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the Behavior Therapist

Call for PAPERS
39th Annual Convention—p. 19

Contents

instructions for authors

The 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.

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 the Association for Advancement of Behavior Therapy. 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. By conventional mail, please send manuscripts to:

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From the Editor

A New *tBT* for the ABCT

David Reitman, *Nova Southeastern University*

Welcome to the latest incarnation of *the Behavior Therapist*. Before our Associate Editors share their vision of the new *tBT*, please allow me a few moments to say something about my vision for this publication. First, I consider it a tremendous honor to serve the organization in this capacity. Now entering its 31st year, *tBT* has served as a vital forum for discussion, debate, and communication. My hope is to continue the tradition of excellence established by past editors Franks, Gambrill, Cataldo, Lutzker, Martin, Gross, Freeman, Persons, Nezu, and Ronan, and see that *tBT* continues to serve the interests of the organization and its members.

My name is David Reitman. I have been an AABT member for nearly 10 years (and an ABCT member for about 6 weeks). I have participated in the training of undergraduate and graduate students for most of my postgraduate career. I've worn a few other hats as well: researcher, consultant, CE provider, reviewer, practitioner of group and individual therapy. Along the way, I've worked with children, adolescents, and adults in school, vocational, medical, and recreational settings in four states (Georgia, Mississippi, Louisiana, and Florida). My research has been concerned with the assessment of parenting practices and designing interventions for the social and behavioral problems experienced by ADHD-diagnosed children and their families. I have been fortunate to be the recipient of superb mentoring, thanks to Drs. Alan Gross and Ronald Drabman, and the beneficiary of many other informal mentoring experiences that make this organization special. For those of you that are just beginning your involvement in ABCT, you have before you an opportunity to develop personal and professional relationships that will endure for years to come. [*continued on p. 3*]

the Behavior Therapist

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AABT VOTES 4 TO 1 TO CHANGE ITS NAME TO

Association for Behavioral and Cognitive Therapies

THE RESULTS of the October special election mandated that we change our name to ABCT, adopt the new mission statement and revised purposes along with a mechanism to remove directors, if necessary. Henceforth, committee descriptions will be taken out of the bylaws and listed separately on our Web site.

Members will be informed of the progress via our Web site and in future issues of *tBT* as we make this tremendous shift.

Following are the details of the voting results.

3,172 ballots were sent to all 2004 and 2005 full members and new member professionals. 1,258 ballots were returned. 21 were invalid and therefore not added in the counts.

NAME CHANGE

Maintain AABT	251	(4 people noted on ballot that they would resign if vote passed)
Change to ABCT	998	
No vote	7	
Different name suggested	2	(The Association for Behavioral and Cognitive Therapy and Association for Cognitive and Behavior Therapies)

PROPOSED BYLAWS CHANGES

	YES	NO	No Vote	Total
Mission	1,052	183	23	1,258
Purposes	1,081	143	34	1,258
Removal of Directors	1,171	35	52	1,258
Removing Committees	1,098	90	70	1,258

AABT
ABCT

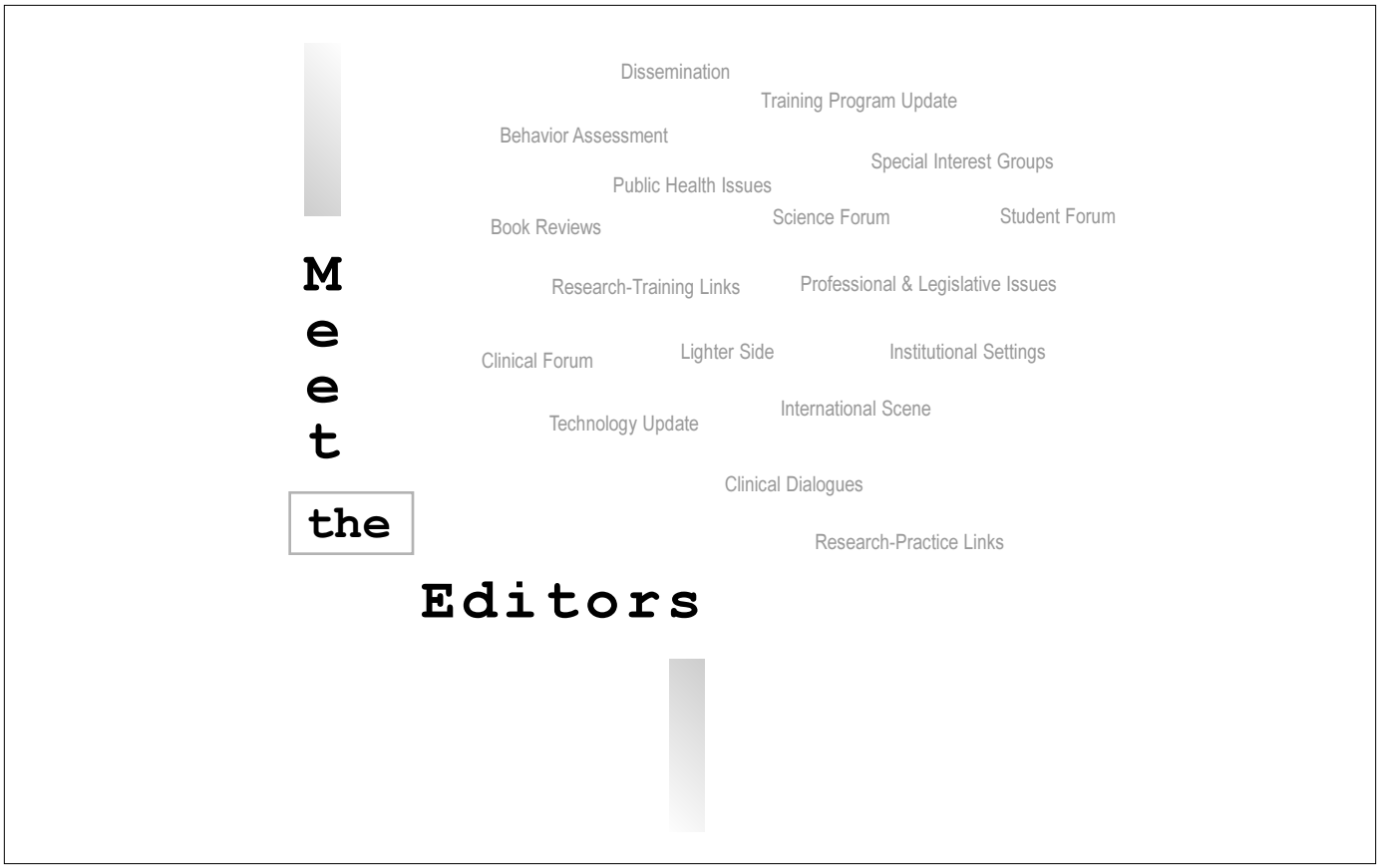
[*continued from p. 1*]

As you may or may not be aware, *tBT* is the only publication received by all members, and thus it serves a very special purpose. And while our organization's name has changed, *tBT*'s mission has been a model of consistency, providing "a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy." Over the past several years *tBT* has enjoyed unusually high popularity and the quality of the publication has been unsurpassed. For this, we owe a tremendous debt of gratitude to the immediate past-editor, Dr. George F. Ronan, our terrific staff in New York, and your Publications Committee. George's 6-year tenure as *tBT* Editor is unlikely to be matched, and his assistance in making this a smooth transition has been much appreciated. George's associate editors were among the finest that have ever served *tBT* and, thankfully, several have agreed to stay on. With the aid of an enthusiastic group of new associate editors, I invite you to participate in upcoming dialogues about the challenges that face the organization in the months and years ahead.

During the next few volumes, we hope to address a number of important issues. First, we'll focus special attention on behavioral assessment and treatment as it happens outside of academic settings and funded research programs. Thus, we are particularly interested in encouraging behavior therapists working in applied settings to contribute their work and we want to invite descriptions of private practices that embrace empirically based principles (or reasonable approximations thereof). Second, research that has immediate implications for improving private or community-based practice will also be highlighted. Third, in anticipation of next year's conference theme, we want to highlight connections with disciplines and professions outside of the behavioral and cognitive therapies. Finally, because students are vital to the growth of our organization, we must find ways to make it easier for them to attend the annual conference, highlight the advantages of becoming involved in the organization, and enhance retention of student members as they begin their careers. Potential contributors should also note that tBT will continue to be peer reviewed and abstracted in PsycInfo and other databases.

To facilitate the accomplishment of our goals, we will reinstate a few *tBT* sections that have been popular in the past, including features on clinical training programs at the graduate and postgraduate level in Clinical Training Update and mining the *tBT* archives for still-relevant articles in *tBT* Classic. Technology and its implications for cognitive and behavioral practice will be explored in Technology Update. Finally, we will aggressively recruit input for both the Letters to the Editor and News and Notes sections. Information about News and Notes will be forthcoming in our next issue.

Good editorial practice begins with the selection of an exceptional editorial board. The editor should provide guidance in developing manuscripts or special issues and carefully monitor publication deadlines and manuscript flow, yet individual section editors should have the freedom to develop their own ideas. To facilitate this end, I have assembled a group of highly qualified, energetic scientist-practitioners. Rather than speak for them, each associate editor will now share his or her vision and expectations for their respective sections. Finally, as I read our associate editors' submissions in preparation for this introductory issue, I could not help but note the strong family bonds that evolve as we "grow up" in this organization. For many of us, it is precisely those bonds that keep us active in the organization. Thus, ABCT is not simply an organization about the application of science to practice (and practice to science), it is also about family and friends, and caring. And what you care about. It is my hope that we can create the kind of publication that makes you care enough to read it and contribute regularly. To get involved, please submit letters to the editor, brief papers, or feature articles (e.g., position papers or empirical work) to reitmand@nova.edu. For details about the submission process, please review the Instructions for Authors box that appears on the front of each issue of *tBT*. Enjoy the new *tBT*. ✍



Behavioral Assessment | Tim Stickle, Ph.D.

I am pleased to serve as Associate Editor of the Behavioral Assessment section of *the Behavior Therapist*. In today's issue, I introduce myself to *tBT* readers and describe my plans for this section.

I have taken an unusual path to an academic faculty position, and this path informs my thinking about psychology, behavior therapy, measurement, and behavioral assessment. I entered the Ph.D. clinical psychology training program at the University of Arizona after a varied career as a clinician. I completed my undergraduate degree in social work, a master's degree in psychology, and spent about a dozen years as a practicing clinician in settings that ranged from advocacy and counseling on U.S. city streets with juvenile prostitutes and street kids to community mental health and private practice.

I completed my doctoral training with Lee Sechrest at Arizona. As a result of this training and prior work with John Gottman at the University of Washington, measurement, assessment, behavioral observation, and quantitative approaches to behavior are fundamental in my thinking. I also received valuable clinical and research training at Arizona and during my clinical internship at the University of Washington with Varda Shoham, Karen Schmaling, Jack Carr, and Matt Speltz. I do my best to integrate knowledge from applied work in behavioral assessment and behavior change with what I have learned and continue to learn about quantitative psychology and developmental psychopathology.

