40 years ABCT

ISSN 0278-8403
VOLUME 29, NO. 1 • JANUARY 2006

the Behavior Therapist

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Seeking Web Editor . . .

ABCT is embarking on a comprehensive reorganization of its Web site and is seeking a Web Editor to assist in this process. The full position description can be found on our home page (www.aabt.org). The position is funded with both an honorarium and editorial support. The role principally involves developing content for the Web site. Technological knowledge is less essential. ABCT members interested in applying for this position should contact Sue Orsillo, Chair of the Search Committee, at sorsillo@suffolk.edu.

The deadline for applications is January 30, 2006.

From the Editor

The Year in Review

David Reitman, *Nova Southeastern University*

Happy New Year! Best wishes to you, your families, and friends. First, I'd like to take a few moments to express thanks to all of you that contributed to *tBT* this past year. We set some ambitious goals last January, and thanks to you, we achieved many of them. I especially want to thank your *tBT* associate editors. Thanks to their efforts, we were able to focus more attention on scientifically informed clinical work occurring outside of academia (Wotring, Hodges, Zue, & Forgatch, 2005) and highlight the connections between ABCT and other health care professions (Franks, 2005; Goisman, 2005). We also made a strong effort to publish content of interest to student members, including information about internship, masters' programs, and professional development (Evans & Timmins, 2005; Smitherman, 2005; Zeiss & Seime, 2005). Overall, we were quite successful in accomplishing our goals. We also reintroduced a *tBT* feature on training (Training Program Update) and debuted new sections on current events (News and Notes) and archival work (*tBT* Classic). Nevertheless, much remains to be done.

Over the next year, we will be exploring the viability of making *tBT* available to you on-line. We also hope to do a better job of highlighting the work of private practitioners undertaking the difficult task of translating research to practice. To accomplish these goals and maintain the quality of this publication, we will continue to depend

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Published by the Association for
Behavioral and Cognitive Therapies
305 Seventh Avenue - 16th Floor
New York, NY 10001-6008
(212) 647-1890/Fax: (212) 647-1865
www.aabt.org

Subscription information: *the Behavior Therapist* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at $40.00 per year (+$32.00 airmail postage outside North America).

Change of address: 6 to 8 weeks are required for address changes. Send both old and new addresses to the ABCT office.

Celebrating 40 Years

Help Celebrate ABCT's History

Contribute

- a memory
- a story
- a piece of history

contact the editor: David Reitman: **reitmand@nova.edu**

Instructions for Authors

The Association for Behavioral and Cognitive Therapy (formerly known as Association for Advancement of Behavior Therapy) 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.

Prior to publication authors will be asked to submit a final electronic version of their manuscript and complete a copyright transfer form. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to AABT/ABCT. Electronic submissions are preferred and should be directed to **reitmand@nova.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:

David Reitman, Ph.D., Center for Psychological Studies, 3301 College Avenue, Nova Southeastern University, Fort Lauderdale, FL 33314-7796

upon you. We especially encourage contributions from new members and from those that bring a fresh perspective from other disciplines such as social work, medicine, business, and education, just to name a few.

As you may or may not be aware, 2006 marks the 40th anniversary of the ABCT. Forty years of behavioral and cognitive therapy! As noted by Franks (2005), many of the founding members of AABT/ABCT are now entering retirement, or sadly, have passed on. In addition, a number of second-generation behavior and cognitive-behavior therapists have developed more specialized interests (and become leaders in their respective areas) and may no longer attend the annual ABCT conference regularly or be the "fixtures" in the organization that they once were. We want to use this volume of *tBT* to celebrate our history and, in doing so, invite past members to rejoin us, reflect on their contributions, and offer their perspectives on the future of behavioral and cognitive therapies. If you have a memory, a story, some other piece of ABCT history that you'd like to share, we invite you to contact us as soon as possible. Stories accompanied by old pictures would be especially appreciated. (Please contact the editor regarding prices for suppressing photos and embarrassing recollections.) Seriously, we hope you will help us to reflect on the accomplishments of our organization and membership and set an agenda for the future.

Finally, though it may be tempting to rest, there is still much work to be done, especially in the area of dissemination. We hope that *the Behavior Therapist* will continue to be the vanguard publication for raising such issues and fostering communication about our future. For example, in the next few issues we will publish a number of articles with a public health focus. Interventions in the public health arena make it possible to reach far more people with behavioral science than ever before and may serve as a powerful example of how scientifically informed health-care initiatives can improve outcomes for large segments of the population. We also hope to rekindle something of the iconoclastic, revolutionary spirit that launched the organization back in 1966 (Reitman & Sobell, 2005). To this end, Combs et al. (this issue, p. 12) challenge the notion that pharmacological treatment alone is sufficient for psychosis, and describe a multidisciplinary treatment model that has the potential to vastly improve care for persons with severe mental illness. We hope you enjoy reading and invite you to contribute regularly! Welcome to Volume 29!

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Letter to the Editor

Dissemination of Behavior Therapy Techniques Through Television

Gregory A. Fabiano and T. David Elkin, *University of Mississippi Medical Center*

Television has considerable influence over public opinion and knowledge. Indeed, it could be argued that much of what the general population knows about the health care and law-enforcement professions has been learned through this medium. For example, the television shows *ER* and *CSI: Crime Scene Investigations* may promote better awareness and understanding of emergency medical care and forensic science. While some of what is conveyed in these programs is apt to mischaracterize or dramatize these professions, we propose that television offers an excellent opportunity to educate the public about behavior therapy. Specifically, we hope that behavior therapists will take a closer look at television as a dissemination tool (see also Sanders, Montgomery, & Brechman-Toussaint, 2000; Sanders & Turner, 2002).

A pair of recent programs may be particularly relevant for behavior therapists working with children: *Supernanny* (http://abc.go.com/primetime/supernanny/) and *Nanny 911* (www.fox.com/nanny911/) have focused on interventions in families experiencing problems with parenting and managing children with disruptive behavior. In a typical program, the first segment involves an introduction of a "nanny" to the family and the nanny's observation of family functioning over the course of a day. Based on the observation, the nanny provides the family with an intervention plan. The nanny then implements the plan, models the procedures for the family, and provides immediate feedback and additional modeling as needed. Finally, the nanny leaves the home and returns after a day or two to provide additional feedback, often supplemented by videotapes of actual parent behavior.

These programs mark a drastic shift in Hollywood's portrayal of the treatment of childhood behavior problems. Rather than illustrating individual, nonspecific counseling with the child, the treatment offered is largely consistent with current recommendations for evidence-based practice (e.g., Brestan & Eyberg, 1998; Mindell, 1999; Pelham, Wheeler, & Chronis, 1998), and includes working with the parents to implement interventions such as time-out, planned ignoring, and token economies. In effect, the programs are a 1-hour commercial for child behavior therapy!

Beyond the interesting question of how and when Hollywood discovered child behavior therapy, the importance of these programs should not be underestimated by behavior therapists. Recent calls in the area of evidence-based treatments have underscored the importance of disseminating information on effective treatments to consumers as well as clinicians (Herschell, McNeil, & McNeil, 2004; Sanders & Turner, 2002). Standard estimates of viewership indicate over 4 million viewers tuned in each week during February 2005, and the first episodes of *Supernanny* were ranked number one for the evenings they aired

among women ages 18 to 34 (ABC Press Bundle for Tuesday, February 15, 2005). These numbers reveal many parents were exposed to evidence-based treatments for childhood behavior problems by watching the program, and suggest a broad interest by adults in observing parenting and the application of behavior management techniques. Similar programs are also aired in New Zealand, and researchers there have presented promising findings on the effectiveness of such dissemination efforts (e.g., http://www19.triplep.net/; Sanders et al., 2000; Sanders & Turner, 2002).

