

the Behavior Therapist

Contents

President's Message

J. Gayle Beck Reaching Out—A Step Toward Our Goals 25

Editor's Choice

Gerald R. Patterson The Next Generation
of PMTO Models 27

Letters to the Editor

Robert F. Heller Missing at AABT Convention:
Therapists in Independent Practice 34

Saz M. Madison An Intern's Experience 34

Hank Robb Attracting Practitioners to Our Convention 35

Arnold Lazarus Practitioners Feel Cost-Benefit Ratio
Is Not in Their Favor 35

Robert M. Goisman Medical Residents Seek
CBT Training 36

Jonathan Weinand and Deborah Melamed Update on the
Professional Issues Committee 36

Training Program Update

*Katherine Comtois, Bernadine Pinto, Richard Weinberg,
and Clint Field* Strategies for Advancing Diversity Within
Graduate Training and Internship Training Programs 38

The Lighter Side | *tBT* CLASSIC

Alan M. Gross The Junior Faculty Blues 33

Book Reviews

Reviewed by Paula Janicki *Cognitive Therapy and Dreams*
(Rosner et al., Eds.) 41

Reviewed by Jason DeViva *Using Workbooks in Mental Health*
(L'Abate, Ed.) 42

CLASSIFIEDS 43

President's Message

Reaching Out—A Step Toward Our Goals

J. Gayle Beck, SUNY, Buffalo



Last spring, as part of strategic planning, the leadership and staff of AABT reviewed the association activities and put into place four priority goals for the immediate future. One of these goals was for the association to “be the voice of Cognitive Behavior Therapy/Empirically Supported Treatments (CBT/EST),” a goal to be reached through outreach, educational efforts, and through our publications. In this column, I’d like to describe a new liaison with the Society of Behavioral Medicine (SBM) that the association has formed, a liaison that is designed to contribute to this strategic goal.

In 2000, SBM established the Evidence-Based Behavioral Medicine (EBBM) Committee, with support from the Office of Behavioral and Social Sciences Research of NIH. The charge given to this committee was to develop a system of criteria for evaluating the soundness of scientific evidence supporting preventive, treatment, and adjunct interventions in the field of behavioral medicine. Included in this mandate was construction of methods and procedures for the evaluation process, discussion of methods to promote the diffusion and dissemination of evidence-based interventions, and a charge to foster discussion among the various constituents of these guidelines (including researchers, practitioners, educators, organizational decision-makers, and policy-makers).

Last fall, AABT was invited to participate with the EBBM Committee, an invitation that we were excited to accept. Deb Hope, Representative-at-Large, has graciously agreed to serve as the liaison between our association and this committee, with the intent of building a stronger bridge between these two organizations. Deb will be actively participating with one of the EBBM subcommittees, specifically the committee designed to make EBBM more user-friendly to clinicians. In many respects, this liaison is a perfect pairing

the Behavior Therapist

Published by the Association for
Advancement of Behavior Therapy
305 Seventh Avenue - 16th Floor
New York, NY 10001-6008
(212) 647-1890/Fax: (212) 647-1865
www.aabt.org

EDITOR *David Reitman*
Editorial Assistant *Kyle Boerke*
Behavior Assessment . . . *Timothy R. Stickle*
Book Reviews *Andrea M. Chronis*
Clinical Forum *John P. Forsyth*
Clinical Dialogues *Brian P. Marx*
Institutional
Settings *David Penn*
Tamara Penix Sbraga
International Scene *Mark R. Dadds*
Lighter Side *Kelly G. Wilson*
Professional and Legislative
Issues *Ethan S. Long*
Public Health Issues *Drew Anderson*
Research-Practice
Links *David J. Hansen*
Research-Training
Links *Gayle Y. Iwamasa*
Science Forum *Jeffrey M. Lohr*
Special Interest
Groups *Andrea Seidner Burling*
Student Forum *Megan M. Kelly*
Technology Update *James A. Carter*
Training Program Update *Clint Field*

AABT President *J. Gayle Beck*
Executive Director *Mary Jane Eimer*
Director of Publications *David Teisler*
Managing Editor *Stephanie Schwartz*

Copyright © 2005 by the Association for
Advancement of Behavior Therapy. All rights
reserved. No part of this publication may be
reproduced or transmitted in any form, or by
any means, electronic or mechanical, including
photocopy, recording, or any information stor-
age and retrieval system, without permission
in writing from the copyright owner.


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

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

All items published in *the Behavior Therapist*,
including advertisements, are for the informa-
tion of our readers, and publication does not
imply endorsement by the Association.

with one of our key strategic goals—and
has the potential to ensure that CBT is rep-
resented accurately within the construction
and dissemination of these guidelines. Our
association joins others in this effort (includ-
ing, but not limited to, the International
Society for Behavioral Nutrition and
Physical Activity, the Academy of Behav-
ioral Medicine, the American Psycho-
somatic Society, and Division 38 [Health
Psychology] of the American Psychological

Association). Thus, this liaison clearly also
has the potential to help our association to
be more familiar to other kindred organiza-
tions and perhaps has the potential to help
us build other bridges.

Please feel free to contact me (jgbeck
@buffalo.edu) or Deb Hope (dhope1@
unl.edu) if you'd like to have some input re-
garding this liaison. I am hopeful that we
will continue to look for other opportunities
for reaching out. 

Archives

Nathan H. Azrin interviewed by John R. Lutzker
Albert Bandura interviewed by Antonette Zeiss
Aaron T. Beck interviewed by Philip C. Kendall
Sidney Bijou interviewed by Steven C. Hayes
John Paul Brady interviewed by Arthur M. Nezu
Joseph Cautela interviewed by David H. Barlow
Gerald C. Davison interviewed by David A. F. Haaga
Edward Dengrove interviewed by Christine M. Nezu
Albert Ellis interviewed by Arthur Freeman
Hans Eysenck interviewed by Philip C. Kendall
Cyril M. Franks interviewed by G. Terence Wilson
Steven C. Hayes interviewed by Victoria Follette
Arnold A. Lazarus interviewed by G. Terence Wilson
G. Alan Marlatt interviewed by Linda C. Sobell
Donald Meichenbaum interviewed by Arthur Freeman
Stanley Rachman interviewed by G. Terence Wilson
Todd Risley interviewed by John Lutzker
Andrew Salter interviewed by Gerald C. Davison
Richard M. Suinn interviewed by Arthur M. Nezu
Dorothy Susskind interviewed by Mary Jane Eimer
Joseph Wolpe interviewed by Gerald C. Davison

of the Association for Advancement of Behavior Therapy

Order
a video
today!

w
w
w
.
a
a
b
t
.
o
r
g

tBT instructions for authors

The Association for Advancement of Behavior
Therapy publishes *the Behavior Therapist* as a
service to its membership. Eight issues are pub-
lished annually. The purpose is to provide a vehi-
cle 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 sub-
mitting materials to *tBT* do so with the understand-
ing 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 manu-
scripts to:

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

EDITOR'S CHOICE

During the 38th Annual Convention in New Orleans, Past-President Gerald R. Patterson graciously accepted the Parenting and Families SIG's Trailblazer Award, which is offered to individuals who have caused us to rethink important aspects of research and clinical work with children and families. Following a moving introduction by Dr. Marion Forgatch, Dr. Patterson shared his vision of "The Next Generation of PMTO Models," and in so doing, conjured the essence of the

award, challenging us to rethink conventional wisdom about parent training models. The address also inspired, pointing the way toward potentially more effective strategies for working with families and putting healthy parenting and our efforts to promote it into context. We regretted that mention of Dr. Patterson's address was not able to be included in the regular convention program. So for the many more of you who might have attended but could not, Dr. Patterson's edited address appears below.

—THE EDITOR

The Next Generation of PMTO Models

Gerald R. Patterson, *Oregon Social Learning Center*

Parent Management Training Oregon model (PMTO) is a manualized set of procedures designed for parents of antisocial children (Bank, Rains, & Forgatch, 2004; Forgatch, 1994). Three randomized trials for small samples of clinical referrals showed the training was effective (Patterson, Chamberlain, & Reid, 1982; Walter & Gillmore, 1973; Wiltz & Patterson, 1974). The effects were further replicated in randomized trials with chronic offending delinquents (Bank, Marlowe, Reid, Patterson, & Weinrott, 1991). Chamberlain (1990) and Eddy, Whaley, and Chamberlain (2004) applied PMTO techniques to randomized trials for chronic offenders in foster care settings. The procedures were also adapted for randomized trial prevention studies involving preadolescents at risk for substance use (Dishion, Patterson, & Kavanagh, 1992), recently divorced mothers (Forgatch & DeGarmo, 1999), stepparent families (Forgatch, DeGarmo, & Beldavs, in press), and families living in high crime areas (Reid, Eddy, Fetrow, & Stoolmiller, 1999).

One of the unusual features of the PMTO approach is that it is tied to a theory about the causes of aggression (Patterson, 1982; Reid, Patterson, & Snyder, 2002). The theory includes a specification of the measurement models that describe the contributions of parents, siblings, and peers in determining a wide spectrum of child outcomes (Patterson, Reid, & Dishion, 1992). Recent studies used randomized prevention and intervention trials to provide experimental tests of the causal status for the key mechanisms (Chamberlain, Fisher, & Moore, 2002; Forgatch & DeGarmo, 1999, 2002).