Behavioral assessment has a much broader scope than in years past. In addition to functional analysis and related approaches, behavioral assessment now typically encompasses self-monitoring and self-report, behavioral observation, physiological measurement, and incorporation of cognition, imagery, and emotion. Some behaviorally oriented clinicians and researchers also incorporate more traditional modes of assessment such as IQ testing as samples of performances.

For Volume 28 of *tBT*, I would like to see increased emphasis on the links among the varied forms of behavioral assessment, their empirical bases, and their utility in informing behavioral intervention. Theory, observation, and empirical support are fundamental to behavioral assessment. The dissemination of effective behavioral assessment methodologies and information concerning their clinical utility is necessary to promote further innovation.

To meet these goals, my emphasis will be on soliciting manuscripts that describe novel approaches to behavioral assessment, which have or are pursuing empirical support, and that articulate the links between those approaches and their use in informing behavior change. I am particularly interested in dissemination of empirically based practices and the process of letting readers know of newer developments, methods that are accessible to most clinicians, and in providing a forum for authors who are developing and testing new ideas.

Additionally, I hope to draw on various special interest groups to provide a forum for applications of novel approaches to behavioral assessment in particular content or interest areas. Such solicitations are likely to focus on either particular populations (e.g., children) or particular types of problems (e.g., social anxiety, comorbid presentations).

Lastly, I will likely pursue the possibility of thematic submissions from researchers and clinicians who could present different views on behavioral assessment and show the utility of such approaches from different points of view. I will likely offer integrative commentary on such submissions.

I welcome input from members and readers of *tBT*. I am best reached via e-mail at: tstickle@uvm.edu.

Book Reviews | Andrea Chronis, Ph.D.

I am delighted to serve as Associate Editor of the Book Reviews section of *the Behavior Therapist*. In this issue, I would like to introduce myself to *tBT* readers and share my plans for this section. During the upcoming year, I hope to take one small step toward our ultimate goal of connecting science and practice by increasing our membership's awareness of new books related to evidence-based assessment and treatment practices.

I received my Ph.D. in clinical psychology from the State University of New York at Buffalo under the mentorship of Dr. William E. Pelham, Jr. In Dr. Pelham's lab, we conducted efficacy studies of behavioral, pharmacological, and combined treatments for ADHD. This experience provided an exemplary model for the integration of science and practice. My own research ideas are constantly influenced by my work with children with ADHD and their families, and my approach to clinical interventions is firmly grounded in empirical research.

I went on to complete the clinical psychology internship training program at the University of Chicago, where I worked with leading researchers in the areas of ADHD and disruptive behavior disorders. While on internship, I grew in three primary areas. First, I was exposed to very diverse (and often disadvantaged) patient populations, for whom the efficacy or acceptability of many of our empirically supported treatments has not yet been evaluated. Second, I became increasingly aware of the extent to which developmental issues must be taken into account in the definition of disordered behavior and the selection and implementation of treatments. For instance, we must be aware of what is normal in order to define abnormal behavior and must take developmental capabilities, challenges, and influences into account when developing and evaluating our treatments. Third, I recognized that there is a lot to be learned from psychopathology research that can guide the development of clinical interventions. Prior to this, my interests were strongly aligned with applied interventions research, and I viewed basic research as less relevant to what we do as clinical psychologists. Thus, in selecting books to be reviewed this year, I plan to highlight three areas: diversity in therapy, the developmental psychopathology framework, and the application of psychopathology research to clinical interventions.

Following my internship, I took a faculty position in the department of psychology at the University of Maryland, College Park, and became an Adjunct Assistant Professor of Pediatrics at George Washington University, Children's National Medical Center. I chose the University of Maryland because of its strong dedication to the clinical scientist model and the use of evidence-based assessment and treatment approaches. To meet the demands of research, clinical service, and training within the clinical science model, I developed the Maryland ADHD Program. The Maryland ADHD Program serves as the primary child and adolescent clinical training site for our doctoral students, and provides a referral base and setting for our clinical research projects. Thus, consistent with my own experience, my students are trained within a model where science and clinical practice are unified. It is my hope that the Book Reviews section can serve to inform the membership of research advances that may influence our clinical work.

To summarize, my goals for the Book Reviews section of *tBT* for the upcoming year include exposing the readership to publications that (a) facilitate the connection between science and practice; (b) highlight issues of diversity that may have an impact on accurate identification and successful implementation of evidence-based treatments; (c) consider developmental influences on the identification, manifestation, and treatment of psychological disorders; and (d) emphasize the link between psychopathology and interventions research. If you have ideas or suggestions for topics to be addressed in this section, please contact me (achronis@psyc.umd.edu). Furthermore, if you have read a particularly influential book that you would like to review, please let me know. Until then, I look forward to making this an interesting and informative column!

Clinical Forum | John Forsyth, Ph.D.

I am delighted to serve as Associate Editor of the Clinical Forum section of *the Behavior Therapist*. Here I would like to introduce myself to *tBT* readers and share my plans for this section.

I received my Ph.D. in clinical psychology from West Virginia University (WVU) after serving as Chief Clinical Psychology Resident at the University of Mississippi Medical Center. While at WVU, I had the good fortune of working closely with Dr. Georg Eifert (my mentor, now colleague and good friend), and was trained in behavior analysis and therapy. There I aspired to have one foot planted in the clinic and one in the experimental laboratory. I tried to do both (and still do), in part, because doing both seemed important for behavior therapy's early successes and its continued successes. I immersed myself in behavior theory and philosophy under the guidance of Andy Lattal, Robert Hawkins, Georg Eifert, and through the writings and informal contacts I had with Steven Hayes, Michael Dougher, Bob Kohlenberg, Cyril Franks, David Barlow, Joseph Wolpe, Neil Jacobson, and some of their students (Kelly Wilson, Liz Gifford, Robyn Walser, Eric Augustson, Chauncey Parker, Bruce Chorpita, and Michael Addis, to name a few). Through this work I came to value functional and process-oriented thinking; the importance of being well rounded but conceptually grounded; the need to further develop interventions to target core processes (not just symptoms) that underlie human suffering; and the need for behavior therapies that push the efficacy ceiling through the integration of basic and applied clinical science. Above all, I learned that behavior therapy's enormous success is attributable to the hard work and effort of behavior therapists who put behavioral science and applied technology into action in working with other suffering human beings. The greatest legacy of behavior therapy is in the lives we restore and the human suffering we can prevent or alleviate.

Over the past 6 years, I have been on the clinical faculty at the University at Albany, SUNY. Here, I have resisted being locked away in an Ivory Tower and have managed to keep one foot planted in the lab and the other in the clinic. Since graduate school, I have watched behavior therapies rise up as some of the most efficacious treatments for a range of clinical problems. I have seen the tides shift from syndrome- and symptom-based treatments to more functional and process-oriented "transdiagnostic" treatments. This move has brought behavior therapy almost full circle, and along with it has emerged an expanded definition of psychological health and good clinical outcomes. Behavior therapists are now talking about acceptance, mindfulness, spirituality, quality of life, meaning and purpose, values, and, more broadly, restoration of human lives that are not working. Yet, we remain in a period of transition. The tug and pull of market forces demanding clinical accountability and cost-effective and time-limited psychosocial interventions is welcome news for some and remains a thorn for others. Practitioners

continue to struggle with the application of efficacious behavior therapies, treatment manuals, and the like and question whether efficacy naturally translates into effectiveness. We know that treatments work in controlled settings, but know woefully little about why they work and if they work when practitioners on the front line pick them up and put them to use with their typical clients. This is particularly true of "third-generation" behavior therapies, emphasizing broad-band clinical processes and outcomes, and for clients presenting with multiple problems. These and other issues are relevant for the Clinical Forum of *tBT*; behavior therapy is a context for clinical science with a commitment to behavior change. It is an intensely empirical approach that is about making a difference in the lives of those we serve.

In line with the above, one of my goals as the Associate Editor of this section is to provide a forum for behavior therapists to discuss a range of issues that affect the practice of behavior therapy (inclusive to mean cognitive-behavior therapy too). A second goal is to create a place for students and practitioners to disseminate their clinical work. I would very much like to see data-based, single-case manuscripts from students and more seasoned practitioners that illustrate use of novel intervention approaches, application of empirically supported treatments in naturalistic clinical settings, and papers that may shed light on difficult or complex cases, including attention to therapist factors and diversity issues. This is a great opportunity for students to integrate their clinical practica training with writing and dissemination efforts, and for front-line practitioners to show off their work. Fourth, I think it is time that we start "giving behavior therapy away." Thus, I would very much like to see this column used to disseminate information about promising new behavior therapies, including models of or approaches to the prevention and/or alleviation of human suffering. Here, I would also include papers that illustrate the differences between two or more models of change (e.g., cognitive therapy vs. acceptance-based therapy) and the treatment implications stemming from them (e.g., cognitive restructuring vs. defusion technologies). I think we would all stand to learn much from this sort of activity. Papers that address transdiagnostic issues or take a translational focus—bridging basic and applied clinical science—also are welcome.

Behavior therapy is an approach that is, at its core, about making a difference. I invite all of you to help make this column about that. If you have ideas or suggestions for topics to be addressed in this column, please don't hesitate to contact me (518-442-4862; forsyth@albany.edu).

Clinical Dialogues | Brian Marx, Ph.D.

As you all know, this organization recently changed its name from the Association for Advancement of Behavior Therapy (AABT) to the Association for Behavioral and Cognitive Therapies (ABCT). Clearly, the most prominent and possibly controversial aspect of the name change involves the addition of the word "cognitive" to the name of the organization. Another important aspect of the name change, however, is the removal of the word "advancement." When this organization was founded in 1966, one of its goals, among other things, was to promote behavior therapy and cognitive behavior therapy to both the public and other mental health professionals who, at the time, were unaware of the important work being done by the founding members of this group. Does the elimination of this word in the current iteration of our organization's name suggest that we no longer believe promotion of cognitive-behavior therapies and empirically supported treatments (ESTs) to be a worthy goal? Or, might it suggest that we have sufficiently promoted the work being done by members of this organization such that efforts toward promotion and advancement are no longer needed?

Clearly, neither of these is the case. It is my understanding that the current name change was actually in the spirit of widening our scope and appeal to other mental health professionals and changing our image among the general public for the exact purpose of advancing and promoting the work being done by its members. In essence, then, the name change acknowledges that there is still a great deal to do in terms of advancing behavior therapy, cognitive behavior therapy, and ESTs. Given that, according to a survey of AABT members (Elliot, Miltenberger, Kaster-Bundgaard, & Lumley, 1996), practitioners are more likely to endorse a cognitive-behavioral orientation than academics, this name change will hopefully serve the purpose of attracting practicing cognitive behavior therapists who are not already members of our organization as well as other mental health professionals (social workers, psychiatrists, etc.) and the public at large.

