanks! It's very helpful - -wish I'd come across some of these readings earlier on." "It's great to have this resource for the diversity course. I wish I had it for every topic we cover!" "I certainly hope psychology programs across the country use it well." "Many thanks; I appreciate your efforts in enhancing training in this important and emerging area."

In order to make these references and abstracts available to an even larger audience, AFFIRM has posted them on its Web site: www.sunysb.edu/affirm. I invite you to go to "Announcements" for further information on the project, and then click on "Bibliographies."

For specific information about those issues that therapists need to know about in working with sexual minority clients, see Eubanks-Carter, Burckell, and Goldfried (2005) and Pachankis and Goldfried (2004). Copies of these articles can be obtained by emailing marvin.goldfried@sunysb.edu.

References

- Anhalt, K., Morris, T. L., Scotti, J. R., & Cohen, S. H. (2003). Student perspectives on training in gay, lesbian, and bisexual issues: A survey of behavioral clinical psychology programs. *Cognitive and Behavioral Practice*, 10, 255-263.
- Bieschke, K. J., McClanahan, M., Tozer, E., Grzegorek, J. L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present, and the course of the future. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 207-223). Washington, DC: American Psychological Association.
- Eubanks-Carter, C., Burckell, L. A., & Goldfried, M. R. (2005). Enhancing therapeutic effectiveness with lesbian, gay, and bisexual clients. *Clinical Psychology: Science and Practice*, 12, 1-18.
- Garnets, L., Hancock, K. A., Cochran, S. D., Goodchilds, J., & Peplau, L. A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, 46, 964-972.
- Goldfried, M. R. (2001). Integrating gay, lesbian, and bisexual issues intomainstream psychology. *American Psychologist*, 56, 977-988.
- Green, R.-J. (2000). Lesbians, gays, and family psychology: Resources for teaching and practice. In B. Green & G. C. Croom (Eds.), *Education, research, and practice in lesbian, gay bisexual, and transgendered psychology: A resource manual* (pp. 207-225). Thousand Oaks, CA: Sage.
- Murphy, J. A., Rawlings, E. I., & Howe, S. R. (2002). A survey of clinical psychologists on treating lesbian, gay, and bisexual clients. *Professional Psychology: Research and Practice*, 33, 183-189.
- Pachankis, J. E., & Goldfried, M. R. (2004). Clinical issues in working with gay, lesbian, and bisexual clients. *Psychotherapy: Theory, Research, Practice and Training*, 41, 227-246.
- Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology*, 76, 306-317.

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Stand Out From the Crowd! Certification in Cognitive and Behavioral Psychology

E. Thomas Dowd, Kent State University

As President of the American Academy of Cognitive and Behavioral Psychology and the American Board of Cognitive & Behavioral Psychology, I invite you to apply for certification (diplomate) status in our specialty. Our board was established in 1987 with significant assistance from ABCT in order to advance CBT as a profession as well as its individual practitioners. Its mission is to certify psychologists as possessing specialty-based knowledge in one or more of the following four subareas: applied behavior analysis, behavior therapy, cognitive-behavior therapy and modification, and cognitive therapy. In 1992 it joined the American Board of Professional Psychology, Inc. (ABPP), which has awarded specialty certification for more than 50 years, as an affiliate board.

What Are the Advantages of Certification?

The value and full list to board certification can be found on the website of the American Board of Professional Psychology, www.abpp.org, as well as the electronic newsletter, *The Specialist*. I have highlighted several advantages below that may be of special interest.

1. Obtain peer and public recognition of competence in the specialty of cognitive and behavioral psychology. With the dramatic increase in psychological knowledge, it is increasingly important for CBT psychologists to position themselves appropriately as such in the marketplace. To that end, the State of Florida has recently passed legislation identifying ABPP certification as an official indicator of status.

2. ABPP automatic 20% discount on professional liability insurance premiums through the American Professional Agency.

3. Increased compensation in certain employment settings. For example, the Department of Veterans Affairs and the Department of Defense now grant pay increases to holders of an ABPP board certification.

4. Greater mobility. About two thirds of the states waive the written psychology exam based on the possession of ABPP board certification.

5. Possession of a clear professional identity for referral sources.

What Are the Qualifications?

Many CBT psychologists think they must have completed a postdoctoral fellowship in cognitive and behavioral psychology or possess many years of experience to qualify to sit for the exam. However, it is only necessary to have had supervised experience and perhaps taken workshops to qualify. Furthermore, many psychologists may qualify because of their professional activities, work experience, and reading and scholarly activities over the years, so they may have acquired the necessary knowledge and skill by on-the-job training. The specific eligibility requirements are as follows:

The applicant must have completed an acceptable internship program and two years of postdoctoral experience predominantly in cognitive and behavioral psychology. The board recognizes that not all of a candidate's experience may be in cognitive and behavioral psychology. The candidate should belong to and identify with one or more of the major professional organizations in the field.