Recent studies have also introduced some interesting developments in the un-

derlying theory. These, in turn, point to the need for modifications in the intervention. This report summarizes the recent innovations together with some targeted areas of change.

Early Changes in PMTO

Parent-management intervention strategies emerged from the loose collaboration among three groups of investigators. One group was led by Connie Hanff at the medical school in Portland, Oregon, and another by Robert Wahler in the psychology department in the University of Tennessee. The third group was led by myself from the department of psychology at Oregon. Later, at the Oregon Research Institute, John Reid rejoined the group and played a major role when the group became the Oregon Social Learning Center. Each group followed slightly different paths but all three shared some characteristics in common. We shared in common a focus on contingencies found in family interaction that controlled child behavior and a deep commitment to the use of observation data.

Since the inception of PMTO in the late 1960s, there have been at least a dozen noteworthy changes in Oregon. Forgatch (1984, 1989) carried out extensive studies of family problem-solving exchanges (rule setting) together with a rating system to classify outcomes. Observation data from family problem-solving exchanges is one of our most reliable predictors (DeGarmo & Forgatch, 2004). With extensive funding by NIMH we were able to specify the measurement models defining five different parent practices (discipline, positive support, monitoring, problem solving, parent involvement) thought to control family contingencies for both prosocial and deviant

child outcomes (Forgatch & DeGarmo, 2002; Patterson et al., 1992). Confirmatory factor analyses suggest that one can indeed differentiate among these parenting practices (Dishion, Li, Spracklen, Brown, & Haas, 1996). The existence of measurement models makes it possible to construct a theory of aggression expressed in terms of variance accounted for when predicting individual differences in aggression.

It was clear that most efforts to train parents were met with resistance (Patterson & Forgatch, 1990). We spent 5 years examining this aspect of PMTO (Patterson & Chamberlain, 1988, 1994) and learned that if there was no resistance, there was also no change. We learned to use extensive role-play as a means for minimizing parent resistance.

Although our effort to apply PMTO to treating chronic delinquents might be deemed a statistical success (Bank et al., 1991), those of us who served as therapists would claim otherwise. Patti Chamberlain came out of that experience determined to find a better way of treating chronic offending delinquents. Her resolve led to the development of one of OSLC's major shifts in PMTO procedures. She introduced Treatment Foster Care (Chamberlain, 1990), and it became one of OSLC's most successful intervention programs.

The most recent innovation in PMTO procedures involves the addition of a component designed specifically to alter the behavior of siblings (Miller Brotman et al., in press). This material will be reviewed in more detail in a later section of the report.

PMTO

The basic assumption for the PMTO approach is that the problem solution does not lie in the child; it lies in the social environment (Patterson, 1982). If you are to be successful in changing the behavior of aggressive children, you must change how the social environment reacts to them (Reid et al., 2002). In the short run, aggressive

behaviors are functional in that they control the immediate reactions of the other family member. Family members learn to avoid temper tantrums by giving in to the demands of the problem child. Given a conflict bout, the problem child learns to escalate the amplitude of the aversive reactions and thus wins the bout (Snyder, Edwards, McGraw, Kilgore, & Holton, 1994). Snyder and Patterson (1995) showed that in normal families the child learns to use prosocial skills (humor, negotiate) as well as coercive skills in resolving conflict bouts. However, in distressed families, the child learns that coercive methods are functional whereas prosocial skills are not. The same study showed that the relative rate of reinforcement for coercive behavior correlated .83 with the relative rate of coercive behavior observed in the home a week later. Snyder, Schrepferman, and St. Peter (1997) went on to demonstrate for a clinical sample that the relative rate of reinforcement for deviant behavior observed in the home predicted police arrest rates 2 years later.

The contingency studies required 5 to 10 hours of observation in the home. For most investigators this level of cost is prohibitive. It seems that there are two ways of handling this problem. Recently, Lucyshyn et al. (2004) devised a means for tailoring each observation to make the data maximally relevant to testing coercion contingencies. The result is a marked reduction in the amount of observation required. Our own less elegant solution was to assume that an assortment of parenting skills controlled the contingencies and that the parenting skills could be measured at much less cost. We spent several years developing multimethod agent measures for each of the five parenting skills (positive support, discipline, problem solving, positive involvement, and monitoring). The measurement model is detailed in Capaldi and Patterson (1989), Forgatch and DeGarmo (1999, 2002), and Patterson et al. (1992).

Typically, each construct in a structural equation model is defined by multiple indicators. One of the earliest models showed that latent construct for parent monitoring and another construct, discipline, together would account for a minimum of 30% of the variance in a latent construct measuring antisocial behavior in the child. Forgatch (1991) constructed models from three different samples that satisfied these requirements. In keeping with the theory, disrupted parenting was associated with antisocial child outcomes. The general strategy also stipulates that the impact of such contextual variables as poverty, divorce,

stress, or marital conflict on child outcomes would be mediated by their effect on parenting practices. For example, a divorce does not automatically produce an antisocial child; it depends upon whether or not the parenting practices are disrupted. The context studies are reviewed in Patterson et al. (1992) and Capaldi, DeGarmo, Patterson, and Forgatch (2002). The edited volume by Reid et al. (2002) details other relevant tests of the model and the relation of the theory to intervention and prevention trials.

The first and very important step in validating an intervention is to demonstrate with replicated randomized trials that the intervention has a reliable impact on child outcomes. These studies were noted earlier. In the last decade, it has been possible to move the PMTO model much further than that. Given a theory that not only specifies a measurement model but in addition specifies the mechanisms that purport to bring about change implies a whole new level of discourse. In the present instance, the theory stipulates that changes in contingencies and in parenting practices will produce improvements in child outcomes. Given a randomized trial design, the predictions are straightforward. The theory underlying PMTO would predict improvements in parenting practices for families in the experimental group as compared to no improvement in parenting for the comparison group. We already know from prior studies that PMTO produces significant reductions in child problems for the experimental group but not for the children in the comparison group.

The next question is the most interesting of all. Can it be said that the magnitude of the changes in parenting covaries with the magnitude of the changes in child outcomes? This suggests the status of parenting practices and contingencies as causal mechanisms. Of course, only an experiment can tell us about possible causal mechanisms. We have now collected the data from five such experiments and used the Baron and Kenny (1986) method to determine the extent to which changes in parenting bring about the changes in child outcome. In all of the studies, the findings support the hypothesized mediational model (Dishion, & Andrews, 1995; Forgatch & DeGarmo, 1999; Forgatch et al., in press; Reid et al., 1999). The studies are consistent in declaring that changes in parenting produce changes in child outcome.

Social Cognitions

Most investigators would now agree that the evidence shows that working with parents can lead to improvements in problem behavior children. However, they would be in marked disagreement as to how these problems emerged in the first place. They would also disagree as to what mechanisms produce the changes brought about by PMTO. There have been three main efforts to explain how these changes are brought about. The primary focus of developmental psychology has been upon the role of social cognitions (Dodge, Pettit, Bates & Valente, 1995; MacKinnon-Lewis et al., 1994) and the contribution of emotional dysregulation (Gross & Munoz, 1995; Lewis, 2000). Behaviorists tend to emphasize the contribution of contingencies (Patterson, 1982; Patterson, Littman, & Bricker, 1967; Snyder & Patterson, 1995). Historically, each of the three positions engaged in a wholehearted pursuit of the null hypothesis and largely ignored the literature in the other three areas. Each of them repeatedly proved that their explanation for aggression was better than no theory at all.

Recently this situation has shifted to an approach that emphasizes the relative contributions of several perspectives. For example, Lemerise and Arsenio (2000) propose a model that integrates social information and emotion processes. Although Patterson (1982, p. 280) proposed a model with a path from maternal negative attribution to disrupted discipline practices, it was two decades before such an integrated model was tested. The study by Nix et al. (1999) showed that the relation between negative maternal attribution and school antisocial (teacher plus peer reports) was mediated by disrupted parental discipline practices. Snyder, Cramer, Afrank, and Patterson (in press) provided correlational data that were consistent with the findings from the Nix study. In the Snyder study, it was also possible to move beyond the question of individual difference or intercept models and consider growth in antisocial behavior measured at three points in time. It was the case that growth in antisocial behavior at home predicted growth at school. Neither baseline measures of negative attribution nor discipline predicted growth in antisocial behavior. However, the product term (negative attribution)(discipline) was a significant predictor for growth in both settings. If the parents attributed intentionality to child misbehaviors, it increased the likelihood that there would be a continuation of inef-

fective discipline practices, in turn producing continued growth in antisocial behavior. Miller and Prinz (2003) showed that parents who attribute the causes for child misconduct as being in the child were unwilling to alter their discipline practices. It seems then that mediational and moderator models rather than a simple direct effects model may provide the best account for the contribution of social cognition to understand children's aggression.