Another interesting finding of this survey was that practitioners were more likely than academics to use procedures such as hypnosis and eye movement desensitization and reprocessing (EMDR) with their clients. That practitioners were more likely to report using therapy techniques with equivocal research support suggests a disconnect between practitioners and academics. In response to the current state of affairs, one of my goals as the Associate Editor of this section is to foster dialogue between ABCT members that spend the majority of their time engaged in private practice and those that primarily engage in research and training. We hope that these discourses lead to greater understanding and improved client outcomes.

Importantly, complementary efforts are needed to promote the relevance of this organization to graduate students. A recent survey (Karekla, Lundgren, & Forsyth, 2004) showed that graduate students from APA-accredited programs (even programs with a decidedly cognitive-behavioral orientation) are not knowledgeable about empirically supported treatments. Therefore, a second goal is to promote exchanges between graduate students and those who are "in the trenches" developing, promoting, and using ESTs and manualized treatment packages.

Finally, an important goal for this column is to provide a space to enhance connections between our clinical work and research on basic processes conducted by behavioral and cognitive scientists. The "perceived" advances in neuroscience and neuroimaging techniques, behavioral genetics, and biologically based therapies suggest that efforts to disseminate, translate, and publicize our work to other professionals and the public are needed now more than ever. Moreover, it suggests that, to remain relevant, it is absolutely vital for us to show how our work can complement that which is being conducted by scientists in related health disciplines.

If you have other ideas or suggestions for topics in this section, I would love to hear from you. Please contact me at 215-204-1553 or via e-mail at bmarx@temple.edu. Until then, I look forward to using this forum to promote an exchange of ideas among academics, practitioners, basic scientists, and students.

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Public Health Issues | Drew Anderson, Ph.D.

I am excited to serve as the Associate Editor for Public Health Issues. In this issue I hope to provide a bit of context for this section of *the Behavior Therapist* and lay out my goals for this section of the newsletter.

First, the context. A number of the top-10 causes of death in the United States, including the top 3 (tobacco use, poor nutrition and physical activity, and alcohol consumption; Mokdad, Marks, Stroup, & Gerberding, 2004), can be viewed as substantially influenced by lifestyle choices. It has been estimated that about half of all deaths that occur in the U.S. can be attributed to a limited number of largely preventable behaviors (Mokdad et al.). Thus, there is a huge opportunity for the behavioral community to make a difference in the public health arena—after all, we are the behavior change experts.

Fortunately, we have already done a great deal of work in public health interventions, and behavioral principles play a key role in the treatment of health-related conditions. To take an example from my own area of interest, obesity treatment, "behavior therapy" is now accepted as a core component of weight loss treatments. While the dietary prescription of popular weight-loss diets differ widely, from the low-carbohydrate Atkins diet to the low-fat vegetarian diet advocated by Dean Ornish, all of these programs share similar fundamental behavioral principles, such as self-monitoring and stimulus control, to improve adherence to the diet. In fact, it is difficult to imagine a reputable weight-loss treatment that does not use behavioral principles as its foundation. Similar things can be said about interventions for other major health problems.

Also, behavior therapy and behavioral interventions have more than held their own in the face of an increasing trend toward pharmacological interventions for health problems. An obvious example is the Diabetes Prevention Program (Diabetes Prevention Program Research Group, 2002), which sought to determine if lifestyle (i.e., behavioral) or pharmacological interventions could prevent or delay the onset of Type 2 diabetes in persons at high risk for the disorder. In this study, while both of the interventions produced a significant reduction in the progression to diabetes as compared to the control group, the lifestyle group was twice as effective as the pharmacotherapy group.

So, given the continuing (some would say increasingly) important role of behavior therapy in the public health arena, I have a few goals for this section of *tBT*.

First, I hope to share some of behavior therapy's historical successes in the public health arena. I know that much of ABCT's membership is focused more on psychopathology and psychological disorders than behavioral medicine, and it is nice to let everyone know what our members working in health-related fields have done. Therefore, I plan to solicit a number of reviews of the field to provide this information to the membership. Second, I would like for this section to be a place for members to write about new and innovative behavioral public health treatments or advancements in public health. This can run the range from analogue laboratory experiments to full-scale epidemiological studies. Finally, I hope that this section can serve as a point of contact between ABCT and other behaviorally oriented groups interested in behavioral medicine and public health. Accordingly, I plan to solicit articles from SIG leaders and other organizations that have an interest in public health and behavioral medicine.

If you have any suggestions or would like to submit an article, please send your e-mail to drewa@csc.albany.edu.

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International Scene | Mark Dadds, Ph.D.

Behavior Therapy is one of the great clinical and scientific achievements of the 20th century and over the last several decades has become a worldwide phenomenon. It is a great pleasure to take up the position of International Scene Associate Editor for *the Behavior Therapist*. When Dave Reitman asked me to do this, I think there was some reference to my continual gallivanting around the world as constituting good qualifications for the position—an exaggeration, of course. I am sure, though, that many of you will agree that international links formed as part of the science and practice of behavior therapy constitute some of the most valuable and enduring networks in our professional lives. We should all be aware of what is happening in behavior therapy in the U.S., U.K., Australia, the Netherlands, Germany, Sweden, New Zealand, Canada, and so on. There are important connections that exist between these countries in this regard and so much is happening, yet we hear about these things only infrequently.

Before I put forward some ideas for contributions, I should mention where I am coming from. I currently work as Professor of Psychology and Senior Research of the NHMRC at the University of New South Wales. This is one of Australia's largest research universities and is located a hop, skip, and jump from the famous Bondi beach of Sydney. Our school is big in the neurosciences of basic learning processes and so I am currently having a great time getting up-to-date with contemporary biological models of associative learning and fear (which, believe me, are about to set us all into a new phase of behavior therapy for these problems). My focus is on psychopathology in children and their families and I split my time between research, supervision, and clinical work. Anyway, enough of me.

What can the International Scene of *tBT* do to help facilitate more international sharing and linkage? Well, I have some ideas and will look forward to you helping me expand on these. By way of context to these ideas, let me put forward some personal thoughts on where we currently stand as a science and profession. In the 1960s and 70s, BT felt new and radical and exciting. The possibilities for transforming clinical practice to the betterment of all seemed endless. Behavior therapists met in dark rooms discussing radical new ideas and ways for getting them across. Groups like AABT, ABA, AACBT, and EABCT led with enormous support for basic science, dissemination, and training so that we are now mainstream in many areas of practice. The last few decades have seen increasing attention to the packaging of treatments so that they enjoy the many

benefits of widespread dissemination and empirically supported status. All well and good, but I suspect that there are much more interesting things happening around the world from which we could draw inspiration. Thus, my first thought is to encourage contributions from around the world that tell us about innovative ideas and applications that are not yet in the mainstream literature. I don't mean to let the cat out of the bag on your world-beating idea, but rather to share local innovations and applications that may inspire others and set up international collaborations.

Next, we all know that the best ideas and strategies are only as good as their implementation. Local conditions have a huge impact on how effective assessment and treatment strategies are. What is there about the political/administrative/professional/cultural and other local conditions that influence how behavior therapy is and can be practiced in your area? What solutions are used to deal with impediments? What systems innovations are being used to facilitate the effective use of BT in your setting?

I have alluded to how international links are so important to the development of our science and practice. I would like to suggest that *tBT* could facilitate this by running regular news of events and happenings in our various countries. This would mainly include national conferences and meetings, but could also be expanded to provide information on sabbatical opportunities, people looking for research links and international collaborators, postdoc opportunities, and the like. As part of sharing information on local conferences, I would particularly like to hear from representatives of national BT groups about providing summaries of conference meetings in terms of major presentations, conference themes, innovative sessions, and, of course, who got drunk and fell over.

Finally, it would be of great interest to hear from countries in which BT is just developing. I know of many behavior therapists who work in settings in which, for example, psychoanalytic models completely rule the landscape and other models do not get a look-in. So come on, all you Che Guevera's of clinical practice, let us know what is happening to develop BT in your part of the world.

Well, these are just a few ideas for keeping us abreast of what is happening internationally. I am sure many of you have better ideas than these. We all love to hear news and perhaps even gossip. Well, not me, of course. Write in and let us know about developments in your country that would be of interest to an international audience (m.dadds@unsw.edu.au).

The Lighter Side | Kelly Wilson, Ph.D., BJ

I am pleased to serve as the Associate Editor for the Lighter Side of *tBT*. I received my bachelor's degree at Gonzaga University under Sam Leigland and my Ph.D. at the University of Nevada, Reno, under Steven Hayes. My central research interests are in acceptance- and values-based interventions, such as Acceptance and Commitment Therapy, underlying relational learning processes, as described in Relational Frame Theory, and in functional contextual approaches to philosophy of science and theory building. I have been an active member of AABT/A-to-ZT since early in my graduate training, presenting at 13 of the past 15 meetings of AABT.

In the domain of professional satire, I trained under the steady hands of Drs. Steven and Linda Hayes, performing as an actor, writer, and director of sketch comedy, off-color behavioral humor,

and high irreverence in the Behavioral Follies at the Association for Behavior Analysis (ABA) between 1990 and 2003. In 2004, in recognition of my years of devoted service, I was named the Chair of the Behavioral Follies at ABA. For the 2005 convention, I have been elevated to Humor Czar with absolute power in matters of behavioral humor within that organization. Among my behavioral humor accomplishments: I have acted in productions such as The Society for the Quantitative Analysis of Behavior Militia and have co-hosted the Behavioral News Tonight. I have worn a black lace bustier, a blond wig, and 5-inch stiletto heels in front of a thousand behavioral psychologists. Why? You might suppose that it was for the simple joy of dressing in women's clothes; but, perhaps, there is a more serious side to this behavior. I am delighted to have the opportunity to bring my experience to bear in the service of the Association for Behavioral and Cognitive Therapies. To contribute to the Lighter Side, please send your e-mail to kwilson@olemiss.edu. However, before we embark on some serious folly, we invite you to think seriously about humor in our inaugural section of the Lighter Side (p. 17).

Professional and Legislative Issues | Ethan Long, Ph.D.

I have been asked to introduce myself as the Associate Editor of the Professional and Legislative Issues section of *the Behavior Therapist* and to describe my plans for this section. It is my hope that this column will provide *tBT* readers with current perspectives on state and/or federal legislative and political processes and events that may affect research and practice.

I received my M.S. in psychology from North Dakota State University under the mentorship of Dr. Raymond Miltenberger and my Ph.D. in child clinical psychology from West Virginia University under the mentorship of Dr. Christina Adams. In both programs, I learned about the principles of behavior and how to apply behavior theory to better the lives of individuals with a variety of disabilities in a variety of clinical and educational settings. My graduate training was further enhanced during my internship and postdoctoral fellowship at the Kennedy Krieger Institute where I was supervised by two accomplished behavior analysts: Drs. Louis Hagopian and Patricia Kurtz. At the Kennedy Krieger Institute, I learned how to further analyze contingencies and functional relations between the environment and behavior to treat a variety of behavior problems exhibited by individuals with severe developmental disabilities.