Supervision is required by recognized experts in cognitive and behavioral psychology during at least the first few years after the awarding of the doctoral degree. This supervision can be in part satisfied by appropriate Continuing Education activities in some aspect of cognitive and behavioral psychology.

What Is the Procedure?

The applicant first applies to the American Board of Professional Psychology for a credentials review. The generic eligibility requirements are as follows:

A doctoral degree from a program in professional psychology which at the time the degree was granted was accredited by the APA, CPA, or was listed in the publication Doctoral Psychology Programs Meeting Designation Criteria. Applicants credentialed in the most recent directory of the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers in Psychology, or who hold the Certificate of Professional Qualification in Psychology (CPQ) from the ASPPB qualify as meeting the doctoral degree requirements.

Licensure or certification: All ABPP candidates in the U.S., its territories, or Canada must be licensed as a psychologist for independent practice in a jurisdiction in the U.S., its territories, or Canada.

Once the applicant has passed the generic eligibility requirements, (s)he is accepted as a candidate and is invited to prepare and submit a practice sample. This is based on the candidate's typical practice. You can obtain a more detailed description of the practice sample from the Cognitive & Behavioral Psychology section of the ABPP website: www.abpp.org.

Once the practice sample has been accepted by the Practice Sample Coordinator, the Examination Coordinator then schedules the oral exam. The examination committee consists of three board-certified psychologists. This exam can take place at the annual ABCT convention or anywhere in the country mutually convenient to the candidate and examiners.

What Is the Cost?

Initial application fee: \$125.00
Practice sample fee: \$250.00
Examination fee: \$450.00

These fees are typically spread out over a year or longer.

For More Information . . .

The CBT membership academy maintains a comprehensive website: www.americanacademyofbehavioralpsychology.org. You may wish to pick a mentor from the Applicant Mentoring section to guide you through the process. You can access the Application Information section to obtain more detailed information on documents and procedures. The Directory of Diplomates will let you know who among your colleagues already possess this credential. You will find links to other related psychological organizations.

We welcome your application for and involvement with this important activity for 21st century professionals.

Address correspondence to E. Thomas Dowd, Kent State University; email: edowd@kent.edu.

42nd Annual Convention, November 13–16, Swan & Dolphin Resort, Orlando

We urge you to register by the deadline of October 17, 2008. After this date, you can register only *in* Orlando (at the meeting site) from November 13–16. Preregister on-line at www.abct.org to ensure that you get into your desired sessions!

What Does the General Registration Fee Cover?

General registration gives you access to all of the Symposia, Clinical Round Tables, Posters, Panel Discussions, Special Sessions, Invited Addresses, and SIG meetings that you can possibly attend Friday through Sunday. Ticketed sessions—Workshops, Master Clinician Seminars, and AMASS—are not covered under the general registration fee.

What Are “Preconvention Activities”?

Full- or half-day intensive learning experiences that take place on Thursday, November 13.

How Do I Preregister?

To receive discounted preregistration rates, please register **BEFORE** the October 17 deadline. From October 20 to October 24 registrations will be accepted at the on-site rates. No registrations will be accepted in any format from October 24 to November 13, when on-site will open in Orlando.

On-line: The quickest method is to register on-line at www.abct.org. Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members’ discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to (a) *renew* and then (b) *register* for the meeting. To get member rates at this conference, your ABCT dues must be paid through October 24, 2009. (The ABCT member year is November 1– October 31.) You can also renew in Orlando prior to registering.

Fax: You may also fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method please **DO NOT** send a follow-up hard copy. This will likely cause double payment. Faxed registrations received from Oct. 19 through Oct. 31 will be accepted at the on-site rates. No registrations will be accepted in any format from November 1 until November 15.

Mail: All preregistrations that are paid by check (made out to ABCT) must be mailed to ABCT. For preregistration rates, forms must be postmarked by the deadline date: October 17. Forms postmarked from October 20 through October 31 will be processed at the on-site rates. Forms postmarked after October 31 will be returned. There will be no exceptions.

Do Presenters Have to Pay?

All presenters (except for the first two Workshop and Master Clinician Seminar presenters) must pay to register.

Confirmation?

ABCT sends e-mail confirmation shortly after you register on-line. Hard copy confirmation letters are also sent. If you have registered and do not receive a letter by November 1, please email Tonya Childers at tchilders@abct.org.

Must I Pay the General Registration Fee If I’m Only Attending Ticketed Sessions?

No.

What Is Your Refund Policy?

Refund requests must be in writing and sent to tchilders@abct.org. Refunds will be made only until the October 19 deadline, and a \$40 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after October 17.

What Are the On-Site Registration Hours?