The findings suggest that components might be added to PMTO that are specifically designed to shift maternal negative attributions to more neutral or positive ones. This might speed up the intervention process as well as contributing to its long-term maintenance. It may also be the case that these changes are already a salient feature of successful cases and we simply have not measured it

Emotional Regulation

Integrated models that included negative emotion as a key variable require a reliable means of identifying emotional reactions. The seminal studies by Gottman and his colleagues serve that valuable function in their development of the Specific Affect Coding System (SPAFF; Gottman & Levenson, 1985). When used to code videotapes of family problem-solving interactions, none of the parent- or child-coded emotions correlated directly with a construct measuring delinquency (Forgatch & Stoolmiller, 1994). A simple direct-effects model was rejected. However, the data showed that mother-adolescent mutual contempt was associated with disrupted monitoring; and this, in turn, was a significant predictor for delinquency. In keeping with this finding, a study by Patrick, Snyder, Schrepferman, and Snyder (2004) showed that parental warmth in kindergarten was associated with future increases in parental monitoring. The findings emphasize the fact that while emotion variables do not serve as simple direct models in explaining aggression, their contributions are important but they are indirect.

A longitudinal study by Stoolmiller and Snyder (2004) used survival and regression analyses to measures of emotion coded from videotapes of family interactions for a sample of Head Start families. This sophisticated model examined the interaction of child efforts to regulate their own emotion in conjunction with parent efforts to discipline. The findings were fascinating. The data showed that young antisocial children underutilized sad and fearful reactions

when reacting to parental negative emotion and disapproval. The findings provide a nice fit to earlier laboratory models that showed antisocial individuals tended to be hypo-responsive to punishment (Lykken, 1957) and to parent disapproval (Patterson, 1965).

Existing PMTO procedures already provide for increasing parental positives as a necessary preamble to intervention. So in-

creasing parental warmth has always been an integral part of effective intervention. But the present findings suggest that something like extensive role-playing directly with the child to comply while showing neutral or positive emotion to the parent and requests and prohibitions might speed up the treatment process. The prediction would be that such an enhancement com-

[Advertisement]

IF YOU ARE A HEALTHCARE PROVIDER, YOU MAY BE ELIGIBLE TO RECEIVE A CASH PAYMENT FROM A CLASS ACTION SETTLEMENT WITH CIGNA HEALTHCARE. THIS NOTICE MAY AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

If you are a Healthcare Provider other than a medical doctor or doctor of osteopathy, such as a chiropractor, psychologist, counselor, podiatrist, optometrist, physical or occupational therapist, nurse midwife, nurse practitioner or nurse anesthetist, acupuncturist, nutritionist, prosthetist, orthotist, audiologist or speech and hearing therapist, or a group or organization of these Healthcare Providers, and you provided covered services between January 1, 1990 and December 29, 2004 to individuals covered by a CIGNA HealthCare plan (or by a plan offered by certain other managed care companies listed below), you may be a member of the settlement class. Hospitals, laboratories and other facilities are not included in this settlement.

What is the settlement about? Class action lawsuits were brought against a number of managed care companies, including Aetna, Inc., Aetna-USHC, Inc., Anthem, Inc., CIGNA HealthCare, Coventry Health Care, Inc., Health Net, Inc., Humana Health Plan, Inc., Humana, Inc., Pacificare Health Systems, Inc., Prudential Insurance Co. of America, United Health Care, United Health Group and Wellpoint Health Networks, Inc. The complaints allege that these companies engaged in a conspiracy to improperly deny, delay and/or reduce payment to Healthcare Providers by engaging in several types of allegedly improper conduct. CIGNA HealthCare denies any wrongdoing alleged in these lawsuits. This settlement is only with CIGNA HealthCare.

What does the settlement provide? If you are a member of the settlement class, you may request payment from a settlement fund of \$11,550,000 established by CIGNA HealthCare. In addition, you will be eligible to benefit from certain commitments regarding business practices and disclosures to Healthcare Providers that CIGNA HealthCare has agreed to in settling the litigation. Payments and other benefits are subject to the approval of the Court.

If you want to request a settlement payment, you must complete and submit a claim form to the Settlement Administrator by May 27, 2005. You may request a detailed notice that contains more information about the settlement and a claim form by calling, toll-free, 1-888-230-9905. You may also download the notice and claim form at www.CIGNAProviderSettlement.com.

You may exclude yourself or object to the settlement. If you don't want to be legally bound by the settlement, you must exclude yourself from the class by March 21, 2005. If you want to object to the settlement or to any part of it, you must do so by March 21, 2005. The detailed notice explains how to exclude yourself or object to the settlement. You must obtain the detailed notice and follow the instructions in it to preserve your rights.

The Court will hold a hearing on the proposed settlement of three lawsuits, called *Tisko, et al. v. CIGNA, et al., Knecht, et al. v. CIGNA, et al., and Solomon, et al. v. CIGNA, et al. (In re Managed Care Litigation, MDL No. 1334)* on April 26, 2005 at 2:30 P.M. at the United States Courthouse, 99 Northeast 4th Street, Miami, Florida 33132. The Court will consider the fairness of the proposed settlement, hear any objections to the settlement, and consider a request by attorneys representing the class for fees and expenses, as well as an award to plaintiffs representing the class. If you wish to appear and be heard at the hearing, you must file the appropriate papers (described in the detailed notice) by April 6, 2005.

IMPORTANT DATES

March 21, 2005 Deadline to comment on or object to the settlement
March 21, 2005 Deadline to request exclusion from the settlement
April 6, 2005 Deadline to request to be heard at the Fairness Hearing
April 26, 2005 Court hearing to determine the fairness of the settlement
May 27, 2005 Deadline for submitting a claim form

THIS IS ONLY A SUMMARY. For further information about the settlement or to request that a detailed notice, a claim form or a form to request exclusion from the settlement be mailed to you:

You may call 1-888-230-9905
or
you may visit the settlement website at:
www.CIGNAProviderSettlement.com
or

you may write to:
Settlement Administrator
P.O. Box 4098
Portland, Oregon 97208-4098

DO NOT CALL CIGNA HEALTHCARE, YOUR CIGNA HEALTHCARE PROVIDER RELATIONS REPRESENTATIVE, THE COURT OR THE CLERK'S OFFICE.

ponent might facilitate treatment outcomes.

Siblings

Our very first observations in the home left little doubt that understanding sibling contributions to the socialization process was going to be a key issue. It seemed that siblings were probably an important source of reinforcement for problem child behavior (Patterson, 1979, 1982, 1986). We knew that scores summing the observed frequency of deviant behavior in the home were highly correlated for siblings and for the problem child. In fact, it was often a bit of a mystery as to why a particular child was selected as "problem child" (Arnold, Levine, & Patterson, 1975).

However, it remained for Bank and his colleagues to disentangle the complex patterns of influence (Bank, Burraston, & Snyder, 2004). They used longitudinal data from the Oregon Youth Study to define a latent construct for sibling conflict and another for unskilled parenting. Although the two constructs were highly correlated (.54), a confirmatory factor analysis showed they were in two differentiable constructs (rather than one). A structural equation model constructed for the age group 10 to 12 years showed the expected strong path (path .55) to a construct for antisocial behavior assessed at age 12 years. The path from parenting assessed at ages 10 to 12 years to antisocial assessed at age 16 years was .46. It was the case that a latent construct for sibling conflict made a unique contribution even after partialing out the contribution of the effective parenting construct. The path from sibling conflict assessed at ages 10 to 12 years to antisocial behavior assessed at age 16 years was .31.

It has been well established that contingencies supplied by parents are significant contributors to antisocial outcomes. The correlational analyses suggest that the theoretical model must be expanded to include contingencies supplied by siblings during conflict bouts. It also seems reasonable to initiate studies where procedures are introduced that specifically reduce reinforcement supplied by siblings for deviant behavior. This last step has, in fact, already been carried out by Lew Bank and his colleagues. Cases were accepted that included either younger or older siblings with the identified problem child. The cases were randomly assigned to PMTO as usual or PMTO plus sibling enhancement component. The enhancement component involved intensive role-play with both siblings. Preliminary analyses of the data showed that

adding the sibling component significantly enhanced the effect of PMTO. What is of particular interest is that the children in the enhancement group also showed decreased interactions with deviant peers.

Deviant Peers

Our first decade of studies focused almost entirely on what was going on in the home and only secondarily on what was happening in the classroom. When we decided to study delinquency we were forced to find a place for peer group processes in our models. The early-onset model for delinquent offending put the role of deviant peer in training for deviancy in center stage (Patterson et al., 1989; Patterson & Yoerger, 1997, 2002). According to this model, antisocial children who became involved in early adolescence with deviant peers were at significant risk for adult offending. Antisocial boys who did not become involved with deviant peers were not at risk for adult offending. Dishion, Spracklin, Andrews, and Patterson (1996) went on to show that a likely mechanism was the positive reinforcement contingent on deviant talk. The data showed that members of the deviant peer group provided positive reinforcement for rule-breaking behaviors. Patterson, Dishion, and Yoerger (2000) showed that peer reinforcement accounted for over 50% of the variance in a construct measuring growth in three forms of deviancy (police arrest, substance use, health-risking sexual behavior).

The longitudinal study by Stoolmiller and Snyder (2004) showed that deviant peer contributions to deviancy training began as early at kindergarten. Again, it was the antisocial child starting kindergarten who was most likely to come under the aegis of the deviant peer group. The reinforcement occurred roughly every 3 minutes, and much of the reinforcement was for deviant talk.