Throughout these training experiences, I began to consider the contingencies that were operating on the delivery of behavioral services. For example, at the Kennedy Krieger Institute many of the families of our patients, despite their child's life-threatening behavior and complex medical issues, were regularly being denied or offered inadequate insurance funding for the desperately needed behavioral services. In contrast, school systems in West Virginia regularly contracted with my practicum placement for functional behavioral assessment workshops due to federal mandate resulting from the Individuals With Disabilities Education Act (IDEA) Amendments of 1997 that required schools to conduct functional behavioral assessments. These examples illustrated for me that the local practices of behavior therapists are a function of systems-level contingencies.

The desire to learn more about these contingencies led me to Washington, DC, where I accepted a policy fellowship at the Association of University Centers on Disabilities (AUCD). The AUCD is a nonprofit organization that promotes and supports the national network of university centers on disabilities, which includes University Centers for Excellence in Developmental Disabilities Education, Research, and Service; Leadership Education in Neurodevelopmental and Related Disabilities Programs; and Developmental Disabilities Research Centers. The Policy Fellowship offered me the opportunity to work alongside the AUCD Legislative Affairs staff and other professional organizations (including the American Psychological Association) on policy issues such as funding for health care and IDEA reauthorization and appropriations for the funding of government science organizations (e.g., National Institutes of Health and the Centers for Disease Control [CDC]) that ultimately support behavioral research. These experiences have helped me understand how policy, advocacy, and research interact to influence clinical practice.

I have spent the last 2 years working in Washington, DC, at AUCD serving as the Project Director for a cooperative agreement with the CDC's National Center on Birth Defects and Developmental Disabilities. This position has afforded me the opportunity to interact daily with government scientists who set the national research agenda and to work with colleagues who monitor federal policy and recent legislation that affects individuals with disabilities and the people who serve them, including behavior therapists. It is my hope that I will be able to share with you in this column some of the more recent federal policy and research funding developments that may affect behavioral therapists and researchers. I also would like to use this column as a forum for the discussion of state and local legislative, political, and professional issues affecting the readership of *tBT*. I encourage your submissions related to these issues that influence your ability to practice and conduct research. If you have ideas or suggestions for topics to be addressed in this column, please contact me at elong@thebayschool.org or (831) 462-9620.

Research-Practice Link | David Hansen, Ph.D.

It is an honor to continue to serve as Associate Editor for the Research-Practice Link of *the Behavior Therapist*. I was pleased to serve in this role under George Ronan, the previous Editor of *tBT*, and am looking forward to working with David Reitman as he takes the lead on this important ABCT publication. (I have attended every AABT meeting since 1983—it will take me a while to get used to this switch to ABCT!) At the prompting of our esteemed Editor, I am taking this opportunity to tell you a bit about myself and the Research-Practice Link section of *tBT*.

The overall goal of the Research-Practice Link is to provide up-to-date information regarding how research on treatment delivery and outcome may relate to therapeutic efforts outside of academic and research settings. As the only publication received by all of its members, *tBT* serves a critical role in providing information for bridging the gap between research and practice.

My behavioral (and cognitive-behavioral) background began in programs that have long and strong ties to ABCT, and efforts to address gaps between research and practice have long been a part of my training and work. I received my Ph.D. in clinical psychology

from the University of Mississippi in 1985, after having completed my internship (a.k.a., "residency") at the University of Mississippi Medical Center and Jackson V.A. Consortium. After 7 years (all remembered fondly) as a faculty member at West Virginia University, I was recruited to my home state and joined the faculty at the University of Nebraska–Lincoln.

Throughout my graduate and professional experiences I have been fortunate to have been involved in treatment research in a variety of real-world settings, such as a partial hospitalization program of a community mental health center, state hospital inpatient and residential programs, home-based services for families with child maltreatment concerns, elementary and high schools, and Head Start settings. Among other research, clinical, and administrative activities (like being department chair), I currently direct a clinical treatment program for sexually abused children and their nonoffending caregivers and siblings, providing and evaluating both group and individual family treatments. These services are provided in an innovative community-based Child Advocacy Center that coordinates and conducts child sexual abuse investigations.

Across these varied clinical treatment opportunities it has been consistently and abundantly clear that we have much work to do to improve our understanding of how to enhance the effectiveness of our clinical interventions. Fortunately, cognitive-behavioral approaches (broadly defined) have made a variety of advances for improving treatment adherence, programming generalization and maintenance of effects, and enhancing the social and functional validity of our goals, procedures, and outcomes. In addition, clinical researchers are increasingly acknowledging the importance of understanding and addressing the role that cultural factors play in treatment implementation and effectiveness. Strategies useful for therapists and clients in real-world settings (i.e., not our labs and training clinics) and for overcoming barriers to successful treatment are being used and evaluated. We need to share what has been learned.

The challenges of transitioning from the efficacy of tightly controlled research to effectiveness in real-world clinical settings are substantial. In the Research-Practice Link we hope to share state-of-the-science information that can help guide clinical practice. We also hope this forum raises questions that will prompt future research that is needed for addressing clinical challenges faced by practitioners.

I encourage potential contributors to contact me as they have questions, and I encourage readers who have suggestions for topics that they would like to see addressed to contact me as well (402-472-2619; dhansen1@unl.edu). I look forward to hearing from you.

Research-Training Link | Gayle Iwamasa, Ph.D.

I'm starting my 7th (yes, as in *seven*—that is not a typo!) year as an Associate Editor for *tBT*. You can blame our new Editor, David Reitman, for that. My current assignment is the Research-Training Link. Having written a number of articles for *tBT* over the years, the most recent one appearing in the October 2004 Special Issue on Professional Development, I'll skip over the part that summarizes my background, as I do not wish to torture you with all that information again! Please see the October 2004 issue for those details if you want a refresher.

As Associate Editor for the Research-Training Link, I'd like to invite articles that fall into two categories: (1) those articles that focus on issues related to how cognitive behavior therapists are trained in research, and (2) those articles that focus on how research on training and supervision in CBT relates to current educational practices and actual implementation of CBT. For both, I hope that we will be able to address the research and clinical training across the many disciplines represented among ABCT.

As a faculty member who has engaged in both research and clinical supervision, I know there are many issues in both these areas that would be of interest to members. For example, in graduate research training, what are the major differences between the mentor model of advising and other more open-ended and less structured approaches to learning about research? Is there a minimal amount of didactic statistics and research methods course-work that faculty expect students to complete? More provocative and controversial—What are the differences in research training among the various disciplines in ABCT?

Regarding clinical training, articles that focus on the role of group versus individual supervision, the reason for the lack of empirical data on the effectiveness of supervision in CBT, how training programs in various disciplines provide clinical training (e.g., on-site clinics and hospitals versus external practica) would be excellent! Further, why do some disciplines (such as counseling psychology, for example) actually study the process and effects of therapy supervision on various outcomes (such as client satisfaction ratings of treatment, liking of the therapist, etc.), while in CBT, no theoretical model of the effects of supervision on CBT outcome exist? The counseling psychology supervision literature boasts a number of interesting models of supervision and training, often from an atheoretical perspective. (BTW, this points to an excellent area of research for those who might be interested-very little has been published on such issues in CBT. . . . You could be a pioneer!).

Additionally, I'd love to see articles that focus on the role of post-graduate training. Each year at our convention, we offer a variety of diverse workshops, seminars, and CE offerings for a variety of disciplines in both research and therapy. Many of them sell out and are regular ABCT conference staples. Our members expect high-quality training at the convention. Does this indicate that these types of trainings are effective in improving research and clinical skills? Are there some formats that are better at training than others? What makes such trainings effective?

These suggestions are certainly not exhaustive and I welcome any other ideas for articles pertaining to research and clinical training. I'm sure I speak for most ABCT members in believing that not just anyone can be a competent and effective cognitive behavioral therapist. Appropriate research and clinical training is a necessary and fundamental requirement. Thus, I look forward to your ideas and submissions (giwamasa@depaul.edu).

Special Interest Groups | Andrea Seidner Burling, Ph.D.

I am Andrea Seidner Burling and I am the Associate Editor for the Special Interest Groups (SIG) section of *tBT*. This section is designed to provide information about SIG activities, as well as

broader issues raised by the SIGs that affect the general membership of our organization.I am pleased to have this opportunity to both introduce myself and share my goals for the SIG section of *tBT*.

AABT/ABCT has been my professional home for (can-it-be?) 25 years. I joined in 1980 as a junior at the State University of New York at Albany, where I was introduced to the organization by several illustrious members, all of whom have been or will soon be President: Dave Barlow (with whom I did 2 years of independent study), Rick Heimberg (who was my advisor), and Gayle Beck (who was a graduate student working with Dave Barlow). After receiving my B.A. in psychology in 1982, I continued to be influenced by prominent members of our organization, receiving my M.S. and Ph.D. in clinical psychology from the University of Georgia under the guidance of Karen Calhoun, and completing my internship at the Medical University of South Carolina/Charleston VA Medical Center Consortium with Dean Kilpatrick as my preceptor. Throughout my undergraduate and graduate career, my work was focused in the area of anxiety disorders and posttraumatic stress.

In the 18 years since I completed my Ph.D., the focus of my work has shifted to the areas of substance abuse (alcohol, tobacco, and other drugs) and the use of technology-based treatments. Initially, I worked in two medical center–affiliated VA health-care systems in California. Most recently (1988–1996), this involved serving as the Director of Research and Training and a Clinical Consultant at the Domiciliary Service at the Palo Alto VA. In this position, I was one of the primary developers of an innovative treatment program for substance abusers that fully integrates behavioral (cognitive-behavioral and contingency-based) interventions into a therapeutic community milieu. Preliminary evaluations of this program have obtained promising results, and it has twice been recognized as a National Program of Clinical Excellence by the Department of Veterans Affairs Under Secretary. While at the Palo Alto VA, I also served as co-investigator on a NIDA-funded project that was the first large-scale study to assess the impact of stop-smoking treatment for newly recovering drug/alcohol-dependent smokers.

In 1994, I cofounded a small company that provides consultation services and develops health-promotion products using Small Business Innovation Research funding from the National Institutes of Health. Most notably, we have developed and evaluated a comprehensive stop-smoking program that addresses smokers' physiological addiction to nicotine and their smoking habit via an Internet-delivered, interactive multimedia software program and an adjunctive handheld computer (the latter assesses smoking topography and provides data used by the main software program to provide users with customized nicotine fading instructions).

For the past 5 years, I also have been working full-time at the American Institutes for Research, which is one of the oldest and largest behavioral, social, and health science research firms in the country. There, I am a principal research scientist working on a variety of grants/contracts and business development activities in the area of substance abuse. Currently, I am the principal investigator on a grant from the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program, which involves surveying a nationally representative sample of adult residential drug/alcohol programs about their smoking policies and services, their drug/alcohol policies and treatments, and their effects on drug/alcohol treatment outcomes. I also am a co-investigator on a NIDA-funded project that is developing measures of organizational culture and quality of care for use in substance abuse treatment settings. Recently, I concluded work as the principal investigator for a team of expert consultants that was working for the Charles and Helen Schwab Foundation on their 3-year Building Effective Substance Abuse Treatment Initiative, which provided organizational capacity building support to community-based substance abuse treatment providers throughout the San Francisco Bay Area.