- **Thursday**
Preregistration pick-up: 11:00 a.m.– 8:00 p.m.
On-site registration: 3:00 p.m.–8:00 p.m.
Clinical Intervention Trainings: 7:30–8:30 a.m.
1-Day Institute: 7:30–8:30 a.m.
Half-day Institutes: 11:00 a.m.
AMASS: 11:00 a.m.
- **Friday:** 7:30 a.m.–3:00 p.m.
- **Saturday:** 8:00 a.m.–3:00 p.m.
- **Sunday:** 8:00 a.m.–11:30 p.m.

The ABCT Annual Convention Is Going Green

Mary Ellen Brown, *Director of Education and Meeting Services*

The movement to be environmentally responsible is spreading—no wait, it's here! Everyone knows the mantra "Reduce, Reuse, and Recycle." The term *sustainability* (an enduring, balanced approach to economic activity, environmental responsibility and social progress) has gained traction in the last few years. We've considered these issues as we plan, prepare, and run the ABCT Convention each year. We would like to share with you some of our thoughts and the ways in which ABCT is incorporating this effort.

What makes a meeting green? Simply put, a green meeting incorporates environmental considerations throughout all its stages in order to minimize the negative impact on the environment.

As we plan for the future, we will be considering each hotel or convention center with an eye to their commitment to being environmentally friendly. Questions include:

- Is on-site recycling provided with separate receptacles for paper, cans and bottles, and trash?
- Are lights and air conditioning routinely turned off in meeting rooms and guest rooms when not in use?
- Have incandescent light bulbs been replaced with compact fluorescent bulbs?
- Is excess food donated?
- Are staff trained in implementing environmental policies?
- Is recyclable material used instead of Styrofoam?
- Do they offer a linen reuse program so that bed linens are changed only when requested and towels are replaced only when left on the floor?

The Swan and Dolphin Hotels are part of the larger Walt Disney World presence in Orlando. In many ways this company has spearheaded conscientious use of the surrounding property. Of the 30,000 acres at the Walt Disney World Resort, nearly one-third of the property was set aside from the beginning and remains a dedicated wildlife conservation area. Each day, 10 million gallons of water are reclaimed (recycled) and used in irrigation throughout the property. The Disney Harvest program collects food which was prepared, but not served, from the restaurants and distributes nearly 50,000 pounds of food per month to the Second Harvest Food Bank.

Are you using our on-line information? Hopefully you have used the upgraded Convention information on the ABCT website. The Convention Itinerary Planner (link located on the home page) allows you to search for your interest area or for a specific presenter. We expect more and more attendees will use this site, and will transfer the information to their own PDAs.

As the ABCT Convention continues to grow, it becomes ever clearer that distributing information on-line is preferable. This year carrying the program book throughout the meeting will count as your exercise for the week—no need for the gym. While we do not currently plan to give up the printed book, we wonder if it is necessary in its current form. What do you think? For instance:

Should we print the program book but only distribute on-site and save all the postage and handling costs, as well as the pounds of polybags which end up in landfills?

Should we list only the topic areas of the poster sessions in the program book and take out the poster

titles and authors (these accounted for about 144 pages this year)?

Should we publish the information normally in the convention program book on a flash drive instead?

Should we eliminate the book entirely and have attendees use the on-line information only?

How would we handle proof of participation to be used for reimbursement? Are printouts from our website sufficient?

Please send your thoughts and suggestions to me at mebrown@abct.org. These ideas will be shared with the ABCT members who are active in Convention and Education Issues and who are committed to improving your Annual Conventions.

In several ways ABCT has already been doing what is being suggested in the meeting industry. Our events are modest, without excessive decoration and nonsense giveaways. We use recycled paper for registration envelopes and for the convention program book. And this year the pens we give out will be made of recycled material.

We have distributed information and forms on-site rather than through the mail, which often is not received and requires duplication. Our convention overall evaluation will be on-line again this year, saving 4,000 pieces of paper. And, we encourage exhibitors to be sensible with their products and giveaways.

This year we asked presenters at ticketed CE functions to limit the size of their printed handouts and to make further information available to attendees on-line. For next year we are investigating the costs of providing handouts only on-line or on flash drives. What do you think?

Please share your experiences, both positive and negative, so that we can better our plans for future ABCT Conventions.

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Address correspondence to Mary Ellen Brown, Director of Education and Meeting Services, ABCT, 305 Seventh Ave., New York, NY 10001; e-mail: mebrown@abct.org.

Friday, November 14

- Internship Overview Panel
- Postdoctoral Overview Panel
- Membership Panel 1: Issues in Professional Development
- Awards Ceremony
- Welcoming Cocktail Party & SIG poster exposition

Saturday, November 15

- Annual Meeting of Members
- Membership Panel 2: "How to" Clinic
- Presidential Address

networking

42nd Annual Convention: Opportunities for Students and New Professionals

Private Practitioners:

Need a home at ABCT?

Care to chat about the biz of CBT practice?
Wish there were a water cooler outside your office?