So what are the implications for behavior therapists? First, clinicians should be aware that parents initiating treatment may arrive with knowledge of evidence-based procedures based on their viewing episodes of these programs, and thus may expect clinicians to recommend similar procedures. Behavior therapists will need to address the appropriateness of potential behavioral interventions given the context and function of the child's referring problems. Second, the programs imply that severe behavior problems can be effectively treated within the space of a few days. Clearly, this is not the norm, and behavior therapists can help parents not only initiate behavioral interventions, but maintain them for as long as is necessary. Researchers should also investigate whether viewing such programs results in changes in approaches to managing behavior problems. The programs also suggest a service delivery model for behavioral parent training that could be evaluated in research (e.g., in-home, in-vivo modeling and practice). Finally, such programs can help parents (and teachers) understand what evidence-based treatment looks like, make it more palatable and normative, and hopefully make them more educated consumers because the behavior-modification approach used on the shows closely aligns with that identified as effective in the parent training literature (Brestan & Eyberg, 1998; Pelham et al., 1998). In the long run, both families and clinicians can benefit from the rise in the public consciousness of behavior therapy approaches for children. We are interested in the effects that these broadly disseminated shows may have on parenting knowledge and skills (see Sanders, 1999, for a thoughtful, expanded discussion). While knowledge, and perhaps even skills, may be enhanced by these programs, the implications of these programs for facilitating and maintaining change among families with more serious problems remains to be documented.

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Feature

Publish Without Perishing, Part 1: Suggestions for Students and New Faculty

Steven Taylor, *University of British Columbia*, Dean McKay, *Fordham University*, Jonathan S. Abramowitz, *Mayo Clinic*, Gordon J. G. Asmundson, *University of Regina*, and Sherry H. Stewart, *Dalhousie University*

One of the strengths of a scientist-practitioner organization such as the Association for Behavioral and Cognitive Therapies (née AABT) is that many of its members, including student members, are actively involved in research and in publishing their findings in scholarly journals. Publishing your scholarly work can be one of the most fulfilling experiences in academia. It can also be one of the most frustrating. Indeed, diatribes have been written by embittered academics about the difficulties in getting their work published. These pessimistic (and generally unhelpful) perspectives are counterbalanced by optimistic and practical advice from successful academics (Darley & Zanna, 2004; Kazdin, 1998; Sternberg, 2000). In the present article and in the second article in this series, we will build on the optimistic advice of others to offer our views on how to be successful at the game of publishing. The choice of the term "game" is deliberate; we believe that publishing should be stimulating, if not fun. It should be viewed as a game or challenge, rather than a threat. Knowing the written and unwritten rules of the game is important for successful publishing. The perspectives and suggestions we offer are based on our experiences as authors, editors, reviewers, and mentors. Collectively, we have published several hundred journal articles and book chapters, and over a dozen books. There is no single recipe for success in academic publishing. We offer some ideas for consideration. We hope this stimulates discussion from other readers of *the Behavior Therapist*.

To set the scene for the discussion to follow in this article and the next, consider the following questions. The way you approach these issues will influence your academic career in terms of hiring and promotion.

Your time, like all of your resources, is limited. You only have X hours per week for research and writing. To which activity should you devote most of your time; writing grants, writing empirical papers from an existing dataset, writing review articles, or polishing your teaching skills?

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Which are more important to write—a number of small empirical articles or one big review paper?

Would your academic career be helped or hindered by collaborating with big names in the field?

Should you be a "hedgehog" or a "fox" in your research strategy? Should you methodically follow a single line of investigation, such as doing research and publishing only on, say, the topic of alexithymia (a hedgehog strategy)? Or should you pursue diverse lines of investigation, depending on what piques your interest (the way of the fox)?

What is the optimal balance of quantity versus quality? For example, should you try to publish lots of papers in second- or third-tier journals, or should you focus on publishing fewer articles in leading journals?

Is it really that important that your papers be well-written? After all, you're a behavioral scientist, not a novelist.

How do you decide on which journal to send your work?

How important is it to your career to publish book chapters or books?

The Busy Business of Academia: How Should You Allocate Your Time?

Understanding Local Conditions

Academia involves many things, including teaching, administration, grant writing, conducting research, and publishing. The way these activities are valued varies across departments and institutions, and so you need to understand the local conditions in which you work, or the conditions in which you are planning to work. Local conditions include the relative importance of teaching at a given institution, as well as the preferences or biases of faculty committees responsible for hiring and promotion. In some institutions, such as some smaller colleges, greater emphasis is placed on teaching and administration than on publishing (Murray, 1998). In such places it is possible that a faculty member may not be successful in obtaining tenure and promotion largely because of unsatisfactory teaching performance, such as poor evaluations from students. To understand the local conditions at the institution in which you work, or the institution in which you are applying to, you should talk to colleagues at the institution, and consult their faculty handbook or similar departmental guidelines.

Grant-Getting Versus Publishing

Grant-getting is a particularly important component that defines the local conditions of an academic environment. Research universities emphasize grant-getting and the publishing of empirical research. Grant-getting is a time-consuming process. Grants are simply a means to an end; that is, a means of securing the time and resources to conduct and publish your research. That would seem to suggest that you should only get those grants that you *need* to do your research. If you can still publish good empirical work with a few tiny grants, then shouldn't you focus most of your time and energy on writing papers instead of getting grants? Although that seems to be a logical strategy, the reality is that many department chairs and deans place great importance on their faculty members obtaining numerous, large grants. Some departments, when it comes to promotion or salary bonuses, place greater weight on grant-getting than on publishing. Bringing in grant funding can increase the prestige of a department or university, which is one reason why grants are emphasized. Some departments, particularly those in medical schools, require faculty members to raise their own salaries, either by providing direct clinical service or by obtaining grant funding. Thus, although publications are more important than grants in the progress of science, it can be more important, at least in many academic settings, to secure grants than to publish research articles. Publishing is still necessary to survive in many academic settings, but it may be insufficient for academic success. The Catch-22 here is that publishing (or demonstrating your record in research success) is also a necessary component of success in grant competitions. Space limitations preclude a discussion of grant-getting in the present article. For a detailed discussion of the art and science of grant-getting, see Sternberg (2004). Similarly, detailed discussions of effective strategies for conducting research are discussed elsewhere (e.g., Kazdin, 1998).

Publish and *Perish*

Local conditions also define ways that one can publish and perish. Some departments emphasize empirical research and minimize the importance of "nonempirical" papers, such as review articles or commentaries. Thus, even if you devote most of your time to writing erudite, theoretically important review papers, it is possible that you may be passed over for salary bonuses, and you may have difficulty obtaining tenure and promotion. The bias against review articles is ironic because review papers tend to have a greater impact on the field and longer citation half-life than empirical papers (Amin & Mabe, 2000; Garfield, 1994). So, your efforts at writing highly cited articles (i.e., reviews) could actually undermine your academic success if you are in a department where hiring or promotion committees place greater emphasis on empirical papers.

Another way of publishing and perishing is to publish many articles in low-ranking journals; a better strategy is to publish at least some articles in leading journals, even though many of your articles might be in lesser journals. (Statistical indices of journal ranking are discussed in the second article in this series.) A similar approach might be taken when you consider whether to publish with established leaders in your field. There are pros and cons to publishing with big names. The pros include (a) you are likely to learn important things about research and publishing when you work with leading researchers, and (b) your articles may be more likely to be read and cited by others if they are co-authored by a well-known investigator. The cons include (a) the risk that people might assume (perhaps incorrectly) that all the good ideas in your paper came from your big-name co-author rather than you, and (b) the risk that members of hiring or promotion committees might be concerned about your ability to work as an independent investigator, especially if most of your articles are co-authored with big names in the field. The solution to these problems is to ensure that you publish articles in which it is clear that you are the lead investigator and the originator of the important research ideas. This can be achieved by publishing single-author papers. That might not always be feasible, especially when conducting complex research that involves the input of many others. In such cases you might choose to do some of your work with your own research group (e.g., other colleagues) rather than with big names in the field. Or you might include a footnote in your research papers, acknowledging receipt of your grant support and, if appropriate, mentioning that you were the principal investigator. Some journals, primarily medical journals, require articles to contain a footnote describing the contribution made by each of the authors. This can help you demonstrate the contributions you

made to the paper, even if you are publishing with an established leader in the field.