Goals for SIG section of tBT. As you can see, my interests and experiences span a range of content areas and settings; thus, it is probably not surprising that one of the things I would like to accomplish as the Associate Editor of the SIG section of *tBT* is to provide our readers with cutting-edge information about current topics that are a focus of attention within the SIGs. In this vein, I would like to encourage article submissions about research, clinical, and training activities from the members of all of our SIGs. I am particularly interested in submissions that are based on convention presentations that were organized by SIG members and/or ones that highlight emerging issues in a SIG area. Submissions are welcome from the members of a single SIG, as well as from the members of two or more SIGs that have a common perspective—or a difference of opinion—on a particular topic.

As part of my *tBT* duties, I also will be editing the SIG column, which is designed to provide our membership with up-to-date information about the activities of the SIGs. Ron Fudge, the current SIG Chair, will be drafting this column for publication, so SIG leaders should submit their group's information directly to him (RFudge5035@aol.com).

Please feel free to contact me if you have ideas for the SIG column or SIG-related articles or if you have any questions (650-843-8159; ABurling@air.org). As the Associate Editor of the SIG section of *tBT*, I hope that I can contribute to making this publication a valued source of information about cognitive and behavioral therapy and research.

Student Forum | Megan Kelly, M.A.

It is my pleasure to take this opportunity to introduce myself and my goals as the Associate Editor of the Student Forum section of *the Behavior Therapist*. I am currently a 5th-year graduate student at the State University of New York at Albany and a clinical psychology intern at the Greater Hartford Clinical Psychology Internship Consortium. Having been through the majority of the student process, but still embracing the title of "graduate student," it seems a perfect time to take on the challenge of editing *tBT*'s Student Forum.

I maintain a strong interest in the representation and needs of graduate students in clinical psychology, especially in the training of behavioral and cognitive-behavioral therapists and researchers. Over the past 3 years, I have served as a member of ABCT's Student Membership Committee, in which we have strived to voice the concerns and interests of students within ABCT. I also served as the Student SIG President from 2002 to 2003, and during this time, I had the opportunity to work with other members of the Student SIG in the promotion and development of several student-related programs, including the Student SIG Online Mentoring Program, the Student SIG Poster Exposition, and the Student SIG Newsletter. Though the activities sponsored by student organizations within ABCT are a relatively new phenomenon, the success of these programs demonstrates that students are motivated and seeking opportunities to be involved in this organization. During my year as Student SIG President, the Student SIG hosted a student-

initiated case presentation/clinical roundtable during our annual meeting, which led to the largest turnout ever for a Student SIG meeting. Indirectly, these events are also suggestive of strong demand for more student-centered information in outlets such as *tBT*.

My primary goal as the Associate Editor of the Student Forum is to disseminate information associated with clinical and research training and professional development, and to showcase examples of student-initiated work. Through the Student Forum, it is my hope that *tBT* can facilitate the recruitment of more student members and inspire them to become full members of the ABCT in the years ahead. To accomplish this goal, the Student Forum will continue to provide guidance on selecting internships, obtaining postdoctoral positions, completing the dissertation, and other career development issues. The Student Forum also provides an opportunity to increase member awareness of student concerns about ABCT policies that affect them. Finally, to fulfill the goal of highlighting student-initiated activities and projects, we hope to serve as an outlet for student-initiated research and clinical work.

Finally, I would love to hear from students within ABCT regarding the issues that are most important to them. To discuss your ideas, or if you would like to present some of your own work in *tBT*, please e-mail me at mk5597@albany.edu or call 860-667-6763 (ext. 6124). Student members play a vital role in the future of this organization. As such, it is truly a delight to serve as the Editor of the Student Forum, and I look forward to making this section of *tBT* a continued success.

Institutional Settings | David Penn, Ph.D.

I am delighted to serve as Associate Editor of the Institutional Settings section of *the Behavior Therapist*. In this issue, I would like to introduce myself to *tBT* readers and share my plans for this section.

I received my Ph.D. in clinical psychology from the University of Nebraska–Lincoln (UNL) under the mentorship of Dr. Will Spaulding, where I received most of my clinical training at an inpatient psychiatric unit for individuals with psychotic disorders. At UNL, I learned quite a bit about behavior management, token economies, and the importance of engaging patients and staff in developing an effective treatment milieu.

My graduate training was further enhanced on internship at the Medical College of Pennsylvania at Eastern Pennsylvania Psychiatric Institute (MCP/EPPI), where I worked with two leading psychosocial researchers in schizophrenia: Drs. Kim Mueser and Alan Bellack. It was at MCP/EPPI that I learned Social Skills Training and Behavioral Family Therapy and received initial exposure to both outpatients with schizophrenia and individuals with acute psychosis. I was learning that schizophrenia is quite heterogeneous and that there was no one-size-fits-all intervention.

Over the past 10 years, I have been on the clinical faculty of three APA-accredited psychology programs: the Illinois Institute of Technology, Louisiana State University, and the University of North Carolina–Chapel Hill. Being a faculty member has afforded me the chance to conduct student training in a variety of settings: state hospitals, outpatient clinics, day hospitals, mental health centers, and clubhouses. This has relevance for the Institutional Settings column of *tBT*; treatment of schizophrenia and other severe mental illnesses is not limited to the inpatient setting but occurs in a variety of contexts. Thus, one of my goals as the Associate Editor of this section is to expose the readership to clinicians and researchers who work in different settings, and how the environment influences their approach to treatment.

Speaking of treatment, I mentioned above a few approaches that I learned during my training (e.g., Social Skills Training). However, the treatment for schizophrenia, like most disorders, evolves over time. Take this past AABT convention in New Orleans as an example. One clinical roundtable was partially devoted to cognitive behavioral therapy (CBT) for schizophrenia (facilitated by Drs. Debbie Warman and Cori Cather), while a symposium discussed the merits of cognitive remediation (chaired by Dr. Jim Seltzer). These two approaches, both sharing a focus on cognition in schizophrenia, employ very different techniques; CBT is more of a "content-oriented" approach to schizophrenia, with an emphasis on delusions and hallucinations. Cognitive remediation, conversely, is focused more on the cognitive process by strengthening processing speed, attention, and problem-solving skills. Therefore, a second goal of mine is for the readership to learn about these innovative techniques from the experts themselves.

A final goal for this column is to become a forum for exchanges on controversial issues. For example, should individuals with prodromal symptoms (i.e., individuals who have either attenuated symptoms or transient symptoms, and are thought to be at risk for psychosis) be treated with neuroleptics? Or, are consumer-led programs as effective as those that are "professionally" run? To achieve this end, I will ask individuals to participate in a point-counterpoint discussion. Hopefully, this will stimulate even more interest in these areas.

If you have ideas or suggestions for topics to be addressed in this column, please contact me at 919-843-7514 or via e-mail at dpenn@email.unc.edu. Until then, I look forward to making this an interesting and informative column.

Institutional Settings | Tamara Penix Sbraga, Ph.D.

It is my pleasure to continue as an Associate Editor of the Institutional Settings segment of *tBT*. I would like to introduce myself and my vision for this section in the hope of luring those many unwritten manuscripts out of the minds of readers and onto these pages.

My work in institutional settings began as a psychology intern for a juvenile correctional facility while receiving my bachelor's degree from Kent State University. I was particularly engaged by gang- and drug-involved adolescents who seemed to have always expected to be institutionalized. I continued to work with this population in a similar institution in Cleveland following the receipt of my degree. There I was introduced to behavior analysis and was hooked on trying to understand how young people learned to behave in ways so contrary to society and their own welfare and how to turn that destructiveness around.

My interest in people grappling with their simultaneous need for institutionalization and loss of independence led me to New York City where I pursued a master's in community psychology at New York University, and worked as a clinical case manager and research assistant with homeless mentally ill clients at Bellevue Hospital Center. I began to understand the gap between research and practice, between university ideas and the tough reality of implementation on the streets. There I found that a Russian painter, a former football

hero, a seminary student, and a pregnant prostitute could find themselves in the same hospital ward feeling crazy and hopeless in sharp contrast to their early dreams. I learned that sometimes our treatments are adequate for the multiproblem clients our institutions serve. We can make a difference. However, many times the treatment teams were left scratching their heads wondering how to tackle thousands of problems ranging from securing stable housing to efficiently disseminating effective treatments.

The head scratching continued for me as a staff psychologist in a state prison in Virginia. Twelve hundred inmates were served by three psychologists and a part-time psychiatrist. There were no resources to bring treatments like Dialectical Behavior Therapy or even CBT for depression or anxiety into the prison. Monitoring and crisis intervention were our mainstays. I was fascinated by the problem of sexual offending and decided to pursue a Ph.D. in clinical psychology at the University of Nevada, Reno, under William O'Donohue. I embraced the research and treatment of sex offenders and victims under Bill and Vic Follette. I was also trained in the principles and delivery of the empirically supported treatments, Dialectical Behavior Therapy, Drs. Foa, Resick, and Deblinger's CBT approaches to trauma, Acceptance and Commitment Therapy, and Functional Analytic Psychotherapy under Duane Varble, Bob Peterson, Jane Fisher, Alan Fruzzetti, Steve Hayes, and Bill Follette. I maintained my research and treatment ties to departments of corrections during those years and accepted an internship with the largest forensic institution in the world, Atascadero State Hospital in California. I was once again challenged to take my university know-how and apply it realistically on a unit.

I have been a clinical faculty member in the APA-accredited Ph.D. program at Central Michigan University for the past 3 1/2 years. The students and I conduct research, assessment, and treatment in a variety of institutional settings including community mental health centers, jails, and prisons. I look forward to receiving articles that address the struggles we, and many in the ABCT membership, face everyday bridging research and practice in institutions. Toward these ends, I would like to solicit articles that address some of the following issues: (a) plying institutional cultures toward openness to clinical research and cognitive and behavioral therapies, (b) funding such collaborative efforts, (c) selling the value of research and program development for mental health professionals working in institutions, (d) the problems and promise of adapting treatment protocols to institutional setting demands, (e) the prevention of institutionalization, and (f) the development of viable alternatives. Additionally, a significant interest in juvenile delinquency/criminality and criminal justice/forensic issues was evident at the AABT meeting in New Orleans. I would like to see this column become a forum for advances in research and practice in these areas as my partner in Institutional Settings, Editor David Penn, expertly attends to major mental illness and the other settings in which it is found.

I regularly talk with people who face the challenges and pluck the joys of institutional settings every day. It is my hope that this column will become a virtual community connecting people scattered in disparate but similar settings everywhere. If you have ideas for articles or special topics you would like to see in *tBT*, please contact me at 989-774-6282 or sbrag1tp@cmich.edu. It is my privilege to assist you in sharing your ideas.

Technology Update | James Carter, Ph.D.

Welcome to the return of Technology Update! These are exciting days: As computers have become increasingly ubiquitous and powerful (yes, your Pentium 1 is powerful), so have behavioral health interventions. We now see their convergence in a new industry of computer applications, virtual reality, Web sites, video games, and wearable devices dedicated to monitoring and improving behavioral health. Many of these innovations are being developed by your fellow members of ABCT, who are defining and growing the field with their creativity and empiricism. They have much to share.