Please join us at a

Social Networking Event

ON: Sat., Nov. 15
11–12:00 NOON

AT: Lobby Lounge

Think of it as  **"My Space"** for private practitioners!

sponsored by the **PROFESSIONAL ISSUES COMMITTEE**

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 CBT 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

networking

All are invited to **MEET 'n GREET** the past presidents of ABCT and the current leaders.

Where: Leadership Table in Southern Hemisphere Room

When: During the Friday-evening Welcoming SIG Expo (6:30–8:30 P.M.)

website

"Getting the Most Out of Conferences"

We've updated this ABCT classic. Vist the convention section of our website for tips on maximizing your Orlando conference experience before, during, and after . . .

website

CONVENTION ITINERARY PLANNER

DESIGN
THE OPTIMAL
CONVENTION
EXPERIENCE

 <http://www.abct.org/conv2008/>

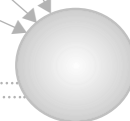
[Conference Sessions](#) ↗

[Convention Itinerary Planner](#) ↗

Browse by: Once the system has built your itinerary, you may register at any time on ABCT's website, or via fax or mail. The deadline for pre-registration is: Oct. 17.

topic
presenter
session type
day/time

42nd Annual Convention
Orlando | November 13–16



NEW Conference Presentation Format: CLINICAL CASE CONFERENCE

In research settings clinicians often have the luxury of extended patient interviews, testing, data collection, family interviews, and the availability of archival material. In the real world of clinical practice, in both outpatient and inpatient settings, clinicians are often asked to make tentative diagnoses and treatment recommendations after brief interactions with a difficult and severely disturbed patient. As a result of that initial contact, requests might be made for further assessment via psychological, neurological, or physiological tests. Further, the initial diagnosis may change with additional information gathered through observation of the patient in treatment, the patient's responses to the direct effects and side effects of pharmacological interventions, and the reactions and input of family members.

The goal of this new format, the Clinical Case Conference, is to highlight and illustrate the clinical conceptual process and the treatment that follows from that conceptualization. After a brief introduction to the format of the session, a 10- to 15-minute patient interview will be shown. In addition, the panel will receive written material relative to this patient and to the patient's health and psychiatric history.

After the case presentation, each panelist/clinician will be asked to respond to several questions:

What is your initial diagnostic impression, based on history and interview? What additional data would you want? What are the behavioral characteristics that you hypothesize to be operative? What are the patient's likely schema? What would be your initial recommendation for treatment? What would be the goals of that treatment recommendation? What might be long-term treatment goals? What would be your recommended treatment setting? What treatments, in addition to psychotherapy, might you recommend?

CASE CONFERENCE 1 • Saturday, November 15, 10:30–12:00

Child Clinical Case Conference: Clinical Practice in the Real World

Mary A. Fistad, *Ohio State University*

Betsy D. Kennard, *University of Texas Southwestern Medical Center*

M. D. Rapport, *University of Central Florida*

Eric Youngstrom, *University of North Carolina*

CASE CONFERENCE 2 • Saturday, November 15, 2:00–3:30

Adult Clinical Case Conference: Clinical Practice in the Real World

Arthur Freeman, *Governors State University*

Sharon Morgillo-Freeman, *Center for Brief Therapy*

Howard Kassinove, *Hofstra University*

Lata K. McGinn, *Yeshiva University*

Call

for Award Nominations

The ABCT Awards and Recognition Committee, chaired by David A. F. Haaga of American University, is pleased to announce the 2009 awards program.

Nominations are requested in the following categories:

Outstanding Contribution by an Individual for Educational/Training Activities

Eligible candidates for this award should be members of ABCT in good standing who have provided significant contributions toward educating and training behavior therapists. Past recipients of this award include Gerald C. Davison in 1997, Leo Reyna in 2000, Harold Leitenberg in 2003, and Marvin R. Goldfried in 2006. Please complete an on-line nomination form at www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Outstanding Education/Training, 305 Seventh Ave., New York, NY 10001.

Outstanding Training Program

This award will be given to a training program that has made a significant contribution to training behavior therapists and/or promoting behavior therapy. Training programs can include graduate (doctoral or master's), predoctoral internship, postdoctoral programs, institutes, or continuing education initiatives. Past recipients of this award include Binghamton University Clinical Psychology Program, University of Washington Clinical Ph.D. Program, the Psychology Internship and Postdoctoral Programs at Wilford Hall Medical Center, the May Institute, and Hofstra University's Ph.D. Program in Combined Clinical and School Psychology. Nominations for outstanding educational/training programs should be accompanied by a summary of information in support of the program, as well as other supporting materials essential for reviewing the program. Please complete an on-line nomination form at www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Outstanding Training Program, 305 Seventh Avenue, NY, NY 10001.