Taking a "fox" rather than "hedgehog" approach to research and publishing can also sometimes harm your chances of academic success, especially in the early stages of your career. According to the ancient Greek poet Archilochus, the fox knows many things, but the hedgehog knows one big thing (Berlin, 1953). Fox and hedgehog strategies are both commonly seen in academia. One might adopt a largely foxlike approach, whereby you do research in many different areas, and publish on a diverse range of topics. In comparison, one might adopt a hedgehog approach, in which you study one topic in great depth, and publish only on that topic. To illustrate the latter, one of our colleagues has focused his research on the concept of perfectionism, and publishes almost exclusively on this topic. Other researchers adopt a blend of fox and hedgehog approaches. Neither of the fox or hedgehog approaches is inherently wrong; both can lead to important advances in science. The hedgehog approach facilitates a deep understanding of one particular research area, whereas a foxlike approach may lead one into many different novel or underinvestigated areas, some of which may be of great interest to readers, reviewers, and editors.

For someone starting out in academia, we believe it is better to adopt a more hedgehoglike approach in order to demonstrate to hiring or promotion committees that you are systematically pursuing a solid line of research. In other words, it is important to demonstrate (e.g., via your publication record) that you have a program of research that is capable of attracting grant funding, instead of seemingly haphazard or fad-driven research. A highly diverse string of publications might be interpreted as evidence that you don't know where you are heading in terms of your research. As you become more established in your academic career you might choose to diversify and become more foxlike, such as by pursuing multiple lines of research and publication.

Publishing Your Work Is the Business of Communication

Good writing is dismissed as mere window dressing by some researchers. Some researchers submit their poorly written work to journals in the hope that the reviewers will tell them how to fix their papers. Expecting reviewers to clean up your work is irritating to reviews and editors, and a recipe for rejection. It is also a misuse of the review process (Kendall, 1990). Some researchers believe that their work sounds more "scientific" or profound if it is written in dense, jargon-filled, and convoluted prose. Again, this is a recipe for rejection. Some authors have been drawn to writing gimmicks in the hope of making their papers seem scientific, such as Dillon's (1981) work showing that the presence of a colon in the title of a manuscript is positively correlated with chances that the paper will be published. Gimmicks like adding a colon is no substitute for a well-written manuscript. (Even so, we added a colon to the title of the present article, just to be on the safe side.) We also offered a charbroiled chicken and three dolmades to **Πίθηκος δακτυλογράφησης,** the god of acceptance letters. Perhaps the most unusual attempt to get around the problem of good writing and good methodology was made recently by a Brown University researcher. When his paper was rejected from an occupational medicine journal, he simply bought two pages of ad space and printed the entire article in the same journal (McCook, 2005).

In graduate school we're encouraged to pour over monographs like Campbell and Stanley (1970) to learn how to design reliable and valid experiments. We're encouraged to study volumes like Tabachnick and Fidell (2000) to learn how to best analyze our data. We're told to examine the *Publication Manual* of the American Psychological Association (2001) to learn how to organize our findings into the desired publication format. But students and new faculty typically receive very little instruction on how to actually write their articles. Clarity and good writing are highly important in getting your work published. These points were highlighted recently in editorials from the leading journals *Nature* (Gee, 2004) and *Psychological Bulletin* (Bem, 1995).

> When space in journals is at a premium, and when success is measured in terms of publication, it is in the interest of researchers to write clearly and plainly … [Well written papers emerge] like bright buttons from a larger pile of lexical sludge written in the customarily dreadful manner. … In the last analysis, when authors need to maximize every opportunity to get their message heard, literacy will be seen, increasingly, as something that could make or break a paper, and with it, the careers of authors. (Gee, 2004)

From my own experience as an editor of an APA journal, I believe that the differ-

> ence between the article accepted and the top 15-20% of those rejected is frequently the difference between good and less good writing. Moral: Don't expect journal reviewers to discern your brilliance through the smog of polluted writing. (Bem, 1995, p. 176)

Thus, it is important to remember that publishing your work is, to a large degree, the business of effective communication. To be sure, good writing can't salvage a methodologically weak study, but it is still important that you learn to communicate your ideas clearly.

Clear prose is also important when you are asked to revise and resubmit a journal article. If the reviewers can't follow your arguments, or if they raise other concerns (even if their concerns appear to be wrongheaded), then you need to clarify the text of your manuscript, in a nondefensive way. Your cover letter to the editor, in which you describe how you addressed the reviewers' concerns, should also be clear, concise, and noncombative. (Some of the best examples of the sort of writing to avoid can be found in the combative, but nonetheless entertaining, squabbles found in the Letters section of the *New York Review of Books*.) No one likes criticism (well, almost no one), and it's easy to get discouraged by scathing reviews. If you've been asked to revise and resubmit a journal article, then your paper is potentially salvageable. Responding to the reviewers' comments is just another one of the games of publishing. This one is more like a video game; if you want to get to the next level, then you need to solve the puzzles or challenges set by the reviewers. Rejected articles are also often salvageable and find a home in another journal. Don't be afraid of rejection and don't let it stop your efforts to publish your work. You need not take it personally—remember, it's just a game. Lives are not at stake. Also remember the two secrets of publishing: (a) everyone gets rejected, and (b) just about everyone eventually gets published (Asmundson, Norton, & Stein, 2002). Persevere and you will succeed.

> Feel free to complain to your colleagues or rail at your poodle because the stupid reviewers failed to read your manuscript correctly. But then turn to the task of revising your manuscript with a dispassionate, problem-solving approach. First, pay special attention to criticisms or suggestions made by more than one reviewer or highlighted by the editor in the cover letter. These *must* be addressed in your revision—even if not in exactly the way the editor or reviewers suggest. ... Next, look carefully at each of the reviewers' misreadings. … Whenever readers of a manuscript find something unclear, they are right; by definition, the writing is unclear. The problem is that readers themselves do not always recognize or identify the unclarities explicitly. Instead, they misunderstand what you have written and then make a criticism or offer a suggestion that makes no sense. In other words, you should also interpret reviewers' misreadings as signals that your writing is unclear. (Bem, 1995, pp. 176-177, emphasis in original)

You don't need to be a Pulitzer Prize-winning author to be successful in publishing in academia, as you can see from the un-Hemingwayesque prose of the present article, but you do need to learn how to express your ideas clearly. There are several useful resources that can help you learn how to write clear scholarly articles. Among the most useful includes Strunk and White's (2000) *Elements of Style*. Other useful guides include the University of Chicago Press (2003) manual of style, and the resources on the style home page of the American Psychological Association (www.apastyle.org/). Taking courses in writing and requesting feedback from mentors or colleagues can also be helpful.

Although these resources are useful, the mere mention of doing "quality writing" can cause some students and faculty to lapse into writer's catatonia. Several useful programs have been developed to help academics overcome writing procrastination (e.g., Boice, 1989). One simple but useful strategy is to aim low when you write your first draft of a paper; construct a rough outline, then write out the paper in full, as a deliberately rough draft, without worrying about grammar, style, or concision. To get to the full draft stage, try the 3-minute rule: sit down each day and write for at least 3 minutes. Once you've written for that period of time, decide whether you want to write some more. People often find that once they've written for a few minutes, then it's easy for them to continue writing. Next thing you know, you've written something massive, like *War and Peace* or the *Starr Report*.