The correlational models strongly emphasize the relative importance of parents, siblings, and now deviant peers to the deviancy training process. It seems that one of the important goals for PMTO should include restricting access to, or time spent with, deviant peers. Several avenues exist for bringing this about. For example, school classrooms and playgrounds can be programmed in such a way that aggressive interactions are drastically reduced. As shown in the well-designed interventions by Kellam, Rebok, Ialongo, and Mayer (1994) and by Reid et al. (1999), it is possible to reduce total output of aggressive behaviors. Presumably

this would also be accompanied by reductions in time spent with deviant peers and reductions in delinquent behavior.

Correlational models would also suggest yet another avenue for reducing contact with deviant peers. Correlational models consistently identify a path from disrupted parental monitoring to deviant peer involvement as well as a path from deviant peer involvement to delinquency (Patterson & Dishion, 1985; Patterson & Yoerger, 1993, 1997). These models imply that improving parenting practices, such as monitoring or discipline, would result in decreased contact with deviant peers; and this, in turn, would be accompanied by reductions in delinquent behavior. Eddy and Chamberlain (2000) carried out just such an experiment in a randomized intervention trial based on PMT procedures adapted for use with foster care families working with adolescent delinquents. Improved parenting (including monitoring) was accompanied by reductions in time spent with deviant peers. The decrease in delinquency for those in the experimental group was mediated by the changes in parenting.

In that study, it was not feasible to measure changes in parenting. This omission was corrected in the randomized designed prevention trials for a sample of recently divorced mothers and their sons (DeGarmo & Forgatch, 1999, in press). The study was designed as an experimental test of the early-onset model (Patterson et al., 1989). As predicted, the improvements in parenting were associated with later reductions in deviant peer affiliation and deviancy training. These, in turn, predicted significant decreases in delinquency growth as assessed by teachers' ratings. There was no overlap in raters for either the mediator or the outcome variable. In keeping with the predictions, improving parenting was associated with reductions in delinquency. This effect, in turn, was mediated by reductions in involvement with deviant peers.

Family as a System

One of the common critiques of behavioral approaches to intervention, such as PMTO, is that the treatment is shallow in that the real causes for the problem behavior are overlooked and ignored. From this perspective, the information about improving parenting practices is no more than one could expect to find in a *Reader's Digest* account of good parenting. In other words, the approach contains little more than what is already part of the conventional wisdom. The fact that the interventions are effective

and that they persist would lead one to ignore remarks of this kind. However, recent efforts to recast family process in dynamic systems terms suggest a more interesting alternative (Granic, 2000; Granic & Dishion, 2003; Granic & Hollenstein, 2003). From this same perspective, Sameroff (1989) suggests that one of the prime characteristics of such a system might be its interconnectedness. One implication of this is that change introduced in one aspect of a family process might carry with it collateral changes in some other aspect of the system. The data requirements for building such models are a bit unusual. To examine change within families would require pre- and postassessments embedded in a randomized intervention trial. We would need to measure changes in parenting mechanisms thought to produce changes and measures of the resulting changes in child outcomes. These are, in fact, characteristics for many prevention studies carried out at OSLC. However, the most difficult requirement is for repeated assessments at regular intervals during the intervention and the follow-up. This is a characteristic of several of the Forgatch prevention trials (Forgatch & DeGarmo, 1999; Forgatch, DeGarmo, & Beldavs, in press). This kind of data enables us to examine the collateral changes produced by PMTO at one point of time with changes in another family member, both at the same point in time as well as lagged effects occurring later.

To date, we have studied the collateral change process only in the sample of divorced mothers. DeGarmo, Patterson, and Forgatch (2004) found that there was an orderly sequence of change during and after the intervention. An examination of effect sizes showed that parenting skills changes in the first 12 months were followed by changes in child outcome variables. Reductions in maternal depression occurred at several points, including a dramatic shift at 30 months. There were several examples of collateral changes. The most striking finding was the covariation (path .51) between negative growth in child externalizing and negative growth in maternal depression. The findings strongly support the notion that changes in the behavior of one family member can alter the way that another family member feels.

The second study of family change process involved only the families in the experimental group who received PMTO (Patterson, DeGarmo, & Forgatch, 2004). The data showed that for some mothers, there was a reduction in depression even before the problem child changed. Simply

being involved in a treatment group was associated with a decrease in depression. It was hypothesized that mothers who showed this early change would be most likely to continue improving their parenting a year later. In other words, early change in the mother (depression) served as a positive feed-forward loop. The model for these changes was consistent with these hypotheses.

These preliminary findings support the idea that changes in one's behavior can be accompanied by changes in how it is that the social environment reacts to you. It makes sense that changes in social environment reactions can be accompanied by changes in how one perceives oneself and others. Notice that in this model the changes in feelings and perceptions are the collateral products of changes brought about by PMTO. Changes in cognitions and perceptions do not seem to be the prime engines driving change. Rather, it seems that they are the products that accompany change.

The systems metaphor for thinking about changes in families seems particularly apt in that alterations at one point in time can set in motion changes in other parts of the family that can lead to emerging characteristics of a very different system.

Discussion

In retrospect, it seems incredible that psychology could proceed for so long in constructing hypothetical models that narrowly focused on emotional regulation or social cognitions or contingencies. In our own case, we engaged in the solitary pursuit of contingencies associated with children's aggression, even though we could see that many of the exchanges among family members carried emotional overtones. We also could see that some of the disruptions came about because the parent saw what the child was doing as deviant, even though in our view it was not.

In our view, part of the problem was the unfamiliarity of the terrain. We simply could not specify the measurement models required in building models that included cognition and emotional regulation. Even when the measurement problems could be addressed, it required a half decade to build the new variables into fundable research proposals and another half decade to get the papers published.

The studies reviewed in this brief report suggest that the new generation of investigations of aggression will be focused on building integrated models that trace out

both the direct and the indirect effects of these three mechanisms to child outcomes. The new studies suggest that it is time to give the emperor some new clothes. It is not a case of indecent exposure; it is just that a new royal costume is now available.

References

- Arnold, J. E., Levine, A. G., & Patterson, G. R. (1975). Changes in sibling behavior following family intervention. *Journal of Consulting and Clinical Psychology*, 43, 683-688.
- Bank, L., Burraston, B., & Snyder, J. (2004). Sibling conflict and ineffective parenting as predictors of adolescent boys' antisocial behavior and peer difficulties: Additive and interactional effects. *Journal of Research on Adolescence*, 14, 99-125.
- Bank, L., Marlowe, J. H., Reid, J. B., Patterson, G. R., & Weinrott, M. R. (1991). A comparative evaluation of parent training for families of chronic delinquents. *Journal of Abnormal Child Psychology*, 19, 15-33.
- Bank, N., Rains, L., & Forgatch, M. S. (2004). *A course in the basic PMTO model: Workshops 1-3*. Unpublished manuscript. Oregon Social Learning Center, Eugene.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Capaldi, D. M., DeGarmo, D. S., Patterson, G. R., & Forgatch, M. S. (2002). Contextual risk across the early life span and association with antisocial behavior. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 123-145). Washington, DC: American Psychological Association.
- Capaldi, D. M., & Patterson, G. R. (1989). *Psychometric properties of fourteen latent constructs from the Oregon Youth Study*. New York: Springer-Verlag.
- Chamberlain, P. (1990). Comparative evaluation of Specialized Foster Care for seriously delinquent youths: A first step. *Community Alternatives: International Journal of Family Care*, 2(2), 21-36.
- Chamberlain, P., Fisher, P. A., & Moore, K. J. (2002). Multidimensional Treatment Foster Care: Applications of the OSLC intervention model to high-risk youth and their families. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children: Developmental theories and models for intervention* (pp. 203-218). Washington, DC: American Psychological Association.
- DeGarmo, D. S., & Forgatch, M. S. (2004). Putting problem solving to the test: Replicating experimental interventions for preventing youngsters' problem behaviors. In