The Technology Update section of *tBT* is intended for professionals and students who are interested in using, studying, developing—or avoiding—technology. My goal for this section is to introduce the ABCT membership to these advances and the issues they raise, and to generate questions and discussion. Future topics could include advances in computer-based interventions and assessments, Internet therapy, on-line data collection and security, ethical and legal issues in providing on-line services (e.g., licensure, training, and safety), reimbursement for using technology in practice, matching patients (and therapists) to behavioral health technology, distance learning graduate programs, CD-ROM CEUs, on-line support groups, office and practice management applications, evaluation and dissemination, Internet addiction, and potential pitfalls in using technology. The net is broad. If any of these areas interest you, stay logged on. (Or better yet, submit an article!)

A little about my background. After an inauspicious foray into music video production, I entered the clinical psychology program at the University of Mississippi. At Ole Miss, I worked under Dr. Stan O'Dell, where I developed an interactive video program for parent training and a self-instructional video and workbook to teach clinical interviewing skills. My first academic position was at Dartmouth Medical School's Interactive Media Lab, where I worked under Dr. Joe Henderson. There, I learned how to produce high-end interactive multimedia programs: one that teaches how to do HIV prevention counseling, and another that teaches cancer patients how to manage the side effects of radiation and chemotherapy through behavioral techniques. Today, I'm at the Center for Clinical Computing at Harvard Medical School/Beth Israel Deaconess Medical Center. My main projects are developing an interactive multimedia system to help astronauts prevent, assess, and manage psychosocial problems on long-duration missions, and producing a set of videos to introduce students and professionals to the field of disaster mental health research. I was also president of the Computers and Hi-Tech in Psychology (CHiP) SIG—a rich resource for those of you wishing to get further involved in this area.

It's an honor to serve as Associate Editor for Technology Update. If you are using, developing, studying, or hating technology, please share your experiences by submitting an article to this section. You can e-mail me at: jacarter@caregroup.harvard.edu. I welcome all of your input and suggestions.

Training Program Update | Clint Field, Ph.D.

The issue of training is near and dear to my heart as I have been continuously involved in the professional training process over the last 10 years (either as a trainee, a trainer, or, as is probably true for most of us, as both). Thus, I am pleased to serve as Associate Editor of the Training Program Update section of *the Behavior Therapist*. My main objectives for this issue are to introduce myself, reintroduce the training program section of *tBT*, and share my vision of this section for the coming year.

I completed my graduate training in clinical psychology at Idaho State University (ISU). At the time, the clinical program at ISU was new and undergoing many growth-related changes. The faculty possessed a varied yet rich mixture of experience within the field that yielded cutting-edge training experiences, fresh ideas, and enthusiastic students. Faculty members generally possessed strong behavioral, cognitive, and cognitive-behavioral orientations and sought to train that which was empirically supported. Many also considered AABT (from this point forward, ABCT) to be their professional home and they were quick to introduce us (their students) to the organization and its varied opportunities. To this day, Drs. Mark Roberts, Crystal Dehle, Peter Vik, Tony Celluci, and Richard Farmer maintain a strong presence at ABCT and continue to guide their students down the paths that have become well traveled by ISU alumni over the years.

From Idaho I traveled to Nebraska for training as a predoctoral intern within the Nebraska Internship Consortium in Professional Psychology. Years of experience at ABCT brought me into contact with a number of internship training directors and I developed a strong interest in the training program at Father Flanagan's Boys' Home (Boys Town) as a result. There I was mentored by Drs. Patrick Friman and Michael Handwerk and was privileged to join the longstanding tradition of Boys Town representation at ABCT.

I was fortunate to have had the opportunity to remain at Boys Town as a staff psychologist and complete informal postdoctoral training following internship. I stayed for 4 additional years and was heavily involved in clinical training and applied research, eventually becoming the Assistant Director of Clinical Services, Research, and Internship Training. Many changes occurred during that time, including the development of a formal postdoctoral training program and the addition of new training opportunities for interns. Recently, I accepted a position as Assistant Professor in the Psychology Department at Utah State University and have opened a new chapter of training, for myself and others.

As a student I actively sought out the Training Program section of *tBT*. It was an invaluable source of information. As a program administrator and faculty member, I have also valued this section of *tBT* and recognized its importance in facilitating connections between people and training programs. Thus, while the Training Program Update has not been a constant in *tBT* in recent years, we plan to resurrect it in Volume 28. This section of *tBT* has traditionally provided the reader with brief articles and updates about behavioral and cognitive-behavioral-oriented graduate training programs and internship programs. In past years this section provided information about changes in graduate training programs (March 1996; January 1997; March 1997), survey results of cross-disciplinary behavior therapy training opportunities (September 1996), internship training overviews (April 1997), and new graduate program descriptions (May 1997).

I invite you to carefully examine the Training Program Update throughout Volume 28 as I intend to modify the section in some important ways. First, I'd like to define "training program" a bit more broadly and expand the content by adding descriptions and updates of postdoctoral and continuing education training opportunities to the descriptions of graduate and internship programs that have historically been provided. I believe this expansion will make the section more valuable to the overall readership by providing training information that is pertinent to undergraduate students, graduate students, interns, postdoctoral fellows, and accomplished professionals alike; and in a manner consistent with our membership, I'd like to include heterogeneous information that may be of value across professional domains. For example, many may not be fully aware of the breadth of training and continuing education opportunities that now exist as a part of the annual ABCT convention program. A brief description of these changes and the available opportunities at the next convention meeting may be helpful to many and would fit as a "training program update," broadly defined.

An additional change to the section involves a trade-off between quantity of detail and breadth of coverage. Historically, the section has been devoted to providing detailed coverage of a limited number of training programs. During the coming year, I hope to emphasize breadth of coverage. This will require authors to provide brief overviews with fewer details and will allow for greater coverage and more opportunity for membership involvement in the section. In exchange, I will strongly encourage authors to provide accurate contact information so that interested readers can seek additional detail on their own (for example, via Web-page links). One reason for adopting this approach is that many program changes and training opportunities have undoubtedly emerged over the past several years, and it would seem a worthy endeavor to update the readership on as many of these developments as is reasonable.

Finally, in the past year I have personally transitioned from an applied training setting to a traditional academic setting and am now acutely aware of the chasm that can exist across professional domains. I applaud efforts at ABCT to create a forum wherein diversity in professional function can be accommodated. I hope that this section of *tBT* will further support such efforts by providing a context in which training updates that are beneficial to all can be achieved. I leave you with a plea to contact me if you have additional ideas or suggestions that would fit within this section of *tBT*. Additionally, if you are associated with a training program and would like to share information regarding changes, updates, or recent developments that would be of interest to the *tBT* readership, please contact me (435-797-1463; cfield@cc.usu.edu). I look forward to interacting with you during the coming year. ✍

President's Message

What's in a Name . . . ?

J. Gayle Beck, *SUNY, Buffalo*

As we welcome in the new year, I would like to thank you for your vote of support. In this column, I'd like to outline my goals for the coming year and discuss the change of the Association's name. It looks to be an interesting and exciting year ahead.

By way of background, the past 2 years have witnessed some significant changes within the governance of the Association. Many of these changes have been internal to the working of the organization and may not be visible or apparent. One significant initiative during this interval has been a reorganization of the method of governance. In "the good old days," AABT was fairly small and was governed much like an extended family—if a problem arose, the President would pick up the phone and discuss the issue with related Board members and with M. J. Eimer (the Executive Director). As the Association grew in size and complexity, this method of governance began to break down (as is natural). During her presidency, Jackie Persons recognized that we needed a new model of governance and began a serious initiative to clarify roles and responsibilities, including the development of governance-based policies that will help the Association to function more like a medium-sized nonprofit business. The Board has spent a considerable amount of time and brain power working on this reorganization during the past 2 years and it is my intention that we complete this initiative during my term. As with any change, this shift in governance model has required some adjustment by members and staff alike, but I believe that we will be better able to run the Association and pursue our collective goals once these policies are firmly in place. In keeping with this shift in governance, we developed a strategic plan last April (see the President's Message in the September 2004 *tBT*, p. 113). So, although this is not a new effort, one of my goals for the coming year is to shepherd to completion the work on governance that has progressed under the watchful gaze of Jackie Persons and Patti Resick. As well, we are beginning to implement our strategic plan, with an eye toward further development of the national profile of the Association.

Another one of my goals involves expanding our organization in ways that will help to ensure our longevity. Although this Association is "home" for many of us, we are a fairly homogeneous (and small) group. In fact, the majority of our membership holds a Ph.D. in clinical psychology. There are many other fields that share our values and are not represented well among our membership. In order for the Association to remain vibrant for a long time to come, our membership needs to grow. During my term, I hope that we can begin to expand our professional boundaries in order to include other mental health professionals who are affiliated with behaviorally oriented, empirically supported forms of assessment and treatment. The current Board has begun to discuss how best to preserve the spirit and traditions of AABT while opening the door to individuals who share our interests and values. In beginning this initiative, it is important to remember that broader diversity within our membership has a lot to offer the Association with respect to our conference, our publications, and, indeed, our identity. I trust that you will begin to observe this increased diversity during my term.

As many of you know, the membership recently voted to change the name of the Association to the Association for Behavioral and Cognitive Therapies (ABCT). Forty percent of the membership voted in this recent election, with 1,237 valid votes counted. From this pool, 998 people voted to change the name to ABCT (that's 80.7% of the total vote pool). The number count itself speaks to a broader sentiment among the membership concerning diversity among the Association. Although I am not entirely sure if I'm the first President of ABCT or the 39th President of AABT, the name change signals widespread recognition that the Association has changed over time to include a healthy representation of cognitively based therapies that have their roots within the behavioral tradition. Is the Association going to change in notable ways? After all, change is difficult and none of us wants to lose the professional home of AABT. I believe that with the name change will come both continuity and change: continuity in the form of continued excellence of the behavioral work begun by seminal individuals in our field (Skinner, Wolpe, Franks, to name of few); change in the form of recognition that aspects of human functioning deserve and need to be included in our research and applied efforts (thoughts, affect, brain mechanisms, to name a few). We indeed have matured to this stage of development and, *wow*—what a time to be a part of this Association. In the words of Elizabeth Barrett Browning, "light tomorrow with today." Clearly, the next steps for the Association will help to determine the shape of tomorrow. We have come a long way in the past 39 years, and with continued care and feeding, the Association will grow and flourish. I appreciate the opportunity to be involved with ABCT during its formative era and to continue the exceptional tradition of AABT over the next year. ✍

call for papers

PRESIDENT'S

New Researcher Award

J. Gayle Beck, Ph.D., invites submissions for the 27th 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. 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 J. Gayle Beck, Ph.D.; Patricia Resick, Ph.D., AABT's Immediate Past-President; and Michael Otto, Ph.D., the AABT President-Elect. Submissions must be **received by Monday, August 15, 2005,** and must include four copies of both the paper and the author's vita. Send submissions to: AABT President's New Researcher Award, 305 Seventh Ave., 16th floor, New York, NY 10001.