Once the first draft is written, it's easier to start polishing the text. You should pay careful attention to the length of the manuscript. Try to keep your paper as short as possible, without sacrificing important details. If you are writing up a single-case study, for example, the manuscript should be more like 20 pages than 50 pages. (Unfortunately, we have seen several instances of the latter, which are often rejected outright.) In your literature review, focus only on the articles and issues that are germane to the aims of the study. One of the best ways to improve your writing is to continue to write, even if you're only writing a few pages each day. With increased proficiency, writing can become fun, rather than a chore.

Conclusion

Academia is a land of paradoxes. Once you land a job as an assistant professor, you're expected to carry a teaching load, even though you probably had little or no experience or training in how to teach. You are expected to obtain grants and establish a research program, even though you may have had little or no experience in grant-getting and may have only a limited understanding of the issues and pitfalls in establishing a research program. On the one hand, academics are expected to have taken the required courses and attained the requisite credentials from a suitably accredited program; self-education in such things would be woefully insufficient for even being considered for an academic job. On the other hand, academics are required to autodidact or "pull ourselves up by our bootstraps" when it comes to important endeavors like teaching proficiency, grant-getting, establishing a research program, demonstrating that one is an independent investigator, and publishing scholarly works. Along the way we fill these knowledge gaps by seeking out mentors and role models, by soliciting peer feedback, by consulting the literature on the topic, and by muddling our way along with the help of common sense.

This article has raised issues and suggestions about particular aspects of the academic enterprise; the writing and publishing of scholarly works. Your approach to publishing should take into consideration the local conditions of the academic institution in which you work, or the institutions in which you wish to apply to. Although the maxim "Publish more of everything that is worth publishing" certainly can lead to academic success, some publications are more important than others. As we have seen, empirical papers are particularly important, even when they may objectively have less impact on the field than review articles. We also suggest that, at least in the early stages of your academic career, that you avoid publishing a high quantity of low-quality articles, and avoid publishing a low quantity of high-quality articles. Aim for something in

between. We also recommend that you follow the path of the hedgehog, at least in the early stage of your career. Good writing is very important, although it is no substitute for methodologically sound research.

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International Scene

A Truce for Venezuelans: A Preliminary Program for the Prevention of Violence

Felícitas Kort Rosemberg, *Central University of Venezuela*

The World Health Organization Global Report on Violence emphasizes the importance of developing prevention programs in mental health. Following the resolutions of Assemblies 49 (1996) and 56 (2003), in January 2003, a Global Campaign for the Prevention of Violence was declared, emphasizing that violence is a public health problem as perilous as any disease. "A Truce for Venezuelans" is a pilot program aiming to stimulate initiatives that prevent the escalation of conflict. It is a community-based project using the principals of cognitive behavior therapy (CBT). The project is designed to teach individuals from various population segments how to substitute prosocial actions for violent behavior and above all, teach behaviors that are incompatible with hostility and anger. Its main goals are to inform the public about the negative consequences of violence, to disseminate alternatives to violence as a way to prevent social turmoil resulting from high levels of political tension, and to promote mental health for a better quality of life. The project thus aims to facilitate the broad objectives of enhanced well-being for the people of Venezuela. The project has implications for the dissemination of research and practice in community applications of CBT.

A number of previous studies exemplify successful community-based strategies and provide important models for this project. The San Francisco Mood Survey Project: Preliminary Work Toward the Prevention of Depression (Muñoz, Glish, Soo-Hoo, & Robertson, 1982) reported on a population-based intervention using CBT principles disseminated via television. A mood survey measured individuals' behavior and mood before and after viewing a television series. The television presentation was introduced as a special segment on methods that have been used to help people feel better and included pleasant activities, how to write out contracts with yourself for positive behavior change, rewarding yourself, exercise, changing negative to positive thoughts, relaxation, and positive assertion. Mood was assessed via a phone survey conducted by trained volunteers 1 week before showing the first segment and 1 week after the last segment was shown. The results showed a positive response to the segments, some changes in behavior, and depression reduction.

Similarly, "Stress and Coping in Israel During the Persian Gulf War" (Milgram, 1993) investigated pre-war vulnerability, interpersonal and intrapersonal resources, levels of acute stress reactions (cognitive, behavioral, and somatic), and the reduction in intensity and frequency of these stress reactions following intervention. The goal was to prevent posttraumatic stress disorder via a massive education campaign: 108 articles in the main newspapers, 72 radio announcements, 23 participations in the "Family Ties" program, as well as use of telephone hot lines. Mental health experts flooded the media in an unprecedented fashion, explaining to an apprehensive public how to deal with unfamiliar threats.

In previous work, Bandura's (1977) self-efficacy theory, positing that beliefs about

controllability can enhance one's capability to face adversity, served as the basis for several soap operas for TV written by producer Miguel Sabido in Mexico. Elaborating on the notion that collective efficacy can generate social change, our goal in this pilot study was to expose the public to CBT principles in four, 30-second television spots, produced specially for this project and shown to the public on the most important local television channels for a period of 2 months, several times a day. The current project also drew upon community projects for the promotion of health and the prevention of depression and anxiety. For example, Neumer et al. (2000) in the GO! Program (GO = *Gesundenheit und Optimismus*; German for "Health and Optimism"), proposed a Four Components Model, which takes into account physical, affective, cognitive, and behavioral factors that can be targeted for educational interventions.

Method

Participants and Measures

First, a brief survey was administered to assess psychological well-being and emotional functioning in the population. This survey was used and described previously in an exploratory study of the emotional well-being of Venezuelan citizens (Kort, García, & Perez, 1998). The 8-item questionnaire was divided into two items—each of which measured anxiety, depression, and anger symptoms—as well as single items measuring happiness and expectations about the future of Venezuela. Eight hundred and eight persons received the questionnaire (68% female; 32% male). Middle- and lower-middle-class citizens of Caracas, Venezuela, completed the measure, most of whom had attended our workshops. Results indicated that 62% of those surveyed reported "ignoring" conflict. Common strategies used included leaving the country, as well as avoiding reading or watching or listening to the news. Approximately 38% reported worries, 20% physical malaise, and 20% psychological tension, while 52% reported general happiness compared with 89% in the 1998 Kort et al. study (possibly attributable to increases in political turmoil and economic difficulties). Similarly, fearfulness, difficulties sleeping, and crying had increased since the Kort et al. study.

Intervention

- Approximately 80,000 flyers describing CBT methods for behavior change were distributed. The content of the flyers presented the same behavioral strategies from the workshops described below. The text was adapted by a successful writer of soap operas, thus making its vocabulary accessible and easy to comprehend. They were distributed in subway exits, centers for mental health, and the four areas where the workshops were held. Focus groups in the poorer sections of the capital confirmed comprehension of its contents.

- Nearly 1,500 posters were distributed. The content of the posters was the same as the flyers but focused on key points. The idea was to disseminate the words "cognitive behavior therapy," "the decade of behavior," "a first aid psychological kit," and the four strategies: relaxation, assertion training, anger management, and self-efficacy. Posters were distributed in public areas such as shopping malls, museums, theaters and subway entrances.

- Eighty workshops were held, conducted by the author and three psychologists licensed and trained in CBT. The duration of the workshops was 3 hours. The participants were mostly residents of the areas in which we also implemented the ecological interventions described below, and many also came to the workshops responding to our flyers and posters. The content of the workshops included (a) progressive muscle relaxation and in vivo practice accompanied by a relaxation CD that described each of the exercises, differential relaxation, and pleasant imagery (anxiety levels were measured pre and post, with 80% of participants reporting improved relaxation); (b) assertion training that included Andrew Salter's theory and practice of role-play; (c) anger management using the treatment guide on anger management by Kassinove and Tafrate (2002); (d) self-efficacy, introduced with an emphasis on collective efficacy. We received only informal feedback on the workshops, since we did not have sufficient personnel to conduct formal assessments. Our main objective was to communicate that CBT strategies are effective in changing emotions, thoughts, and behaviors when appropriate intervention takes place. For most of the participants the words "cognitive behavior therapy" were being heard for the first time.