- R. D. Conger, F. O. Lorenz, & K. A. S. Wickrama (Eds.), *Continuity and change in family relations: Theory, methods, and empirical findings*. Mahwah, NJ: Lawrence Erlbaum.
- DeGarmo, D. S., & Forgatch, M. S. (1999). Contexts as predictors of changing parenting practices in diverse family structures: A social interactional perspective to risk and resilience. In E. M. Hetherington (Ed.), *Coping with divorce, single parenting and remarriage: A risk and resiliency perspective* (pp. 227-252). Hillsdale, NJ: Lawrence Erlbaum.
- DeGarmo, D. S., Patterson, G. R., & Forgatch, M. S. (2004). How do outcomes in a specified parent training intervention maintain or wane over time? *Prevention Science*, 5, 73-89.
- Dishion, T. J., & Andrews, D. W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and 1 year outcomes. *Journal of Consulting and Clinical Psychology*, 63, 538-548.
- Dishion, T. J., Li, F., Spracklen, K., Brown, G., & Haas, E. (1996, January). *The measurement of parenting practices in research on adolescent problem behavior: A multimethod and multitrait analysis*. Paper presented at the conference "Drug Abuse Prevention Through Family Interventions" sponsored by the National Institute of Drug Abuse, Gaithersburg, MD (Revised July 1996).
- Dishion, T. J., Patterson, G. R., & Kavanagh, K. A. (1992). An experimental test of the coercion model: Linking theory, measurement, and intervention. In J. McCord & R. Tremblay (Eds.), *The interaction of theory and practice: Experimental studies of intervention* (pp. 253-282). New York: The Guilford Press.
- Dodge, K. A., Pettit, G. S., Bates, J. E., & Valente, E. (1995). Social-information-processing patterns partially mediate the effect of early physical abuse on later conduct problems. *Journal of Abnormal Psychology*, 104, 632-643.
- Eddy, J. M., & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. *Journal of Consulting and Clinical Psychology*, 68, 857-863.
- Eddy, J. M., Whaley, R. B., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorders*, 12, 28.
- Forgatch, M. S. (1984). *A two-stage analysis of family problem solving: Global and microsocial*. Unpublished manuscript, University of Oregon, Eugene.
- Forgatch, M. S. (1989). Patterns and outcome in family problem solving: The disrupting effect of negative emotion. *Journal of Marriage and the Family*, 5, 115-124.
- Forgatch, M. S. (1991). The clinical science vortex: A developing theory of antisocial behavior. In D. J. Pepler & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 291-315). Hillsdale, NJ: Lawrence Erlbaum.
- Forgatch, M. S. (1994). *Parenting through change: A training manual*. Eugene: Oregon Social Learning Center.
- Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: An effective prevention program for single mothers. *Journal of Consulting and Clinical Psychology*, 67, 711-724.
- Forgatch, M. S., & DeGarmo, D. S. (2002). Extending and testing the social interaction learning model with divorce samples. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 235-256). Washington, DC: American Psychological Association.
- Forgatch, M. S., DeGarmo, D. S., & Beldavs, Z. G. (in press). An efficacious theory-based intervention for stepfamilies. *Behavior Therapy*.
- Forgatch, M. S., & Stoolmiller, M. (1994). Emotions as contexts for adolescent delinquency. *Journal of Research on Adolescence*, 4, 601-614.
- Gottman, J. M., & Levenson, R. W. (1985). A valid procedure for obtaining self-report of affect in marital interaction. *Journal of Consulting and Clinical Psychology*, 53, 151-160.
- Granic, I. (2000). The self-organization of parent-child relations: Beyond bi-directional models. In M. D. Lewis & I. Granic (Eds.), *Emotion, development and self-organization: Dynamic systems approaches to emotional development*. New York: Cambridge University Press.
- Granic, I., & Dishion, T. J. (2003). Deviant talk in adolescent friendships: A step toward measuring a pathogenic attractor process. *Social Development*, 12, 314-334.
- Gross, J. J., & Munoz, R. F. (1995). Emotion regulation and mental health. *Clinical Psychology: Science and Practice*, 2, 151-164.
- Kellam, S. G., Rebok, G. W., Ialongo, N., & Mayer, L. S. (1994). The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically-based preventive trial. *Journal of Child Psychology and Psychiatry*, 35, 259-281.
- Lemerise, E. A., & Arsenio, W. F. (2000). An integrated model of emotion processes and cognition in social information processing. *Child Development*, 71, 107-118.
- Lewis, M. (2000). The emergence of human emotions. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 26-280). New York: The Guilford Press.
- Lucyshyn, J. M., Irvin, L. K., Blumberg, E. R., Lavery, R., Horner, R. H., & Sprague, J. R. (2004). Validating the construct of coercion in family routines: Expanding the unit of analysis in families of children with developmental disabilities. *Research and Practice for Persons with Severe Developmental Disabilities*, 29, 104-121.
- Lykken, D. J. (1957). The study of anxiety in the sociopathic personality. *Journal of Abnormal Psychology*, 55, 6-10.
- MacKinnon-Lewis, C., Volling, B. L., Lamb, M. E., Dechman, K., Rabiner, D., & Curtner, M. E. (1994). A cross-contextual analysis of boys' social competence: From family to school. *Developmental Psychology*, 30, 325-333.
- Miller, G. E., & Prinz, R. J. (2003). Engagement of families in treatment for childhood conduct problems. *Behavior Therapy*, 34, 517-534.
- Miller Brotman, L., Dawson-McClure, S., Kiely Gouley, K., Burraston, B., & Bank, L. (in press). Older siblings benefit from a family-based prevention program for preschoolers at risk for conduct problems. *Journal of Family Psychology*.
- Nix, R. L., Pinderhughes, E. E., Dodge, K. A., Bates, J. E., Pettit, G. S., & McFadyen-Ketchum, S. A. (1999). The relation between mothers' hostile attribution tendencies and children's externalizing behavior problems: The mediating role of mothers' harsh discipline practices. *Child Development*, 70, 896-909.
- Patrick, M. R., Snyder, J., Schrepferman, L. M., & Snyder, J. (2004). *The joint effect of early parental warmth and communication and child conduct problems on later monitoring and child conduct problems*. Manuscript submitted for publication.
- Patterson, G. R. (1965). Responsiveness to social stimuli. In L. Krasner & L. P. Ullmann (Eds.), *Research in behavior modification* (pp. 157-178). New York: Holt, Rinehart and Winston.
- Patterson, G. R. (1979). A performance theory for coercive family interaction. In R. B. Cairns (Ed.), *The analysis of social interactions: Methods, issues, and illustrations* (pp. 119-162). Hillsdale, NJ: Lawrence Erlbaum.
- Patterson, G. R. (1982). *A social learning approach: Vol. 3: Coercive family process*. Eugene: Castalia.
- Patterson, G. R. (1986). The contribution of siblings to training for fighting: A microsocial analysis. In D. Olweus, J. Block, & M. Radke-Yarrow (Eds.), *Development of antisocial and prosocial behavior: Research, theories and issues* (pp. 263-284). New York: Academic Press.
- Patterson, G. R., & Chamberlain, P. (1988). Treatment process: A problem at three levels. In L. C. Wynne (Ed.), *State of the art in family therapy research: Controversies and recommendations* (pp. 189-223). New York: Family Process Press.
- Patterson, G. R., & Chamberlain, P. (1994). A functional analysis of resistance during parent training therapy. *Clinical Psychology: Science and Practice*, 1, 53-70.
- Patterson, G. R., Chamberlain, P., & Reid, J. B. (1982). A comparative evaluation of parent training procedures. *Behavior Therapy*, 13, 638-651.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44, 329-335.

- Patterson, G. R., DeGarmo, D. S., & Forgatch, M. S. (2004). Systematic changes in families following prevention trials. *Journal of Abnormal Psychology*, 32, 621-633.
- Patterson, G. R., & Dishion, T. J. (1985). Contributions of families and peers to delinquency. *Criminology*, 23, 63-79.
- Patterson, G. R., Dishion, T. J., & Yoerger, K. (2000). Adolescent growth in new forms of problem behavior: Macro- and micro-peer dynamics. *Prevention Science*, 1, 3-13.
- Patterson, G. R., & Forgatch, M. S. (1990). Initiation and maintenance of processes disrupting single-mother families. In G. R. Patterson (Ed.), *Depression and aggression in family interaction* (pp. 209-245). Hillsdale, NJ: Lawrence Erlbaum.
- Patterson, G. R., Littman, R. A., & Bricker, W. (1967). Assertive behavior in children: A step towards a theory of aggression. *Monographs of the Society for Research in Child Development*, 32(5), 1-43.
- Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *A social interactional approach: Vol. 4: Antisocial boys*. Eugene: Castalia.
- Patterson, G. R., & Yoerger, K. (1993). Developmental models for delinquent behavior. In S. Hodgins (Ed.), *Crime and mental disorder* (pp. 140-172). Newbury Park, CA: Sage Publications.
- Patterson, G. R., & Yoerger, K. (1997). A developmental model for late-onset delinquency. In D. W. Osgood (Ed.), *Motivation and delinquency: Nebraska Symposium on Motivation* (Vol. 44, pp. 119-177). Lincoln: University of Nebraska Press.
- Patterson, G. R., & Yoerger, K. (2002). A developmental model for early- and late-onset delinquency. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 147-172). Washington, DC: American Psychological Association.
- Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and immediate impacts of a preventive intervention for conduct problems. *American Journal of Community Psychology*, 27, 483-517.
- Reid, J. B., Patterson, G. R., & Snyder, J. (2002). *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention*. Washington, DC: American Psychological Association.
- Sameroff, A. J. (1989). Commentary: General systems and the regulation of development. In M. R. Gunnar & E. Thelen (Eds.), *Systems and development: The Minnesota Symposia on Child Psychology* (Vol. 22, pp. 219-235). Hillsdale, NJ: Erlbaum.
- Snyder, J., Edwards, P., McGraw, K., Kilgore, K., & Holton, A. (1994). Escalation and reinforcement in mother-child conflict: Social processes associated with the development of physical aggression. *Development and Psychopathology*, 6, 305-321.
- Snyder, J., & Patterson, G. R. (1995). Individual differences in social aggression: A test of a reinforcement model of socialization in the natural environment. *Behavior Therapy*, 26, 371-391.
- Snyder, J., Schrepferman, L., & St. Peter, C. (1997). Origins of antisocial behavior: Negative reinforcement and affect dysregulation of behavior as socialization mechanisms in family interaction. *Behavior Modification*, 21, 187-215.
- Stoolmiller, M., & Snyder, J. (2004). *Modeling heterogeneity in social influence*. Unpublished manuscript, Marquette, MI.
- Walter, H., & Gilmore, S. K. (1973). Placebo versus social learning effects in parent training procedures designed to alter the behaviors of aggressive boys. *Behavior Therapy*, 4, 361-371.
- Wiltz, N. A., Jr., & Patterson, G. R. (1974). An evaluation of parent training procedures designed to alter inappropriate aggressive behavior of boys. *Behavior Therapy*, 5, 215-221.