Student Dissertation Awards:

- **The Virginia A. Roswell Student Dissertation Award**
- **The Leonard Krasner Student Dissertation Award**

New this year, we are pleased to announce that we will be presenting two student dissertation awards! Family and friends of ABCT founding member Leonard Krasner wanted to commemorate Dr. Krasner's memory and contributions to the field of the behavioral therapies by offering this named award in the same manner as the Virginia A. Roswell Student Dissertation Award.

Each award will be given to one student based on his/her doctoral dissertation proposal. The research should be relevant to behavior therapy. Accompanying this honor will be a \$1,000 award to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligible candidates for this award should be student members who have already had their dissertation proposal approved and are investigating an area of direct relevance to behavior therapy, broadly defined.

A student's dissertation mentor should complete the nomination. Please complete an on-line nomination form at www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Student Dissertation Awards, 305 Seventh Ave., New York, NY 10001.

Distinguished Friend to Behavior Therapy

Eligible candidates for this award should NOT be members of ABCT, but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Past recipients of this award include Jon Kabat-Zinn, Nora Volkow, John Allen, Anne Fletcher, Jack Gorman, Art Dykstra, and Michael Davis. Please complete an on-line nomination form at www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Distinguished Friend to BT Award, 305 Seventh Ave., New York, NY 10001.

Career/Lifetime Achievement

Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Past recipients of this award include Albert Ellis, Leonard Ullman, Leonard Krasner, Steve Hayes, and David H. Barlow. Please complete an on-line nomination form at www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Career/Lifetime Achievement Award, 305 Seventh Ave., New York, NY 10001.

NOMINATIONS FOR THE FOLLOWING AWARD ARE SOLICITED
FROM MEMBERS OF THE ABCT GOVERNANCE:

Outstanding Service to ABCT

Members of the governance, please complete an on-line nomination by visiting www.abct.org. Then, e-mail the completed forms to dhaaga@american.edu. Also, mail a hard copy of your submission to ABCT, Outstanding Service to ABCT Award, 305 Seventh Ave., New York, NY 10001.

Questions? Contact: David A. F. Haaga, Ph.D., Chair, ABCT Awards & Recognition Committee; e-mail: dhaaga@american.edu

Nominate on line: www.abct.org

Deadline for all nominations:

Monday, March 2, 2009

Named Awards

What better way to acknowledge the contributions made to the field and celebrate the love of learning of a member than a named award? The Awards and Recognition Committee is actively working on an array of options to commemorate colleagues. As we develop a named awards program, please feel free to contact David A. F. Haaga (dhaaga@american.edu), Awards and Recognition Committee Chair, or Mary Jane Eimer (mjeimer@abct.org), Executive Director, with questions. Once the program is developed, we will have information posted on our website.

ANNOUNCING

The Neil S. Jacobson Research Awards for Outstanding and Innovative Clinical Research

Colleagues, friends, and family of Neil S. Jacobson are pleased to announce the Neil S. Jacobson Research Awards for Clinical Research.

On June 2, 1999, Neil S. Jacobson died suddenly and unexpectedly of a heart attack. He left behind a stunned and grieving family, cadre of students, and colleagues and collaborators. In the years since his death, Neil's work has stood the test of time, and his ideas and visions continue to shape his three areas of scholarship: marital therapy, domestic violence, and the treatment of depression.

The week prior to his death, Neil told his graduate student, Sona Dimidjian, that he was most proud of two aspects of his professional life. The first was developing and maintaining his three distinct and remarkable programs of research—marital therapy, domestic violence, and the treatment of depression. The second was that he was gifted at selecting the best possible graduate students. To honor that which Neil valued most as a scientist, we have created three graduate student/early career research awards that will be announced at the November 2009 ABCT meeting in New York City.

About the Award: The award will fund graduate student clinical research (including those who are within 5 years of having completed their Ph.D.), with an emphasis on dissertation research. The award will provide up to \$5,000 for research projects that are relevant to the understanding and treatment of people with difficult life problems. Projects that involve new initiatives that help to move the field in creative directions and that demonstrate promise for continued, ongoing development and investigation are particularly welcome. This award is not limited to graduate student members of ABCT, and is open to all clinical research students and those in their early career.

Application: Proposals should describe the aims, background and significance, and methods, and should clearly state how the project will advance clinical research efforts. Proposals should be a maximum of 3 single-spaced pages in length, plus references, and should include a 1-page budget. Finally, proposals should be accompanied by a letter of support from a faculty mentor.

Download an application form at www.abct.org.

Review Process: Proposals are due May 1, 2009. Please e-mail 1 copy of your proposal to Virginia Rutter, Ph.D., at vrutter@gmail.com, and mail 1 hard copy of your proposal to ABCT, The Neil S. Jacobson Research Awards for Outstanding Innovative Clinical Research, 305 Seventh Ave., New York, NY 10001. Applicants will be notified of the committee's decisions by September 1, 2009. Award recipients will be announced at the November 2009 ABCT convention in New York City and invited to a reception in their honor and in honor of Neil S. Jacobson.