- Four 30-second television spots were presented on six television channels in Caracas and two television channels in Porlamar and Barquisimeto, two other large cities in Venezuela. The themes described in the television spots were the same as those covered by the workshops and flyers—they served to reinforce the information provided and enhance the learning of psychological interventions that promote mental health and anger management. The goal was to help overcome the stigma of mental disorders and to communicate that violence prevention is possible when appropriate intervention is applied. Positive responses to the television spots were noted in press, radio, television coverage, and phone calls about the project.

- A weekly 1-hour radio program was aired for 12 weeks at prime time in the early evening. The target audiences were commuters and housewives. The main topics discussed in the radio program were quality of life, mental health promotion, and the prevention of violence. It also included interviews with policymakers and leaders in the Venezuelan community.

In Venezuela, the promotion of mental health has been practically nonexistent, and programs for the prevention of violence are even more rare. Therefore, our main goal has been the promotion of mental health and prevention of violence via workshops, flyers, fact sheets, posters, television spots, a 1-hour radio program, 3-minute radio tips, and frequent public speaking engagements in diverse media outlets. In all of these, the emphasis has been on the dissemination of scientific psychology and the promotion of mental health. A top priority was to be heard by leaders and policymakers in order to obtain support for the continuation of this program as well as lend a higher priority to mental health issues in Venezuela.

A Truce for Venezuelans: A Preliminary Program for the Prevention of Violence is highly pertinent to the present needs of the population in Venezuela and it has been well accepted to the extent that we have established coalitions with other organizations to continue our initiative. We have achieved the goal of informing and disseminating alternatives to violence when conflict arises. However, at the time of writing this paper, we have not yet won the attention of policymakers and leaders in Venezuelan society. More funds and stronger coalitions are needed to continue the dissemination of accessible and easy-to-understand information regarding empirically supported strategies for the prevention of violence. In particular, funds are needed to support television spots, radio programs, and emergency mental health units where the public can become better informed about the CBT principles.

The population served so far has been restricted to three slum areas and one suburban area in the city of Caracas, the capital of Venezuela. We need more funds to evaluate and continue the impact of projects such as this one. If widespread enhancements in quality of life are to be realized, we also must expand our effort to the rest of the Venezuelan states.

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Institutional Settings

Graduate Training in Cognitive-Behavioral Therapy for Psychosis: The Approaches of Three Generations of Clinical Researchers

Dennis R. Combs, *University of Tulsa*, David L. Penn, *University of North Carolina–Chapel Hill*, William D. Spaulding, *University of Nebraska–Lincoln*, Scott D. Adams, *University of Tulsa*, David L. Roberts, *University of North Carolina–Chapel Hill*, and Srividya N. Iyer, *University of Nebraska–Lincoln*

Obtaining experience with psychosis is an important aspect of graduate training in clinical psychology (Geczy & Cote, 2002; Hargrove & Spaulding, 1988). However, few graduate students obtain experience with this population and even fewer are seeking to specialize in this area (Bedell & Rivera, 1996). Common reasons for low student interest include a sense of pessimism regarding the psychological treatment of psychosis, the rise of medication therapies, and a lack of exposure to this population. Many students wonder whether clinical psychology can play a role in the treatment of psychosis.

One promising treatment for psychosis is cognitive-behavioral therapy (CBT). CBT for psychosis has demonstrated efficacy in the treatment of a variety of psychotic symptoms and is emerging as an evidence-based practice (Guadiano, 2005; Kingdon & Turkington, 2005). In the United Kingdom, CBT for psychosis is recognized as an empirically based treatment and enjoys widespread use. CBT effectively reduces psychotic symptoms such as hallucinations and delusions, which persist despite pharmacological treatment (Rector & Beck, 2001). In addition, researchers are beginning to apply CBT to acute and first-episode psychosis (meaning the person has experienced only one psychotic episode and the disorder is therefore early in its course) with success (Guadiano, 2005; Zimmerman, Favrod, Trieu, & Pomini, 2005). Despite the substantial research evidence on CBT for psychosis, a lack of dissemination and implementation outside research settings remains a problem (Dickerson, 2000; Kuipers, 2005; Marcinko & Read, 2004; Tarrier, Barrowclough, Haddock, & McGovern, 1999).

CBT for psychosis is a highly structured method of treatment that utilizes methods originally developed for the treatment of depression and anxiety. A fundamental premise in CBT is that symptoms and difficulties in personal and social functioning develop from information processing biases in attention, appraisal, attribution, and belief formation (Rector & Beck, 2001). For example, in psychotic disorders, persecutory delusions and related interpersonal difficulties may be caused by the interpretation of ambiguous events as negative and threatening. As in other forms of CBT, biases are changed through cognitive restructuring and behavioral experimentation, teaching and practicing coping skills, generating alternative attributions for events, and behavioral activation. In addition to targeting problems characteristic of schizophrenia, CBT for psychosis may also address problems encountered in other disorders that are effectively treated with CBT, including deficits in interpersonal skills, problem solving, and psychophysiological self-regulation. Therefore, there are some therapeutic skills unique to CBT for psychosis, and others that are common to other forms of CBT.

One important group to target for CBT training is graduate students. There are very few graduate training programs that offer specialty training in psychosis from a cognitive-behavioral perspective (Millet & Schwebel, 1994; Mueser & Noordsy, 2005). Thus, there are few guidelines and models on how to accomplish this goal. Training issues may be discussed informally at conferences, but only rarely are others exposed to the program's training plan, activities, and methods. The purpose of this paper is to describe the perspectives of three different clinical training programs that offer cognitive-behavioral training in psychosis. All three programs are housed in American Psychological Association (APA) accredited graduate programs in clinical psychology. Each program implements training in a somewhat different manner, but all share the common focus of providing cognitive-behavioral training for students with an interest in psychosis. In addition, the clinical researchers in this article share academic lineage: Dennis Combs (University of Tulsa) was a student of David Penn (University of North Carolina–Chapel Hill), who was a student of Will Spaulding (University of Nebraska–Lincoln). After we discuss our specific programs, a student from each program will discuss the role of these experiences in his or her professional development. We will focus our discussion on laboratory activities, clinical training experiences, and research, which we consider to be the key elements of our training programs.

University of Tulsa ▪ *Dennis Combs*

Upon arriving at the University of Tulsa in 2002, I had the task of developing a schizophrenia research and training program within the confines of a private liberal arts university. This was no easy task as there were no practicum placements where students could obtain experience in psychosis. The University of Tulsa has a clear CBT orientation among its faculty, and most students have basic familiarity with cognitive-behavioral therapy. However, exposing them to CBT for psychosis is important because many students enter the program with the idea that the only effective treatment for psychosis is antipsychotic medication, and they are surprised that therapy can be effective with this population.

All of our educational and training activities are conducted through the Psychotic Disorders Research Laboratory. The lab is open to students with an interest in psychosis, and for many students this is their first significant exposure to this area. The lab meets each week for 2 hours and a primary goal of the lab is to increase student knowledge and skills in CBT for psychosis. From my perspective, a major deficit among graduate students is problems in case formulation. To enhance this area, we discuss articles and books on CBT on a weekly basis. In the past year, our lab has discussed Morrison's (2002) *Case Book of Cognitive Therapy for Psychosis*, Kingdon and Turkington's (2005) *Cognitive Therapy of Schizophrenia*, and Chadwick, Birchwood, and Trower's (1996) *Cognitive Therapy for Delusions, Voices, and Paranoia*. Not to lose sight of our behavioral roots, readings on the use of reinforcement and extinction strategies to treat psychosis are included. During our lab discussions, we focus on the development of case formulations and treatment plans, which students find ex-

tremely helpful as this skill is not emphasized in our program. All lab members do formal case presentations based on their clinical work with clients. It is expected that recommended treatments have an empirical basis and that students justify their treatment plans. We maintain a document collection that contains many of the tests and measures used in the treatment of psychosis.