◊ ◊ ◊

Address correspondence to Gerald R. Patterson, Ph.D., Oregon Social Learning Center, 160 East Fourth Avenue, Eugene, OR 97401; carleenr@OSLC.org.

Support for this project was provided by Grant No. R01 MH 38318 Child and Adolescent Treatment and Preventive Intervention Research Branch, DSIR, National Institute of Mental Health, U.S. Public Health Service.

coming soon

C&BP, Volume 11, Issue 4

- 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.)

coming soon

BT, Volume 36, Issue 1

- Evaluating Fidelity: Predictive Validity for a Measure of Competent Adherence to the Oregon Model of Parent Management Training (Forgatch et al.)
- Dismantling Anger Control Training for Children: A Randomized Pilot Study of Social Problem-Solving Versus Social Skills Training Components (Sukhodolsky et al.)
- Mothers' Perceptions of Neighborhood Violence and Mother-Reported Monitoring of African American Children: An Examination of the Moderating Role of Perceived Support (Jones et al.)
- An Evaluation of the Social Support Component of Simplified Habit Reversal (Flessner et al.)
- Cognitive Behavioral Therapy for Nocturnal Panic (Craske et al.)
- The Effectiveness of Treatment for Pediatric OCD: A Meta-Analysis (Abramowitz et al.)
- Social Comparison Processes in Social Phobia (Antony et al.)
- Predictive Role of Daily Coping and Affective Reactivity in Cognitive Therapy Outcome: Application of a Daily Process Design to Psychotherapy Research (Gunther et al.)
- Short-Term Cognitive Behavioral Treatment Does Not Improve Outcome of a Comprehensive Very-Low-Calorie Diet Program in Obese Women With Binge Eating Disorder (de Zwaan et al.)
- Evaluation and Treatment of Swimming Pool Avoidance Exhibited by an Adolescent Girl With Autism (Rapp et al.)

Letters to the Editor

Missing at ABCT: Private Practitioners?

Letters to the Editor serve an important function in publications like *BT*. Specifically, letters contribute to achieving one of the publication's most fundamental goals: facilitating communication within our diverse membership. Letters and subsequent responses to them also provide invaluable feedback for the organization's leadership. Electronic communication forums such as the ABCT listserve have the power to transform letters into even more effective communication tools. The effort needed to respond is minimized and rapid responses from other members serve as potent reinforcement for further commentary.

The stimulus for this section was a letter to the editor submitted by longtime ABCT member and private practitioner Dr. Robert Heller. With Dr. Heller's permission, the letter was posted to the ABCT listserve and responses to the letter were selected by the editor for publication in *BT*. The letter and the commentary it inspired are reproduced here to stimulate further discussion concerning the role of private practitioners and other health professionals in the organization. In support of Dr. Heller's contention, only 99 of 4,300 members list their primary profession as private practice [Source: ABCT office staff membership data, 2004]. Given Dr. Heller's impressions and my own anecdotal experiences (no more than 10% of members present at panel discussions or symposia I've participated in over the past 3 years indicate they derive better than 50% of the income from private practice), it may be worth asking to what extent are we open to involving nonacademics in the organization. In the following edited collection of letters, several members contributed their impressions of private practitioner involvement in ABCT. We close the section with a more formal letter from members of ABCT's Professional Issues Committee. We hope that these letters inspire you to compose your own letters and/or participate in the ABCT listserve. Also, we welcome additional responses to this "thread" and encourage members to address new issues as they arise.

—THE EDITOR

Missing at AABT Convention: Therapists in Independent Practice

At the recent AABT convention in New Orleans, I attended a symposium entitled "Research and Practice: Increasing Cross-Fertilization." Of the 5 panelists and 30 audience members present, I believe I was the only therapist in full-time private practice. Most of the people I met over the 4 days at the convention had their main affiliations as researcher, university teacher, or student.

Where have all the private practitioners gone? I believe the short answer is—nowhere. They stayed home. Given the cost of attending a convention (around \$1,500 solo, and much more if you go with a family), and lost revenue from not seeing clients, most practitioners find it more convenient and less costly to attend local workshops. Continuing education is available from many venues nowadays. Given the current climate, most practitioners are looking for ways to increase their revenue rather than review the latest research.

I think AABT can and must do a better job of attracting and maintaining independent practitioners as members and in promoting conference attendance.

Here are a few suggestions for consideration.

1. Do the legwork of offering lower-cost housing options.
2. Reduce the cost of workshops and registration.
3. Consider subsidizing those who need to pay their own way.
4. Offer more clinically relevant programs taught by more clinicians.
5. Require presenters to include a portion of their talk/presentation on "practical implications for clinical practice."
6. Offer more programs on practice/business development.
7. Whenever possible, researchers and poster presenters should make their assessment instruments available as handouts to participants.
8. Use "live" patients to demonstrate assessment and treatment methods.
9. Develop and promote a private practice SIG within AABT.
10. Send out a survey to AABT members to solicit their ideas and opinions.

We can do better to be more inclusive. What do you think?

—Robert F. Heller, Ed.D., ABPP
Boca Raton, Florida

An Intern's Experience

It is absolutely the case that there is much utility to be found in disseminating findings relevant to practice! I'm a clinical psychology doctoral candidate and am currently doing my internship at a major university counseling center. I was saddened to hear that not only was there no one from this center going to the AABT conference, but that they weren't even aware of the wealth of clinically relevant information to be found there! In fact, a senior staff member teased me about going to a "behavior modification conference."

I think there is much potential in developing a dialogue among clinical scientists, scientist-practitioners, and practitioners at university and college counseling centers. There is a trend across the country in counseling centers towards short-term therapies. Imagine the rich volume of information available through AABT that would benefit them! I'd love to hear what you all think.

—Saz M. Madison,
Central Michigan University



TO SUBSCRIBE TO ABCT's LISTSERVE, go to www.aabt.org, click on MEMBERSHIP SERVICES, then click on AABT LISTSERVE.



Attracting Practitioners to Our Convention

I attended my first AABT conference in 1987. I wished then that I'd found the organization sooner, and I haven't missed an annual meeting since. I also make my living almost exclusively as a private practitioner. So, when the question of convention "value" for practitioners came up on ABCT's listserve, I gave it some thought. A convention cost of \$1,500 was being kicked around. I did my own math and, with the additional costs of convention workshops and despite efforts like always sharing a room and avoiding big-ticket meals, it does add up to a hefty sum. All the more so, since, for private practitioners, "convention days" amount to "unpaid leave."

As a full-time practitioner, it does seem a little odd to me that the "Master Clinicians" of ABCT are hardly ever folks who primarily make their living as practitioners. Additionally, while many "Master Clinicians" have taken time to become board certified in the specialty of cognitive and behavioral psychology, a specialty board originally supported by AABT, many have not. One would expect ABCT's Master Clinicians to have demonstrated peer-reviewed competence in the specialty of which they are supposed to be masters. Another interesting, and I think unexamined, assumption is that the inventor of an approach is automatically "the master" of that approach. I have been a supervisor with the Albert Ellis Institute for 20-plus years, which has let me hang around with REBT masters from around the world. This experience showed me folks who practice REBT better than Albert Ellis. I don't think this is surprising. In almost every field of endeavor, inventors of an art, craft, or skill are often not its consummate practitioners. Why should it be different with behavior and cognitive therapies? However, from a marketing standpoint, who will attract bigger crowds, those with their names on books or those you never heard of before? Maybe all this is just a paradox but maybe it reflects something else.

In an organization pushing data-driven practice, attention turns more to folks with the most data. That's mainly folks making their living as researchers. As I analyze the contingencies of research-oriented institutions, there are very few reinforcers for researching theories that are not your own or those of the place in which you were trained. What I think this means for an organization pushing data-driven practice is

that those making their living from practice, and especially fee-for-service practice, are soon going to be less and less a part of the driving force of the organization because they are less able to generate data. For many practitioners this will begin to mean that the annual convention looks more like a place for researchers and their students than a place for practitioners. The exception is practitioners looking to write off a few days of vacation in big cities.

So why do I keep attending? Probably because I still think the scientist-practitioner model really is a good one and spending time thinking about what I am doing in a serious way is not only necessary but also fun. This leads me not only to want to attend the convention but to be part of the program as well. While this issue is beyond the scope of these comments, I don't think ABCT does as much to help private practitioners collect data and present it to their colleagues as it could. If more practitioners were collecting and presenting data, I think they would find attending the convention more interesting, even compelling.