The Lighter Side

The Serious Matter of Humor in Science

Kelly G. Wilson, *University of Mississippi*

> To be playful and serious at the same time is possible, in fact it defines the ideal mental condition. (John Dewey, 1997)

It may seem odd to speak of science and humor as linked in important ways; however, I believe that they are. Science as a "way of knowing" differs remarkably from ways of knowing that preceded it. Prior to the emergence of science, the veracity of knowledge claims typically involved an appeal to authority. The fellow with the biggest club, a deity or agents of a deity, a priest, prophet, or royal determined what constituted truth. Even as science began to emerge, authority as an ultimate source of knowledge persisted. Galileo was forced to rethink the place of the Earth in the universe under the lash of religious authority.

Truth in science is determined instead by fidelity to evidence and the force and coherence of arguments. Further, truth is widely understood to be corrigible. Old theories give way to new. Science is progressive. A problem arises, however, when scientists produce a body of data and solid arguments: they become authorities. We are then susceptible to believing what they say simply because they said it. Arguments from authority ossify our thinking and insulate it from the corrective effects of dialogue and data. Humor can serve a critical function in inoculating us against taking our biggest authorities (and ourselves) too seriously.

We need to remember that, among scientists, the message, not the messenger, is important. We need to remember that our most prized theories eventually end up in the dustbin. As B. F. Skinner once said, "Regard no practice as immutable. Change and be ready to change again. Accept no eternal verity. Experiment" (1984, p. 346). During my tenure at *tBT*, I will use the Lighter Side to poke fun at our biggest biggies. The science value served by this will be to undermine appeal to authority and to urge instead looking persistently to the data and the arguments for our truth. I would also like to see the Lighter Side serve a second function. We are engaged in serious work and are prone to take ourselves too seriously. The second function of the Lighter Side will be to poke fun at ourselves, what we do, and how we speak. One of our most gifted behavior therapists, Dr. Marsha Linehan, is known for her use of humor and irreverence both in treatment and in the presentation of treatment. Humor is good medicine and in this little corner of *tBT*, behavioral and cognitive therapists will be invited to share a dose.

References

Dewey, J. (1997). *How we think*. Mineola, NY: Dover Publications.

Skinner, B. F. (1984). *The shaping of a behaviorist: Part two of an autobiography*. New York: NYU Press.

Archives

Stories You Never Heard and Want to Tell Your Students

Linda C. Sobell, *Nova Southeastern University*

While AABT is an established organization, it is still young enough that most of its founders are alive, and several years ago, like with an aging person, AABT started to archive its history. This archive took the form of video interviews conducted with over 15 of the field's most distinguished clinical researchers and scientists. Today, while cognitive-behavior therapy has become mainstream, there was a time when this was not the case. Both our founding fathers and mothers and AABT as an organization went through some difficult and historical times. Unfortunately, many of the personal struggles and difficulties encountered by eminent people like Bandura, Beck, Ellis, Franks, Lazarus, Wolpe, and others are nowhere to be found in textbooks or journal articles. The video archives series is a rich treasure trove of untold and little-known stories of the struggles and difficulties encountered by the early cognitive and behavioral pioneers.

Having helped to start the archive series, I had early access to the tapes and have found them to be an invaluable and priceless adjunct for classroom teaching. Besides providing superb historical recollections of our field, they are also entertaining. These tapes are very affordable and priced well below what most other professional videotapes cost.

Did You Know? Historical Facts

Among the many historical facts and stories the videos reveal, did you know . . . (a) close to 40 years ago AABT was founded by a group of visionary psychologists, psychiatrists, and other mental health professionals; (b) what began as a small group of about 10 colleagues who first met in a member's apartment in New York City has evolved into an organization that is over 4,000 members strong that owns its own building; (c) a fledgling AABT held its first annual meeting in 1967 in one room borrowed from an American Psychological Association meeting and the entire program was listed on two pages; there was a business meeting, one symposium, and 20 papers that involved about 40 authors; (d) early behavioral researchers had great difficulty getting articles published in mainstream clinical journals like the *Journal of Consulting and Clinical Psychology*; consequently, journals like *Behaviour Research and Therapy* and our own journal, *Behavior Therapy*, were established and now are respected journals in their own right.

The importance of these early behavioral resources is that journals in new areas are crucial because they provide a legitimate outlet for disseminating empirical findings and their clinical applications. All of these early developments and many more almost certainly helped contribute to making cognitive-behavior therapies what they are today—established, respected, and mainstream interventions!

Let me end by saying that when I first showed these tapes to my graduate students, one of them remarked, "These are stories you never heard before."

Book Review

Practitioner's Guide to Empirically Based Measures of School Behavior

Mary Lou Kelley, David Reitman, & George R. Noell (Eds.) (2003). AABT Clinical Assessment Series, New York: Kluwer Academic/Plenum Press.

Reviewed by Richard Gallagher, *New York University Child Study Center*

The *Practitioner's Guide to Empirically Based Measures of School Behavior* is a well-written, excellent resource for professionals who wish to understand methods for evaluating disruptive behavior disorders and other externalizing disorders in children and adolescents. While noting its high quality in covering this material, however, it must be said that the book is also severely limited because it fails to cover assessment methods for disturbances of mood and anxiety and their related cognitive and behavioral manifestations. As a result, this is an exceptional resource for its scope of coverage, but leaves the professional evaluator desperately interested in an absent second half that would cover the assessment of internalizing disorders with the same precision and thoughtfulness.

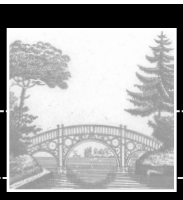
The book covers the process of assessment and reviews the historical use of assessment procedures in the school setting. As it provides this coverage, Mary Lou Kelly spells out a reasonable model for assessment and describes alternative methods for meeting assessment goals. She also gives a clear description of the legislative mandates that schools must follow in evaluating children for special education services by concisely reviewing the evolution of federal regulations from PL 94-142 in 1975 to the Individuals With Disabilities in Education Act in 1993. Next, David Reitman and Stephen Hupp detail a step-by-step process for using structured assessment instruments in conjunction with a functional assessment. Their discussion gives the reader a comprehensive understanding of functional behavior analysis in the school setting. This discussion could easily be used and revised to design an effective analysis for nearly any assessment situation encountered in schools. Following the introductory chapters, the guidebook then provides detailed descriptions of a myriad of evaluation tools. The history, statistical properties, and purposes for each instrument are followed by a thoughtful critical review that should facilitate instrument selection. Most of the major measures known to the field and several less familiar gems are included in the reviews. As a result, a practitioner could readily develop an assessment package for most situations based on the guidebook.

The high quality of the content in covering externalizing disorders only serves to highlight the significant limitation of the text as a guide to empirically based measures of school behavior. Disturbances of emotions and thinking associated with internalizing disorders are excluded as if those behaviors do not occur in schools and do not have an impact on school functioning. The lead editor states in the Preface that the book emphasizes measures for evaluating externalizing behaviors. Thus, the materials cover the scope of the guide as defined by the editors, if not the scope implied by the title of the book. Yet, this scope seems shortsighted, and the rationale for emphasizing only externalizing disorders is not clear. Although children and adolescents with externalizing behavior problems comprise a large segment of the youth who require thorough evaluation by professionals working in school settings, there are significant limitations encountered when only instruments for externalizing problems are utilized. First, some of the most important challenges presented to schools include children with anxiety disorders and depression. A child with separation anxiety disorder presents school personnel and treatment consultants with management challenges that may be reflected in uncooperative behavior and, sometimes, aggression. Serious social phobia may contribute to limited participation and motivation. Finally, depression in adolescence may be associated with poor class attendance, limited participation, and mildly disruptive behavior associated with irritability. Although some measures that address emotional adjustment and a diagnostic interview schedule are included in the guide, no measures to generally or specifically address students' emotional experiences and disturbances are reviewed. This is a gap that hinders the book's effectiveness as a "guide to empirically based measures of school behavior." Second, not only does the exclusion of internalizing disorders limit the guidance provided for those conditions when they are encountered in obvious forms, the focus of assessment on externalizing disorders does not provide assistance for times when those behaviors are encountered in children or adolescents who are experiencing anxiety or depression. As an example, a child with social phobia associated with taking tests or public speaking may engage in disruptive behaviors at the time that he or she encounters those situations. Thus, some instances of disruptive behavior may be associated with anxiety and mood disruption. The practitioner relying exclusively on this book would be without guidance in selecting empirically based measures of these school experiences and their associated behaviors such as found in the Children's Depression Inventory and the Multidimensional Anxiety Scale for Children.

The high quality of the areas covered actually fosters disappointment when the gap in addressing internalizing behaviors is encountered. One would simply wish that the authors had conducted a similar review of instruments that covered internalizing disorders. Despite the concerns raised, this book has an important place in a professional's library. For all clinicians working with children and adolescents, and especially those working in school settings, the book is an excellent resource on a multitude of assessment tools. A practitioner can quickly and easily use the concise reviews of instruments to develop an assessment strategy in a number of circumstances. Multiple methods and multiple sources of report are included. In addition, the book could serve as an exceptionally useful resource for instruction in assessment courses and supervision at the predoctoral and doctoral levels. Therefore, obtaining this guide is recommended. Let's hope a companion volume provides similar coverage for the missing disorders of childhood and adolescence. ✍

EDITOR'S NOTE: This review was accepted under the editorship of Dr. George Ronan.

CALL FOR PAPERS



Building Bridges

Expanding Our Conceptual and Clinical Boundaries

JOANNE DAVILA, PROGRAM CHAIR

AABT ABCT

Firm conceptual grounding in theory is one of the hallmarks of behavioral research and practice, and has played a central role in the Association's past and present accomplishments. Behavioral theory has guided a number of significant advances in our understanding and treatment of a wide range of problems. And yet, just as there have been conceptual and treatment-oriented gains from the integration of cognitive and behavioral theories over the years, there is still much that we can learn by continuing to expand our theoretical and clinical boundaries to include greater emphasis on interdisciplinary work. For instance, interdisciplinary work offers the possibility for intellectual synergy, which typically produces research that advances the field in a leap forward. This synergy extends to the development of clinical tools that are based on empirical and theoretical contributions from other disciplines. Interdisciplinary work has the potential to inform public policy as well, particularly as we face serious public health and national security concerns, where models of problems and intervention are needed not just at the individual level, but at larger levels (e.g., community). Interdisciplinary work also offers the opportunity to expand our own knowledge base and to educate individuals in other professions about all that behavioral psychology has to offer.

Submissions that emphasize interdisciplinary work or that extend how we traditionally conceptualize and intervene in problem behavior are encouraged and will receive special consideration. This includes submissions relevant to understanding the interaction between biological and psychosocial bases of behavior and approaches to treatment. Information, including deadlines, for submitting symposia, round tables, panel discussions, and posters can be found, after January 1, 2005, on AABT's web site at *www.aabt.org*

DEADLINES FOR SYMPOSIA, ROUND TABLE, PANEL DISCUSSION, OR POSTER SUBMISSIONS CAN BE FOUND AT WWW.AABT.ORG AFTER JAN. 1.