Our laboratory integrates clinical and research activities based on the scientist-practitioner model of training. We have three specialty practicum rotations that serve as the core of our training program: two inpatient programs and one outpatient program. Students are expected to choose two of these sites during their graduate training and each rotation lasts 1 year. I personally supervise many of the students in their clinical work, which allows me to maintain consistency between what is taught in the classroom and what is practiced. Through these specialized practica, students gain experience using CBT to treat delusions, paranoia, hallucinations, and negative symptoms. Students also lead a variety of therapy groups (coping skills, symptom management, discharge readiness) that help clients learn effective ways to manage their symptoms using cognitive-behavioral techniques. Students present their work to treatment staff, many of whom are not psychologists, which has increased the acceptance of CBT for psychosis among medical/nursing personnel. The practicum sites also serve as clinical research laboratories, and students spend about 50% of their time on cognitive-behavioral research. In the past year, projects on the cognitive and behavioral aspects of paranoia and delusions complemented students' clinical training in CBT. Students are expected to present and publish their work and many of them attend the ABCT conference each year. Students truly enjoy attending the conference and return more committed to practice of CBT.

University of North Carolina–Chapel Hill ▪ *David Penn*

I joined the faculty at UNC–Chapel Hill in the fall of 1999. When I was hired, I was told that UNC had been seeking a clinical researcher in the area of psychotic disorders for a number of years. Thus, the pressure was on!

Before one can train students, it is necessary, as Dennis mentioned, to develop some kind of clinical research infrastructure. When I arrived at UNC, the department of psychology had (and still has) a long-term relationship with John Umstead State Hospital (about a 45-minute drive north of Chapel Hill), where a number of our doctoral students complete practicum during their second year in the program. In addition, the psychiatry department provided training for residents in two settings that would prove fruitful for my own research: Dorothea Dix State Hospital in Raleigh and the Schizophrenia Treatment and Evaluation Program (STEP), an outpatient setting at UNC Hospitals.

The two state hospitals have proven to be an excellent resource for both clinical training and research. Students from my laboratory have completed their master's theses at John Umstead State Hospital (e.g., Waldheter, Jones, Johnson, & Penn, 2005) and have used the state hospitals as natural laboratories to evaluate new therapies, such as group CBT for voices (Pinkham, Gloege, Flanagan, & Penn, 2004) and Social Cognition and Interaction Training (SCIT; Penn et al., 2005). I encourage my students to complete their second-year practicum at John Umstead State hospital, particularly on the rehabilitation unit (i.e., long-term unit), which allows them to work with treatment-resistant clients.

My role at the STEP clinic was strengthened via my participation in CBT training for the second- and third-year psychiatry residents. A colleague, Diana Perkins, M.D., who is the medical director of STEP, facilitated this when she saw the need to train residents in evidence-based treatments.

STEP is the primary setting in which I train students in CBT. We offer two, 1-year, 1-day/week, practicum experiences at STEP. One is focused on providing individual psychosocial treatment (including CBT and Illness Management and Recovery) to individuals with chronic mental illness. The other is geared more for individuals early in psychosis, and also involves individual and (soon-to-be offered) group therapy to individuals within the first 5 years of a psychotic illness. For both practica, a caseload of four clients is typical. Practicum students are required to audiotape one case per week and to present a case to the laboratory at the end of the year.

Graduate students also receive training in CBT via participation in research studies. In particular, graduate students have been therapists in studies that have examined individual CBT for schizophrenia (Cather et al., 2005), group CBT for voices (Pinkham et al., 2004), and Illness Management and Recovery (Meyer, Penn, & Mueser, 2005). This has given them the opportunity to learn manual-based treatments and to gain experience in attempting to adhere to the clinical principles set forth in a treatment manual.

Like Dennis, I hold regular laboratory meetings; we have a biweekly lab meeting for all graduate students, and I also meet with each student individually on a biweekly basis. Lab meetings are used to discuss "business" (e.g., subject recruiting; undergraduate research assistant issues), to critique manuscripts that I am asked to review (or those that have already been published), and to critique our own work—manuscripts written by me or written by the graduate students will be submitted to the lab for comments.

Creating a positive atmosphere is critical for graduate students to thrive. When I was a student of Will Spaulding's at Nebraska, I would look forward to the monthly research meetings at his house, where the discussions about schizophrenia really got me excited about the field. I have tried to replicate that in my own professional career by also holding monthly meetings at my home and by always trying to make myself available to the students.

University of Nebraska–Lincoln ▪ *Will Spalding*

When I was hired by the UNL psychology department in 1979 they were looking for a psychopathologist, not necessarily one interested in serious mental illness (SMI). My background was an unusual (for the times) mix of experimental psychopathology and behavior therapy, and I hoped to build a career synthesizing the two to address SMI. Cognitive-behavioral treatment approaches for SMI were in their infancy, but the mental health world had recently been rocked by Gordon Paul and Robert Lentz's (1977) monumental outcome study of psychosocial treatment. My seminal opportunity came in 1981, when Charles Richardson, M.D., the progressive clinical director of Lincoln's state hospital, asked me to help develop an inpatient psychiatric rehabilitation program there, based on the Paul and Lentz (1977) social learning approach.

Initially I provided program development consultation and some clinical case consultation to the state hospital, in return for a practicum placement for a graduate student. Over several years, as staff turnover permitted, my students and I took over more of the clinical psychology func-

tions of the rehabilitation program, under a contract between the state hospital and the university. The program became an outstanding training as well as research resource, providing the students an opportunity to function as the psychologist on interdisciplinary treatment teams providing state-of-the-art treatment. One such student was David Penn, whose dissertation research on relationships between cognitive and social functioning helped integrate the experimental and clinical ends of our evolving research program.

As the mental health system evolved, our inpatient rehabilitation program adapted to changing circumstances and consumer populations. Under the leadership of Program Director Mary Sullivan, MSW (my spouse as well as my colleague and co-author), the program has occupied a stable niche, providing rehabilitation to the people with the most severe disabilities in the state system, and continues to do so to this day. As community-based services became more accepted and the relevant technology evolved, the inpatient program expanded to include a community-based residential division. Today the program contracts with the university for all its psychological services, including three graduate student externs, part of my time and a second part-time staff psychologist/adjunct faculty member. The psychologists function as the supervising practitioners on the treatment teams.

The local county mental health center is also an important research and training site for my students, supporting two clinical externs and a variety of research projects within its SMI division. The UNL clinical psychology program's in-house training clinic also provides opportunities to see people with SMI for individual therapy. For students outside the SMI research group, this may be the only extended encounter with SMI they have before internship. As Nebraska continues to modernize its mental health system, we expect new research and training opportunities will appear, especially in community settings. The UNL clinical training program maintains close relationships with various county and state administrative offices, providing opportunities for system-level research and policy experience related to SMI. Students in the SMI research group typically complete at least 1,000 hours of paid intensive clinical practicum experience in the psychiatric rehabilitation program, plus another 1,000 hours in paid SMI-related clinical or policy/administrative placements, before going to their internships. Our clinical externships, research grants and departmental teaching assistantships support five to seven graduate students in the SMI research group.

Cognitive-behavioral therapy is a major focus of our current research. Most of our activities pertain either to development of therapy approaches, the basic science that supports them, or administrative/policy processes that regulate and disseminate them. ABCT is our primary conference, and we all usually attend. Several years ago we had to change our monthly evening meetings at my house to weekly project-management sessions on campus. However, the supportive and creative atmosphere that inspired David continues, in living rooms, backyards and darker recesses across Lincoln.

STUDENT PERSPECTIVE

University of Tulsa ▪ *Scott D. Adams*

When I applied for graduate study in clinical psychology, my primary interest was in working with special populations, such as minority groups, that have traditionally been ignored in psychological research. I had always been interested in psychosis, but my undergraduate psychology training never discussed treatments for this condition and I had little practical experience with this population.