A couple of things I consistently get out of our annual conventions are (1) confirmation that what I am currently doing fits with data-supported interventions and (2) awareness of some new things I had better learn about. One thing I don't think can be gained at an annual convention is the skill to do things a lot differently than one is currently doing. I regularly attend ABCT workshops and have given one a couple of times myself. I expect to continue doing so. However, I think that to really begin to learn how to do something at any distance from one's current practice takes at least 3 to 5 days of good training just to get started, not 3 to 5 hours. I doubt there are many practitioners who can come to the convention and walk away with new, usable skills because there just isn't time to be sufficiently trained. If that is what they want, no convention program is going to make the grade, and the standard 1-day continuing education offerings are equally inadequate.

One final thing: data-supported practice is important for data-oriented practitioners. More important, and far less noticed, are data-supported principles on which to base practice. For the last decade and more, our organization has shown me how to help folks with variety of different problems by implementing the general principle of ex-

posure and response prevention in a variety of different ways. However, having grasped the general principle, I now often invent idiosyncratic interventions for the specific client in front of me that have never been tested by anyone. I believe part of the reason for a practitioner to be interested in so-called "third-wave behavior therapies" is because at least one of them, Acceptance and Commitment Therapy, purports to have strong associations to more basic behavior science about language and cognition, namely Relational Frame Theory. Making my living as a private practitioner, I have found it a pain in the neck to try adding new basic science principles to my knowledge base, but also enormously advantageous in the consultation room when I have done so. A convention program that helps keep we practitioners awake to data-supported principles of behavior maintenance and change, as well as data-supported practices, is extremely useful to practitioners keeping their eyes on practice in the long run in addition to practice in the short run.

—Hank Robb, Ph.D., ABPP
Pacific University

Practitioners Feel Cost-Benefit Ratio Is Not in Their Favor

Based on my informal inquiries, it seems that full-time private practice members that attend the annual conference are a rarity. This may be true because all the full-time private practitioners in two of my postdoctoral groups ($N = 19$) say that the cost-benefit ratio is not in their favor. They lose substantial income by going to conferences, on top of money they have to shell out for travel, accommodation, and registration fees. And most of what they learn at these conventions does not make them more effective clinicians.

—Arnold Lazarus
Rutgers University

Medical Residents Seek CBT Training

Regarding “marketing” to physicians: Many psychiatrists are physicians who value interpersonal contact and relationships in their professional life as well as the more purely “hard science” aspects of the practice of medicine. Over the last 15 years or so, the advent of managed care and other changes in the practice environment have pushed many psychiatrists into work situations in which they are only seeing full-fee private patients who can pay out of pocket for psychotherapy, they are forced to practice by seeing patients for very brief medication evaluations and follow-ups only

(e.g., a series of 15-minute “med check” office visits). Thus, many psychiatrists see lots of patients very briefly and with no sense of the person they are treating. CBT offers such M.D.s a way to maintain the doctor-patient relationship, practice a recognized and highly effective form of psychotherapy, and still be considered to be practicing evidence-based (hence, reimbursable) treatment from the standpoint of insurance companies, Medicaid, and other payers. Plus, there is widespread dissatisfaction with the (paltry) evidence base for psychoanalytic approaches. In addition, the Residency Review Committee of the Accrediting Council for Graduate Medical Education (which accredits all residency

programs) now requires that residents attain competency in CBT.

So, I think psychiatrists and residents are now very interested in this area. The Academy of Cognitive Therapy has its own listserve for those of us in residency training and sends email worksheets and other curricular materials. This is very helpful. I think ABCT could do the same.

I have been thinking about this for a while, and despite having brought it up to various ABCT members before, no one has ever shown much interest in it. I hope a way can be found to work on this.

—Robert M. Goisman, M.D.

Harvard Medical School
Massachusetts Mental Health Center

Update on the Professional Issues Committee

Since its founding in 1966, ABCT has been committed to providing a professional home/community for its members. Indeed, this goal was reaffirmed in the association’s 2004 Strategic Plan. In working toward this goal, the Professional Issues Committee (PIC) adopted a new mission statement in 2001 to address practice and science issues of concern to CBT professionals. Under the leadership of Lata McGinn, the newly developed mission statement indicates that “Emphasis shall be placed on (a) ongoing communication with the membership in order to identify key professional issues and, (b) . . . developing activities that serve the professional interests of the membership and behavioral therapists in general.”

Last year was a productive one for the PIC. It redesigned and updated its Web site to increase its user-friendliness, provided updated information regarding prescription privileges (PIC takes a neutral stance on this issue), conducted a Web-based survey regarding ABCT member needs and profes-

sional issues, and published the results of this survey in *the Behavior Therapist*. In addition, the PIC expanded from 7 to 15 members and increased the diversity of its membership by adding more clinicians and including members from a range of educational backgrounds and geographic regions.

The PIC’s current chair is Simon Rego, Assistant Professor of Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine. Other committee members are in such diverse settings as research hospitals, universities, research-oriented medical center internship sites, and private practice. The full list of members is available on the PIC’s Web site (www.cbt.name/whoarewe.htm).

The newly reorganized PIC met at this year’s 38th annual convention in New Orleans. After considering the survey data and discussing a range of professional issues consistent with ABCT’s mission and goals, the PIC selected five areas of focus for the coming year: (1) the development of a Web site section on recent CBT clinical research; (2) the addition of Web site listings of CBT course books, treatment manuals, and CBT-oriented regional workshops; (3) the possible creation of a CBT-oriented listserve to function as an “electronic community peer supervision group”; (4) the creation, along

with the CE convention committee, of a set of skill-based training workshops; and (5) the development of a scientifically minded clinical case study poster session that would be used to discuss novel utilizations and conceptualizations of empirically established treatments. These ideas need to be reviewed by the ABCT Board of Directors, but if approved, these initiatives should be under way within the year.

The PIC hopes to be able to increase ABCT’s mission of creating a comfortable community for scientist-practitioners. It also might be the place where the abstract concept of “bridging the gap” between science and practice yields real-world results.

For further information on PIC, please visit our Web site at www.cbt.name. In addition, we would enjoy hearing comments on our ideas from ABCT members. Dr. Rego can be reached at:

sreg@montefiore.org or simon@rego.ws.

—Jonathan Weinand

and Deborah Melamed,

Professional Issues Committee Members

Letters to the Editor

Address David Reitman

reitmand@nova.edu

Strategies for Advancing Diversity Within Graduate Training and Internship Training Programs

Katherine Comtois, *University of Washington and Harborview Medical Center*,
Bernadine Pinto, *Brown Medical School and The Miriam Hospital*, Richard
Weinberg, *University of South Florida and Florida Mental Health Institute*, and
Clint Field, *Utah State University*

38th Annual Convention Training Program Highlights: Part I

It is unfortunate that members of the association must sometimes miss the annual convention. The absence of student members is especially troublesome, yet understandable. The costs of attendance can be high, leaves of absence may be denied, and travel requirements can be prohibitive. Nevertheless, it can be argued that student members have the most to lose by not attending. Many opportunities for professional growth are missed, including several that are directly related to training. As a graduate student in the throes of preparation for internship, I attended the annual convention and participated in a special session devoted to internship training issues (e.g., preparation, expectations, interviewing strategies, etc.). I recall how happy I was to have attended and, in retrospect, I think of the information I gained that day as invaluable. This continuing series on training issues is presented in that spirit.

Are you a student or trainee who missed the last convention? Could you benefit from knowing a little more about internship or postdoctoral training? Perhaps you are training others and would like to be better able to inform your students? Whether you attended the conference or not, your opportunity to increase your training program IQ has arrived. As a prelude to the specific training program updates, I'm happy to introduce you to a three-part series devoted to reviewing training-related convention highlights.

Each section has been contributed by the chairperson(s) of a panel discussion or special session that targeted training program changes or training issues. This first installment highlights information from a panel discussion focused on strategies for advancing

diversity within graduate and internship training programs. The next two issues of *IBT* will include summaries of two special sessions held at the convention that were co-chaired by Drs. Richard Seime and Antonette Zeiss: "Internship Training Site Overview" and "Postdoctoral Training Site Overview." I would like to thank all the authors in advance and hope that you will find this information valuable as you prepare for pre- and postdoctoral training.

At the recent convention in New Orleans, Dr. Katherine Comtois moderated Panel Discussion 12, "Effective Strategies for Advancing Diversity in Graduate Psychology Programs and Internships." Many training programs are presently attempting to address diversity issues and thus it is timely that *IBT* assist in the dissemination of this important information. Dr. Comtois (KC) and fellow panelists Drs. Bernadine Pinto and Richard Weinberg collaborated in providing responses to this section editor's queries.

CF: *Diversity is a very important topic for students, trainees, and administrators alike. What were some of the main themes that emerged as the discussion evolved during the meeting?*

KC: Students in the audience asked questions primarily about how to navigate through programs without a strong or well-integrated diversity focus or in regions or universities with a history of racism. Comments clearly demonstrated frustration with the status quo, but it may be that less distressed students did not speak up or attend the panel. In this light, audience members also mentioned disappointment at the relatively low attendance at this particular session.