39th Annual Convention

NOVEMBER 17–20, 2005 — Washington, DC

Deadline: **March 1, 2005**

Call *for* Award Nominations

This is an OPEN CALL to the AABT membership to provide nominations for the following awards, to be presented at the 2005 convention in Washington, DC.

On a rotating annual basis, one of the following three types of distinguished contributions by an individual member of AABT will be recognized at the Annual Convention: research, clinical, or educational/training. For 2005, we seek nominations from AABT members for outstanding clinical contributions.

Distinguished/Outstanding Contribution by an Individual for Clinical Activities

Eligible candidates for this award should be members of AABT in good standing who have provided significant contributions to clinical work in cognitive and/or behavioral modalities. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Past recipients of this award include Marvin Goldfried, Albert Ellis, and Marsha Linehan. 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 AABT, Outstanding Clinical Award, 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, and the Psychology Internship and Postdoctoral Programs at Wilford Hall Medical Center. 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 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 AABT, Outstanding Training Program Award, 305 Seventh Ave., 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 AABT 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 AABT, Virginia A. Roswell Dissertation Award, 305 Seventh Ave., New York, NY 10001.

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For the first time, the Awards and Recognition Committee proudly opens the nominations for the following awards to the AABT membership at large:

Career/Lifetime Achievement

Eligible candidates for this award should be members of AABT 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 Leonard Ullman, David Barlow, and Leonard Krasner. 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 AABT, Career/Lifetime Achievement Award, 305 Seventh Ave., New York, NY 10001.

Distinguished Friend to Behavior Therapy

Eligible candidates for this award should NOT be members of AABT, 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 Nora Volkow, John Allen, and Anne Fletcher. 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 AABT, Distinguished Friend to AABT Award, 305 Seventh Ave., New York, NY 10001.

. . .

Nominations for the following award are solicited from members of the AABT governance:

Outstanding Service to AABT

Members of the governance, 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 AABT, Outstanding Service to AABT Award, 305 Seventh Ave., New York, NY 10001.

Nominate on-line at www.aabt.org

All questions regarding the award nominations can be directed to:

John C. Guthman, Ph.D., Chair
AABT Awards & Recognition Committee
131 Hofstra University
Hempstead, NY 11549
Tel.: 516-463-6791
e-mail: aabt@hofstra.edu

General suggestions about the annual AABT awards program are appreciated. Please forward your suggestions to **AABT, 305 Seventh Ave., New York, NY 10001**

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Deadline FOR ALL NOMINATIONS:

MONDAY, APRIL 4, 2005

submissions

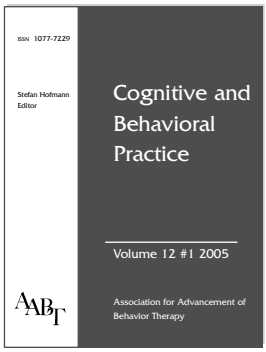
Do you have clinically rich material that you would like to share with the readers of *Cognitive and Behavioral Practice*?

We invite submissions of challenging and interesting cases for clinical case series, single manuscripts with clinically relevant information, treatment manuals, and mini-series on specific clinical topics.

If you have any questions, or if you would like to discuss any projects before submitting them, please contact the editor.

Stefan Hofmann, Ph.D.
Dept. of Psychology, Boston University
648 Beacon Street, 6th Floor
Boston, MA 02215
shofmann@bu.edu | Tel.: (617) 353-9610

Coming soon



Manualized CBT for Physical Abuse-Related PTSD in an African American Child: A Case Example (*Waldrop & de Arellano*)

Systematic Outpatient Treatment of Sexual Trauma in Women: Application of Cognitive and Behavioral Protocols (*Castillo*)

Metacognitive Therapy for PTSD: A Core Treatment Manual (*Wells & Sembi*)

Behavioral Activation for Comorbid PTSD and Major Depression: A Case Study (*Mulick & Naugle*)

The Clinical Application of Emotion Research in GAD: Some Proposed Procedures (*Huppert & Alley*)

Adaptation of a GAD Treatment for Hypochondriasis (*Langlois & Ladouceur*)

Efficacy of Problem-Solving Training and Cognitive Exposure in the Treatment of GAD: A Case Replication Series (*Provencher et al.*)

Cognitive-Behavioral Therapy for HIV Medication Adherence and Depression (*Safren et al.*)

Treatment of Individuals With BPD Using DBT in a Community Mental Health Setting: Clinical Application and a Preliminary Investigation (*Ben-Porath et al.*)

Mindfulness Meditation in Clinical Practice (*Salmon et al.*)

Classifieds

Classified ads are charged at $4.00 per line (approximately 42 characters per line). Classified ads can be e-mailed directly to Stephanie Schwartz, Advertising Manager, at sschwartz@aabt.org.

positions available

ASSISTANT or ASSOCIATE PROFESSOR (RESEARCH), Rhode Island Hospital/Brown Medical School. The Department of Medicine at Rhode Island Hospital, one of the affiliated hospitals of Brown Medical School, seeks a research faculty member beginning on or before September 1, 2005. This is a renewable, non-tenure track position. The successful candidate must qualify for a faculty position at the rank of Assistant or Associate Professor (Research).

Applicants must have a doctoral degree in psychology, sociology or social work with research experience and interest in alcohol, drug abuse, mental health, and/or HIV disease. Primary responsibilities: the applicant will be expected to participate in Brown's funded research program working with a multidisciplinary group of substance abuse and HIV investigators whose studies include behavioral interventions, health services research and mental health research. The applicant is expected to develop an independent funded research program. Interested applicants should forward a letter of application, an updated curriculum vitae along with three letters of reference to: Michael D. Stein, M.D., Division of General Internal Medicine, Rhode Island Hospital, 593 Eddy Street, Providence, RI 02903.

BEHAVIOR HEALTH CONSULTANT. Come and enjoy the beautiful mountains and scenic lakes of East Tennessee. Cherokee Health Systems is a not-for-profit integrated care provider of medical, behavioral and dental services with 20 health centers located in 11 counties in East Tennessee. All health centers are within 40 miles of Knoxville. We have openings at several of our health centers for psychologists to serve as Behavioral Health Consultants. Behavioral Health Consultants provide assessment, brief intervention, psycho-education, and consultation services as part of a multidisciplinary team within a primary care setting. In addition to the unique opportunity to work as part of a primary care team, behavioral health consultants are also involved in our training programs for doctoral level psychologists. We are seeking energetic, motivated, and innovative doctoral level clinical and counseling psychologists who are from an APA-accredited program and are either licensed in Tennessee or license-eligible. Persons with bilingual skills (English/Spanish) are encouraged to apply. We offer an attractive salary and benefits package including: life, medical, dental, and disability insurance, professional liability coverage, tax-deferred retirement plan, continuing education, and one bright orange University of Tennessee sweatshirt to be worn every Saturday in the fall. Please view our website at www.cherokeehealth.com. Please forward your vitae or resume to: Cherokee Health Systems, Attn: Human Resources, 6350 West Andrew Johnson Hwy. Talbott, TN 37877. Call Deb Murph, Regional Vice President at 423-736-0729. Email: deb.murph@cherokeehealth.com. EOE. Smoke-free health environment.

POSTDOCTORAL FELLOWSHIPS IN CLINICAL CHILD PSYCHOLOGY. The NYU Child Study Center, a multidisciplinary clinical research center specializing in empirically based, state-of-the-art treatment of child psychiatric disorders, is currently recruiting postdoctoral fellows to work in our Institute for Attention Deficit Hyperactivity and Behavior Disorders directed by Howard Abikoff, Ph.D. and in our Institute for Learning and Academic Achievement coordinated by Susan Schwartz, M.A. These are two-year positions.

The NYU Child Study Center is part of the Division of Child and Adolescent Psychiatry of the New York University School of Medicine. Our Fellows enjoy active collaboration with and participation in the Center's other Institutes. Individualized training programs are designed to take into account the Fellow's long-term career goals.

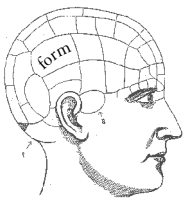
Fellows in our Institute for Attention Deficit Hyperactivity and Behavior Disorders are provided with advanced training in empirically supported protocol-driven treatments. Training in innovative treatments such as organizational skills training, combined behavioral and pharmacological treatments and treatment of comorbid presentations are also provided.

Fellows in our Institute for Learning and Academic Achievement are provided with advanced training in neuropsychological evaluations, educational remediation including organizational skills along with an opportunity to do work in empirically supported protocol-driven treatments under the supervision of senior neuropsychologists.

Both fellowships include training in the processes of teaching, supervision and staff development and may include participation in clinical research.

These positions require completion of an APA-approved internship and a doctoral degree from an APA-approved program. The Fellowship in the Institute for Attention Deficit Hyperactivity and Behavior Disorders requires a strong background in behavioral treatment of children. Applications are now being accepted for September 2005.

Please submit a letter of interest, CV, three letters of recommendation, and a clinical work sample (treatment summary) to Lori Evans, Ph.D., Director of Psychology Training, NYU Child Study Center, 577 First Avenue, New York, NY 10016 or via email at lori.evans@med.nyu.edu NYU is an Equal Opportunity, Affirmative Action Employer. For more information about the NYU Child Study Center see www.AboutOutKids.org. ✍



Through these shapes and sizes may you find propensities and talents

ADVERTISING in *the Behavior Therapist*

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- halftone screening: 133 LPI
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- binding: saddle stitched
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1/6 page H	4 11/16 x 2 3/16	$75
1/6 page V	2 3/16 x 4 11/16	$75
1/2 page V	4 11/16 x7 1/4	$250
1/2 page H	7 1/8 x 4 3/4	$250

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CLASSIFIED ADS are only $4.00 per line. E-mail classified ads directly to Stephanie Schwartz at sschwartz@aabt.org. Camera-ready art may be sent electronically; *or:* mail hard copy to AABT, Advertising Dept.

ISSUE	DEADLINE
January	December 2
February	January 3
Spring	February 3
Summer I	March 3
Summer II	May 3
September	August 2
October	September 2
Winter	November 3

NOMINATE the Next Candidates for AABT Office

I nominate

the following individuals

for the positions indicated:

PRESIDENT-ELECT (2005–2006)

_____

_____

REPRESENTATIVE-AT-LARGE (2005–2008)

_____

_____

NAME (printed) _____

SIGNATURE (required) _____

2005 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 1, 2005, will be counted.**

Nomination acknowledges an individual's leadership abilities and dedication to behavior therapy and/or cognitive therapy, empirically supported science, and to AABT. When completing the nomination form, please take into consideration that these individuals will be entrusted to represent the interests of AABT members in important policy decisions in the coming years. Contact the Nominations and Elections Chair for more information about serving AABT or to get more information on the positions. **Please complete, sign, and send this nomination form to Carrie Winterowd, Ph.D., Nominations & Elections Chair, AABT, 305 Seventh Ave., New York, NY 10001.**

the Behavior Therapist

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