The Neil S. Jacobson Research Awards Committee includes Professors Andrew Christensen (UCLA), Sona Dimidjian (UC Boulder), Steven Hollon (Vanderbilt), Bob Koblenberg (UW Seattle), and Virginia Rutter (Framingham State College).

14th Annual AWARDS & RECOGNITION

Friday, Nov. 14, 2008
Northern Hemisphere A
Swan & Dolphin Resort
Orlando, Florida
5 – 6:00 P.M.

LIFETIME ACHIEVEMENT

David H. Barlow, Ph.D.

OUTSTANDING CLINICIAN

Jacqueline B. Persons, Ph.D.

OUTSTANDING MENTOR

G. Terence Wilson, Ph.D.

DISTINGUISHED FRIEND TO BEHAVIOR THERAPY

Michael Davis, Ph.D.

OUTSTANDING SERVICE TO ABCT

Robert K. Klepac, Ph.D.

8th ANNUAL VIRGINIA ROSWELL DISSERTATION

Marina A. Bornovalova, Ph.D.

PRESIDENT'S NEW RESEARCHER

Matthew Nock, Ph.D.

*The Elsie Ramos Poster Awards
and ADAA Career Travel Awards
will also be announced.*

*For descriptions of award winners
and their contributions to the field:*

 <http://www.abct.org>

[Awards Program](#) ↗

[Past Award Winners](#) ↗

14th Annual
Awards &
Recognition



Chair:
M. Joann
Wright, Ph.D.

Find-a-Therapist

Did you know . . .

- The Find-a-Therapist service is a free service available to all members.
- This service allows members to disseminate their contact information to the public.
- For an annual fee of \$50.00, ABCT members can include the Practice Particulars option and include details such as practice philosophy, areas of specialization, and other relevant information.
- Find-a-Therapist is located on the home page of the ABCT website!

Listing your practice in the Find-a-Therapist directory is a wonderful opportunity to market your practice, provide CBT/EST resources to the public, and generate patient referrals. In addition, it can help locate ABCT members outside of your geographical area to aid in networking, patient referrals, and other professional activities.

To be listed in the Find-a-Therapist directory, select MEMBER LOG IN on the ABCT home page, log in, and select FIND-A-THERAPIST DIRECTORY AND REFERRAL SERVICE “join now.” Once your request is processed, you can log on to the member’s home page at any time to make edits and ensure your information remains current.

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 hrrhpbjm@omh.state.ny.us; phone (845) 483-3310.

Announcing
the Launch
of ABCT’s



CE/CME Calendar

Each year, most licensed members of ABCT—social workers, nurses, psychologists, psychiatrists—are required to obtain CE or CME credits to maintain their licenses. Finding educational opportunities that are both nearby and of interest to members of ABCT can be difficult. Members of ABCT are interested in educational and training opportunities that are rooted in the same principles and theoretical backgrounds that have made ABCT such a vital and vibrant organization—an organization committed to evidence-based practice. The Annual Convention offers just these types of events on an annual basis. But what about the rest of the year? Or what about events that are closer to home? How do you find them and—if you’re providing the training—how do you get the word out? 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, simply go to the ABCT website (www.abct.org) and click on “NEW! ABCT Launches CE/CME Calendar.” Then click on “View Calendar.” The listings will initially be in chronological order, though it is hoped that the Calendar will evolve to include a “searchable” format (i.e., by date, by region, by topic, etc.) and even listings of events and training opportunities which don’t have CE or CME credit associated with them such as some Grand Rounds presentations and university or departmental research days. For the time being, the Calendar will focus on CE and CME events. The listings will provide dates, locations, goals, CE/CME available, and contact information. If you are looking to

post an event, that information—along with your ABCT number—is what you’ll need to enter. 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. This is to ensure that no sham postings, postings with obscene language, or postings by non-ABCT members make it to the Calendar. The review is not something that is intended to constitute any sort of accreditation or endorsement by ABCT. ABCT does not accredit or endorse CE or CME events. We believe that the fact that the event is being posted by a member ensures that it will both be of interest to other ABCT members, and be consistent with the theoretical orientations and principles that infuse ABCT and place ABCT at the fore of the development and promotion of evidence-based practice.

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 so that fellow members can take advantage of training and education provided by ABCT members. To post an event, again go to the ABCT website, click on “NEW! ABCT Launches CE/CME Calendar.” (<http://abct.org/cecalendar/?fa=calHome>) then click on “Post an Event.” You’ll need to have the information listed above to submit an event for listing. Events can be posted as much as 6 months prior to the event and will remain on the Calendar until 2 weeks after the event.

We hope that you find the ABCT CE/CME Calendar useful, and we look forward to your event postings!

Please contact John Klocek, Ph.D. at john.klocek@va.gov with any thoughts, suggestions, or feedback.

JOB BANK

JOB SEEKERS | EMPLOYERS <http://jobbank.abct.org>

Do You Have the Vision to Take ABCT Forward? Then Run for ABCT Office!