Upon arriving at the University of Tulsa, I began participating in our weekly lab meetings under the direction of Dennis Combs. We read and discussed some of the important works in the field (Chadwick et al., 1996; Kingdon & Turkington, 2005; Morrison, 2002; Paul & Lentz, 1977). These readings, which were not covered in my classes, provided me with a good foundation in the general principles of CBT, but also in CBT for psychosis. Like most graduate students, I thought the reading was interesting, but it was no substitute for actually working with persons with psychosis.

The lab activities and readings mixed with reality during my second-year practicum experiences at a local inpatient facility. Very few of my peers have had the opportunity to work in this type of environment, and I found it extremely beneficial to have practicum locations where I could apply what is learned in the lab meetings. The lab meetings allowed me the opportunity to share therapy cases, develop case formulations, and obtain critical supervision, which provided much-needed support during this challenging time. As I took on individual clients, the lab meetings were also a place where I could get help with rapport building and learn specific CBT techniques for working with paranoia and delusions. The lab's emphasis on case formulations allowed me to see how any treatment plan must flow directly from this conceptualization and was invaluable in increasing my confidence with this population. To round out my clinical skills, I have also conducted two inpatient groups designed to teach symptom management skills to persons with psychosis. Integrated into the practicum sites is our research program, which has a clear CBT focus. During the course of a year, I was able to interview over 50 persons with delusions, and this experience helped further enhance my clinical and assessment skills. From the beginning, our lab has stressed the importance of presenting and publishing our research. As a result, I've been able to present at several national conferences, including the ABCT conference. With the type of training and experience I obtained at the University of Tulsa, I feel that I am becoming a more competent CBT practitioner and have developed a set of specialized skills that will benefit me for years to come.

STUDENT PERSPECTIVE

University of North Carolina–Chapel Hill ▪ *David L. Roberts*

When I applied to graduate school my greatest concern was finding a program where I could maximize my hands-on experience doing therapy for psychosis. I was drawn to UNC because it offered three distinct settings in which to conduct clinical and/or research work with psychosis. Additionally, David Penn's presence at UNC was bolstered by several clinically affiliated faculty members interested in psychosis. Now, having finished my third year, I have co-led four inpatient and one outpatient psychotherapy group and I have followed five individual clients, including two experiencing their first episode of psychosis. David has supervised my use of two manualized interventions and worked with me to develop and pilot test a new social-cognitively oriented group therapy (social cognition and interaction training). I could not be happier with the training in CBT for psychosis that I have received.

Given my positive experience and the rich resources at UNC, I am dispirited to see that graduate students who do not specialize in psychosis pursue relatively little training in this area. My impression is that psychosis is still commonly viewed as unresponsive to all but the most rudimentary in-

terventions. (Although most students are aware that cognitive therapy of psychosis has research support, many remain unclear about what CBT for psychosis really looks like. A common impression seems to be that it involves merely using logic to talk clients out of delusional beliefs.) This perception is particularly unfortunate now given that earlier identification and intervention, as well as developments in CBT technique, are helping more and more people with psychosis to function at a high level.

Thus, in addition to offering specialized training for students interested in CBT for psychosis, our program attempts to make all students more aware of the changing face of psychosis treatment. One way this has happened is through weekly "brown-bag" lunches in which local researchers and clinicians present their work to the entire clinical psychology program. David Penn has presented on CBT for psychosis at this venue, including detailed discussion of case formulation and treatment technique. David has also encouraged students from other labs to get involved in our treatment studies. As a result, more students outside of our lab now appreciate the fact that working with psychosis can be as intellectually stimulating as working with depression or anxiety.

STUDENT PERSPECTIVE

University of Nebraska–Lincoln
▪ *Srividya N. Iyer*

I came to the UNL clinical psychology program with a master's degree and some clinical experience with psychosis in my native India. The opportunity to concentrate on psychosis and related issues at an American university was one of the crucial factors in my choice of Ph.D. programs. In addition to the inevitable cultural differences, I expected there would be a challenging transition to the cognitive-behavioral theoretical orientation that, at least from my south Asian perspective, dominates American clinical psychology.

Several characteristics of the UNL program and its SMI research group made my transition a process of theoretical expansion and integration, rather than mere paradigm-hopping. One was the open and collegial attitude of the faculty throughout the department. Students are encouraged to develop interests in research areas outside their home group, and this promotes a broader appreciation of the theoretical, paradigmatic, and methodological diversity that characterizes contemporary psychology. Although one may not easily build on a traditional psychodynamic orientation in such an environment, it does make it easier to recognize the continuity and complementarity between traditional and contemporary ideas. Within the SMI research group our grounding in a biosystemic model of psychopathology is helpful in the same way. I was initially concerned that a behavioral theoretical perspective would provide too limited a perspective on the origins of mental illness and the connections between etiology and treatment. The biosystemic model provides both a comprehensive view of mental illness as a complex developmental process as well as a sensible context for cognitive-behavioral interventions.

CBT is one of several tools that students in the UNL SMI group acquire. Important others are a consulting level of familiarity with psychopharmacology, milieu-based treatment approaches (especially contingency management), cognitive and neuropsychological assessment, and policy and administration of SMI services. The overall training experience compels one to appreciate the importance of being able to operate at multiple levels of human functioning and of the mental health system. The contribution of CBT in that context is that it represents a particularly useful clinical modality that is especially congruent with the traditional role of the clinical psychologist. In my case, the dyadic format of CBT also provides a comfortable and familiar situation in which to develop from a psychodynamically oriented therapist to a more eclectic and versatile clinician.

Conclusions and Implications

In closing, although fewer students appear to be choosing to work in the area of psychosis, the demand for trained professionals who specialize in this area will only increase. CBT has been shown to be effective in the treatment of psychosis, but there are only a few graduate programs where this type of training is offered. The purpose of this paper was to present three perspectives on how to develop a CBT training program for psychosis within the confines of a graduate program in psychology. Despite the individual differences in our programs, all share key elements that we feel are needed for a successful training program. First, some type of clinical infrastructure is needed where students can work directly with this population. A blend of inpatient and outpatient programs is ideal so students can work with individuals with different levels of illness severity—and it is beneficial to have experiences in both individual and group therapy. Many of the clinical training sites are affiliated with medical centers, which have increased the acceptability of CBT for psychosis within the medical community. Furthermore, it is no coincidence that faculty supervision is integrated at these sites, which in our opinion produces more confident and capable students. Second, students need to be exposed to the specifics of CBT for psychosis through didactics, brown bags, readings, and other lab activities. Students may be familiar with CBT in general, but lack understanding of its application to psychosis. Students truly benefit from practical discussions about how to develop case formulations, practicing intervention techniques, and building rapport with clients. Finally, research is integrated into our practicum experiences, which encourages students to think about how research and clinical practice are related. Students further consolidate their identity as CBT practitioners by attending the ABCT annual convention and publishing their work in cognitive-behavioral journals. We hope that the descriptions of our programs will encourage others to develop cognitive-behavioral training programs for psychosis.

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At ABCT

New Directions for the Awards and Recognition Committee

M. Joann Wright, *Chair, Awards and Recognition Committee*

I have the pleasure and privilege of serving as the new Chair of the ABCT Awards and Recognition Committee. My predecessor, John C. Guthman, Ph.D., did an exceptional job and provided an excellent model of leadership. He will continue to serve on the ABCT Awards and Recognition Committee, which adds a considerable level of comfort for me. His participation and knowledge will be of significance in the work ahead.

Mary Jane Eimer, Executive Director, and I have recently discussed some exciting ideas for the future of the awards program. We are striving to add several new members to the awards committee and subdivide the committee into three groups, each with different responsibilities:

★ **Dissertation Subcommittee**: Reads standardized dissertation proposals and rank orders the quality and votes for the winner of the Virginia Roswell Dissertation Award.