Kristene Doyle, *Albert Ellis Institute, Chair, Leadership & Elections Committee*

Why not make this the year that you share your vision with fellow members of your professional home? Be part of a wonderful democratic process of getting your voice heard and your ideas communicated by nominating yourself or someone you think who has what it takes! Now is your opportunity to make a difference. By serving in one of these offices, you will not only gain a sense of accomplishment for contributing to your profession's growth, you will also get the chance to work closely with ABCT's central office staff, connect with old colleagues, and make new friends.

Those members who receive the most nominations will appear on the ballot. Members then vote on the candidates of their choice to serve for 3 years. The candidate elected as President serves as elect, sitting, and past; the Secretary-Treasurer also serves as the Chair of the Finance Committee. The candidate who wins the Representative-at-Large position in the 2009 election will serve as the liaison to

Convention and Education Issues. The individuals elected serve a year as "elect" to make certain all the fine details are learned, ensuring a seamless transition. Once every 3 years a strategic planning meeting is held to guarantee that all elected members participate in at least one planning session during their term of office. However, given that ABCT is co-sponsoring the 2010 World Congress with Boston University's Center for Anxiety Disorders and School of Social Work, the next strategic planning retreat will be held in 2011.

Don't forget, ABCT's bylaws were amended to permit electronic voting. Even if you do not run for office, please make sure to vote for the individuals you believe will do the best job as soon as you receive your ballot.

How to Get Nominated

If you believe you or someone you know have the vision, skills, and commitment to serve, then take a risk! Visit the membership sign-up booth at this year's convention and drop your nominations in the CALL

FOR NOMINATIONS box. You can also mail in your form to ABCT's Central Office, or fax it to (212) 647-1865. Original signatures are required, so please do not email your nominations. All full members in good standing are eligible to be nominated. You can nominate as many members as you wish. For detailed descriptions of each of the positions, visit our website, www.abct.org.

Specifics: The individual elected as President-Elect (2009-2010) will serve as ABCT's President from 2010 to 2011. The Representative-at-Large candidate will serve November 2009 through November 2012. The year of transition for Secretary-Treasurer will be 2009-2010, with the official term of office being November 2010 to November 2013.

The Annual Meeting of the Board takes place the Thursday of the convention, with monthly conference calls the remaining 10 months of the year, the only exception being August. The President, Immediate Past President, President-Elect, and the Secretary-Treasurer comprise the Executive Committee. Conference calls are scheduled when necessary to guarantee ABCT continues to run efficiently and effectively. It is expected that candidates have knowledge of ABCT's mission, bylaws, strategic plan, and existing priorities. If you believe you have what it takes, or know a colleague who does, we strongly encourage you to nominate yourself or someone else.

NOMINATE the Next Candidates for ABCT Office

I nominate the following individuals
for the positions indicated:

PRESIDENT-ELECT (2010-2011)

REPRESENTATIVE-AT-LARGE (2009-2012)

SECRETARY-TREASURER (2010-2013)

NAME (printed)

SIGNATURE (required)

2008 Call for Nominations

Every nomination counts! Encourage colleagues to run for office or consider running yourself. Nominate as many full members as you like for each office. The results will be tallied and the names of those individuals who receive the most nominations will appear on the election ballot next April. **Only those nomination forms bearing a signature and postmark on or before February 2, 2009, will be counted.**

Nomination acknowledges an individual's leadership abilities and dedication to behavior therapy and/or cognitive therapy, empirically supported science, and to ABCT. When completing the nomination form, please take into consideration that these individuals will be entrusted to represent the interests of ABCT members in important policy decisions in the coming years. Contact the Leadership and Elections Chair for more information about serving ABCT or to get more information on the positions.

Please complete, sign, and send this nomination form to Kristene Doyle, Ph.D., Leadership & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.

Full Members

Dorothy Adams, M.A.
Mark H. Balabanis, Ph.D.
Ron Blake, MSW
Rhonda C. Boyd, Ph.D.
Laurel L. Brown, Ph.D.
Jürgen Hoyer, Ph.D.
Joseph Hunter, M.A., CAADE
Neil P. Jones, Ph.D.
Ana Kelton-Brand, Ph.D.
Yvanna Kroitor, Ph.D., C. Psych
Jeffrey Lightfoot, Ph.D.
Lisa M. Maccarelli, Ph.D.
Nagwa Maksy, M.S., MFTI
Gene Malini, M.S.
Danielle E. McCarthy, Ph.D.
Stephen M. Muncy, Ph.D.
Marie-Claude Pelissier, Ph.D.
Agnieszka E. Popiel, M.D., Ph.D.
Sandra L. Reinhold, Psy.D.
Martha Anne Rich, Ph.D.
Gregory H. Salerian, MCSW
Donna B. Sayegh, BSN
Robert S. Schachter, Ph.D.
David R. Stephens
Peter Weiss

Student Members

Cassidy C. Arnold, B.A.
Adi Aviram
Courtney L. Bagge, M.A.
Heidemarie Blumenthal, B.A.
Arianna Brandolini, B.A.
Erin M. Broderick
Puihan Joyce Chao, M.A.
Kasey Claborn
Melissa R. Demir
Jonathon T. Droze
Courtney Fox, B.A.
Jordan Gilleland, M.S.
Brittany M. Glass
Bella R. Grossman, B.A.
Daniella M. Halperin

Bram E. Heidinger, B.F.A.
Anthony A.B. Hopley, B.A.
Shannon L. Jones, B.A.
Chelsea M. Klinkebiel
Susan Klostermann, B.A.
Susan W. Krigel, M.A.
Magdalena Kulesza, M.A.
Benedict Lesczynski
Hannah C. Levy, B.A.
Michael A. Mallott, M.S.
Elizabeth M. McGee, Ph.D.
Susan M. McKay
Virginia A. Norris
William C. Oakley
Kendra L. S. Ocanes, A.S.N.
Mandy D. Owens, B.S.
Augustine Panchoo
Mary Pawlowski, M.A.
Mary H. Pelkowski
Christine B. Plummer, B.S.
Lauren E. Reba-Harrelson, M.A.
Amanda Reinhardt
Denise D. Robertson
Terra L. Rose, Psy.D.
Christina Ryan
Christopher T. Sege
Ryan C. Shorey
Megan M. Short
Christie T. Spence
Taryn M. Stejskal
Rachel Strimas, M.A.
Ann Thomas, B.S.
Shona M. Tritt, B.A.
Karlyn Elizabeth Vathauer, B.S.
Dorothy E. Warner, Ph.D.
Keri B. Whitacre, M.A.

New Professionals

Rachel S. Doriese, Psy.D.
Rochelle D. Voth, Ph.D.
Michele A. Morganstern, Ph.D.
Abigail Strubel, MSW

Eric A. Youngstrom, Ph.D.
UNC, Chapel Hill
Jeffrey L. Goodie, Ph.D.
Uniformed Services University of Health Sciences
Gilles Trudel, Ph.D.
Universite Du Quebec
Matthew T. Feldner, Ph.D.
Ellen W. Leen-Feldner, Ph.D.
University of Arkansas
Keith S. Dobson, Ph.D.
University of Calgary
Amie E. Grills-Taquechel, Ph.D.
University of Houston
Cheryl N. Carmin, Ph.D.
University of Illinois at Chicago
Janet Woodruff-Borden, Ph.D.
University of Louisville
Douglas W. Nangle, Ph.D.
University of Maine
Andrew W. Meyers, Ph.D.
University of Memphis
Scott F. Coffey, Ph.D.
University of Mississippi
Kristin M. Hawley, Ph.D.
University of Missouri
Debra A. Hope, Ph.D.
University of Nebraska
Daniel J. Taylor, Ph.D.
University of North Texas
Bethany A. Teachman, Ph.D.
University of Virginia
J. Kim Penberthy, Ph.D.
University of Virginia Health Care System
Gerald C. Davison, Ph.D.
USC Davis School of Gerontology
Thomas H. Ollendick, Ph.D.
VA Polytechnic Institute & State University
Denise D. Davis, Ph.D.
Vanderbilt University
Cynthia L. Turk, Ph.D.
Washburn University
Robert D. Zettle, Ph.D.
Wichita State University

**Have you
been a member
of ABCT for 5 years?
(or a multiple of 5)?**

If so, you get a gold star.

Report to the membership booth
at the Orlando meeting
(November 13–16)

ABCTAMBASSADORS

are needed to:

messenger

Articulate ABCT's vision, purpose, and identity to encourage membership

guide

Mentor individuals through the process of presenting at the annual convention or transitioning into leadership positions

signify

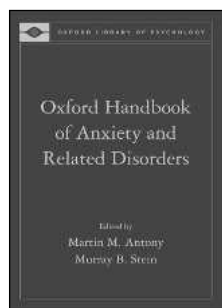
Act as the eyes and ears of the association locally

ABCT's Ambassador program is a brand-new initiative promoting leadership, participation, and membership in ABCT.

ABCT Ambassadors are easily recognized at the annual meeting by their special ribbons. They also receive a certificate of recognition and are featured on our website and in tBT.

For more information, contact Lisa Yarde at ABCT's central office (lyarde@abct.org)

Come see us in Orlando at the 42nd Annual ABCT Convention (Booths 31 and 32)!



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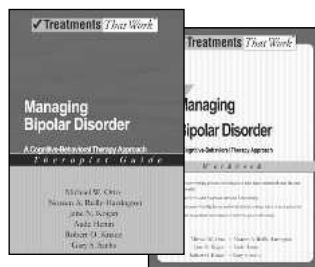
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