★ **Awards Subcommittee**: Reads the CVs and other background materials for luminaries in the field, and votes for the winner in a variety of award categories.

★ **Outreach Subcommittee:** Looks for new award opportunities within and outside of ABCT. This committee will also review considerations for Named Awards.

Committee members can choose to be involved with one, two, or all three subcommittees. As a member of the Awards and Recognition Committee for the past 2 years, I understand and appreciate the value of contributions from our diverse membership and respect their contribution of time and expertise. I have found the work of this committee, which includes recognizing outstanding contributions to our field, an honor and a rewarding experience. Therefore, the work involved has not seemed like an arduous task, but a joy. Please feel free to contact me with any questions you might have regarding the experience of committee membership: aabt@hofstra.edu.

2006

Student Awards Program

President's New Researcher Award

ABCT's President, Michael W. Otto, Ph.D., invites submissions for the 28th Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of $500. Submissions will be accepted on any topic relevant to behavior therapy, but submissions consistent with the conference theme emphasizing translational research are particularly encouraged. Eligible papers must (a) be authored by an individual with five years or less posttraining experience (e.g., post-Ph.D. or postresidency); and (b) have been published in the last two years or currently be in press. Submissions can consist of one's own or any eligible candidate's paper. Papers will be judged by a review committee consisting of Michael W. Otto, Ph.D.; J. Gayle Beck, Ph.D., ABCT's Immediate Past-President; and Ray DiGiuseppe, Ph.D., the ABCT President-Elect. Submissions must be received by Monday, August 14, 2006, and must include four copies of both the paper and the author's vita. Send submissions to ABCT President's New Researcher Award, 305 Seventh Ave., 16th floor, New York, NY 10001.

Virginia A. Roswell Student Dissertation Award

This award will be given to a student based on his or 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 by visiting www.aabt.org, and completing the appropriate application forms. Then, e-mail the completed forms to aabt@hofstra.edu. Also, mail a hard copy of your submission to ABCT, Virginia A. Roswell Dissertation Award, 305 Seventh Ave., New York, NY 10001.

Elsie Ramos Memorial Student Poster Awards

These awards will be given to three student poster presenters (student first authors only), member or nonmember, at ABCT's 40th Annual Convention in Chicago. The winners will each receive a 2007 ABCT Student Membership, a 1-year subscription to an ABCT journal of their choice, and a complimentary general registration at ABCT's 2007 Annual Convention. To be eligible, students must complete the submission for this year's ABCT convention by **March 1, 2006.** The proposal must then pass ABCT's peer review process. ABCT's Awards and Recognition Committee will judge all student posters.

***Awards* will be presented at ABCT's convention in Chicago: November 16–19.**

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IMMEDIATE OPENINGS FOR CLINICAL FELLOWSHIPS in Rational Emotive Behavior Therapy (REBT) and CBT. Part-time 1-year predoctoral Internships and 2-year post-graduate Fellowships offered at Albert Ellis Institute in New York City. Intensive supervision of individual, couples and group therapy given by Ray DiGiuseppe, Ph.D. and Kristene Doyle, Ph.D. Candidates carry diverse caseload of clients, co-lead therapy groups, participate in special seminars and ongoing clinical research and co-lead public workshops. Stipend for 24 hours per week of involvement in wide variety of professional activities. Contact Dr. Kristene Doyle at krisdoyle@albertellis.org for application.

SUMMER FELLOWSHIPS in Rational Emotive Behavior Therapy (REBT) and CBT for Full-Time University Faculty. Limited number of 3-week fellowships for university and college faculty in psychology, psychiatry, counseling and social work available at Albert Ellis Institute for July 2006. Program features intensive practica in REBT, direct supervision of therapy sessions, special seminars and opportunity to co-lead therapy group with Institute faculty. Send statement of objectives for participation and vita to Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th St, NY, NY 10021; or e-mail krisdoyle@albertellis.org. Proficiency in English required. Stipend provided for participants outside NYC area. Deadline February 15, 2006.

LICENSED PSYCHOLOGIST. Allied Health Providers PC is a multisite group practice on Cape Cod. We are looking for licensed Psychologists (full or part-time) with 2 or more years postlicense as a health-care provider, trained/experienced with children/adolescents. We will use our group HMO contracts to facilitate credentialing on all our panels. Reimbursement is better than competitive. Send resume, copy of license, and graduate transcript to: AHP 1074 Rte 6A W. Barnstable, MA 02668-1142. Tel: 508 362-1180.

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• TWOHIG et al. *Increasing Willingness to Experience Obsessions: Acceptance and Commitment Therapy as a Treatment for Obsessive-Compulsive Disorder*

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• ANDERSON et al. *CBT for Fear of Flying: Sustainability of Treatment Gains After September 11*

Cognitive and Behavioral Practice

Volume 13 (*#1*)

Cognitive Behavioral Case Conference

• Trauma to the Psyche and Soma: A Case Study of Posttraumatic Stress Disorder and Comorbid Problems Arising From a Road Traffic Collision (WALD & TAYLOR) • Addressing Shared Vulnerability for Comorbid PTSD and Chronic Pain (ASMUNDSON & HADJISTAVROPOLOUS) • Commentary on "Trauma to the Psyche and Soma" (BRYANT & HOPWOOD) • Treatment of a Case Example With PTSD and Chronic Pain (SHIPHERD) • Synthesis and Outcome (WALD & TAYLOR)

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Book Reviews • Cummings and Wright (Eds.), *Destructive Trends in Mental Health, and Sommers and Satel, One Nation Under Therapy* (REVIEWED BY RICHARD GIST) • Hayes et al.'s (2004) *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition* and Hayes & Strosahl's (2004) *A Practical Guide to Acceptance and Commitment Therapy* (REVIEWED BY BRANDON A. GAUDIANO) • Kingdon and Turkington's *Cognitive Therapy of Schizophrenia* (REVIEWED BY SHIRLEY M. GLYNN) • Rygh and Sanderson's (2004) *Treating Generalized Anxiety Disorder: Evidence-Based Strategies, Tools, and Techniques* (REVIEWED BY DAVID MELLINGER)

Call for Papers

ABCT's 40TH ANNUAL CONVENTION

• Maureen L. Whittal, Ph.D., PROGRAM CHAIR •

Translational Research

November 16–19, 2006
in Chicago

Bridging Basic Science and Clinical Practice

Inherent in being an evidence-based practitioner is the active translation of treatment-outcome findings and theory to the needs of the next patient at the door. A hallmark of CBT is the interplay of psychopathology research, analogue studies, outcome trials, and daily clinical practice. The theme for the 40th Annual ABCT Convention celebrates this interplay while underscoring recent efforts by the National Institute of Mental Health to encourage and expand translational research.

Translational research is a broad term that encompasses basic research that contributes to the treatment of mental disorders. Studies that focus on the brain or behavior that could lead to novel treatments or modifications to existing treatments are considered examples of translational research. Therefore, the call for papers for the 40th Annual Convention stresses (a) the ways in which basic science informs our conceptualization of disorders and (b) the process of change; further, it calls for work that invigorates new innovations in the field. Specifically, submissions that emphasize translational research or the use of laboratory-based experimental studies to inform clinical practice are encouraged and will receive special consideration.

Submissions may be in the form of symposia, round tables, panel discussions, and posters. In addition, discussants will be specifically encouraged to bridge the gap between experimental research and clinical practice.

Workshop submissions can be emailed to Dr. Lizabeth Roemer at Lizabeth.Roemer@umb.edu. Include 250-word abstract and CV for each presenter (deadline: January 15, 2006).

SUBMISSION DEADLINE: March 1, 2006

NOMINATE the Next Candidates for ABCT Office

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 1, 2006, 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 Nominations 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 Stephanie Felgoise, Ph.D., Nominations & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.

I nominate

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