CF: *What strategies were discussed that have been especially successful in advancing diversity within training programs or in supporting diverse students?*

KC: Brown University internship provides two Special Interest Groups to support students—the Diversity SIG provides discussion on diversity-related topics and the Balanced Life SIG provides a less academic forum for considering career plans. The Florida Mental Health Institute (FMHI) program offers a range of training experiences where students participate in diverse communities as clinicians. FMHI interns also learn to address systemic issues related to health and service system disparities by studying socioeconomic and structural issues involved in well-being and illness, conducting research on the broader service delivery system, and advocating for improved mental health policies. The University of Washington (UW) internship provides training in cultural competency via the Cultural Hypothesis model of Lopez (1996), which is applicable across different types of diversity and is easily integrated into ongoing clinical work. It also facilitates effective use of special population consultants who are available to UW trainees and faculty.

CF: *What would you share as some of the critical "take home" points for training directors and program administrators that are attempting to advance diversity within their respective programs?*

KC:

- Recruit and retain faculty with diverse person characteristics or develop a clinical or research focus on diverse populations.
- Emphasize that specific focus on diversity is an explicit ethical mandate in APA and is therefore closely scrutinized in the APA accreditation processes.
- Focus on integrating diversity throughout the training program as opposed to having it marginalized by being in specific classes or taught primarily by specific faculty.
- Find practical means for educating faculty about diversity. For example, at the UW and Brown internships, didactic speakers are offered resources (e.g., a bibliography of diversity-related readings, opportunities to consult with an identified "resource" faculty member) to help ensure that diversity is attended to in didactic presentations. The Training Consortium at Brown received a CEMRRAT award from APA and there are plans to offer faculty workshops on how to attend to diversity in all facets of training. At UW, diversity didactics are available to faculty as CE opportunities and the Diversity Committee includes faculty from all tracks of the in-

ternship and trainee representatives to ensure continuity. At FMHI, faculty and interns obtain training and continuing education in macrosystemic intervention strategies.

- Encourage intern and programmatic soul-searching—to what extent, for instance, does providing a service such as stress management or anger management to a member of an oppressed minority group (without looking at contextual issues) only serve to perpetuate forces such as prejudice, bias, and discrimination that may be contributing to the client's anger, fear, or anxiety? To what extent do programs encourage interns to sensitively examine with their clients the impact of socio-economic and structural issues in the life of the client that may provide a context for, and broader means of addressing, the presenting complaint?

- Recruit a diverse class of students or interns.

- ♦ Make diversity a focus of the training program Web site and the orientation or open house for applicant visits.

- ♦ UW has the Diversity Advancement Committee evaluate applications for diversity focus on (a) the general APPIC essays, (b) the diversity essay question, in particular, and (c) amount of experience with each of the diverse groups listed as clinical experience. Data are provided to track coordinators for ranking applicants and to the internship steering committee for overall feedback.

- Collect data and use it in training program planning. For example, include evaluation of diversity on didactics evaluations and provide feedback to individual speakers (implemented at the UW and Brown Training Consortium) as well as the internship as a whole. At UW, there has been a slow but steady improvement over the past five years as focus on diversity is now an expected standard for didactics. Specific outcome measurements are also now a focus of APA accreditation self-studies.

CF: *Similarly, what were some of the important points that emerged for students who may be seeking training that includes diversity as a focus?*

KC: Students should be aware of APA principles regarding diversity such as:

Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race,

ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services (APA, 2002, Guideline 2.01b: Boundaries of Competence).

The implication for selecting a program is that APA is taking diversity seriously and it is therefore appropriate for students to expect that these competencies will be taught and that faculty will possess competency in these areas. APA also expects programs to recruit a diverse student body and faculty. Some discussion focused on the slow pace of change and that overexpectations can lead to disappointment and frustration for students in programs that promised more than could be delivered. Thus, it is important to learn as much as you can from the strengths of the program, as opposed to focusing on frustrations, and look elsewhere (such as ABCT's SIGs) for support you may not receive in your program.

CF: *What is your impression of the progress being made among graduate training and internship programs in embracing and advancing a focus on diversity?*

KC: APA's emphasis on diversity is having an impact in increasing the priority of diversity advancement among the many demands on an internship or graduate program. However, most programs continue to have diversity training marginalized into specific classes or faculty labs.

CF: *A premise for this discussion was that training programs are attempting to advance diversity in a variety of ways. Is there currently agreement that one approach is better than another or that varied strategies are yielding similar outcomes?*

KC: No one approach emerged in our discussion. However, a common theme was that making the focus on diversity advancement is one of providing resources as much as possible and minimizing the perception that faculty or students are being "policed" by those advancing diversity. Resources include opportunities for faculty to get training, special interest groups that provide settings for diversity discussions, and training sites for residents with diverse clients and/or supervisors. The accountability needed to bring faculty up to par for program standards or APA is best left to the training director or steering committee to

decide and act upon as they would any other program standard.

CF: *Where do we go from here? Said differently, did the meeting leave you with a strong sense of where we are in relation to advancing diversity and immediate "next steps" that can be taken to promote further gains?*

KC: I and the other speakers agreed that good ideas came from other training programs as well as some student comments. The real question is whether the audience will incorporate some of these ideas into their programs to improve what students can expect in general. In a larger sense we hope ABCT as an organization will further its commitment to training in diversity by continuing to encourage sessions on these issues, and by offering other "marquee" programming on diversity (inviting distinguished speakers, plenary addresses, training institutes and workshops, etc.).

Program administrators and trainers of all types are invited and strongly encouraged to submit training program updates and descriptions of value or interest to the ABCT membership for inclusion in the Training Program Update section of subsequent issues of *tBT*. For further information or to submit program information, please contact Clint Field, Ph.D., Department of Psychology, Utah State University, 2810 Old Main Hill, Logan, UT 84322-2810; phone: 435-797-1463; e-mail: cfield@cc.usu.edu.

References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Lopez, S. R. (1996). Multicultural assessment: Widening our cultural lenses. *Contemporary Psychology: APA Review of Books*, 41, 455-456.

✍

1983

Over the 31-year history of *tBT*, there have been many notable contributions. In this issue we introduce *tBT* CLASSIC, an archival section of *tBT* intended to help us better understand where we are by reflecting on where we've been. Future CLASSIC articles will be reprinted under the most relevant current section headings (e.g., Science Forum), often with solicited commentary supplied by the original author. Other CLASSIC reprints will address still-poignant issues and how-to articles with lasting relevance. To launch these efforts, we begin on a lighter note, with a former *tBT* Editor's musings about the downside of the tenure review process, set to the steady beat of the Delta blues.

"The Junior Faculty Blues" is reprinted from Volume 6 of *tBT*. Alan Gross is currently a tenured full professor, Director of Clinical Training, and itinerant musician at the University of Mississippi. Dr. Gross recently commented that "in hindsight, what I have come to understand about tenure is that it only matters if you don't get it." For reprints, please enclose a burnable CD to Alan Gross, 205 Peabody Bldg., Department of Psychology, University of Mississippi, University, MS 38677.

The Junior Faculty Blues

Recently, I completed preparing my materials for my first major review (3rd year departmental evaluation). As I updated my vita and made copies of my papers, I found myself reflecting on my relatively short career. The result is the song that follows. I share it with my fellow junior faculty in hopes it helps ease the pain.

The Junior Faculty Publish or Perish Blues

Well I'm reading and writing till 4 every night of the week
And when I finish teaching classes I'm so tired I can hardly speak
I'm working my fingers to the bone
Come on people won't you leave me alone
I've got the junior faculty publish or perish blues.

Well I'm putting in a lot of work, toil and sweat
It's supposed to be worth the rewards they say I will get
Well it's clear they're not talking about the pay
I can hardly feed myself day to day
I've got the junior faculty publish or perish blues.

Well I've consumed 47 times my weight in Roloids
And I've yet to receive my first academic accolade
There are tears in my eyes when I pick up my mail
Cause the journals keep saying sorry you fail
I've got the junior faculty ain't publishing blues.

Chorus:

I've got the junior faculty publish or perish blues.
If the pressure gets worse I'm gonna make the late night news
To be tenured is what I desire
Too bad it means brimstone and fire
I've got the junior faculty publish or perish blues.

Well I love supervision and teaching class
It's all the committee meetings, that's a pain in the ass
I've got meetings coming through my ears
I've got some free time I think in two years
I've got the junior faculty what am I doing here blues.

The graduate students here are really great
At the mention of research they can hardly wait
Their thirst for knowledge is really keen
But don't mention comps cause they turn real mean
I've got the junior faculty publish or perish blues.

I better increase my rate of publication
Or next year you won't be able to tune me in on this college station
I'll be up in the woods getting countrified
I'll have left academics, once again I'm alive
It was just the junior faculty publish or perish blues.

Chorus:

I've got the junior faculty publish or perish blues
Multiple baselines running all out of my shoes
Every day I tell myself I'm doing fine
And I'm not really losing my mind
It's just them junior faculty publish or perish blues.

P.S. Does this count as a publication?

For a copy of the tune "Junior Faculty Blues" send a cassette to the author.

Alan M. Gross
Emory University
Atlanta, GA

Reprinted from Gross, A. (1983). The junior faculty blues. *the Behavior Therapist*, 6, 185.

Call *for Award* Nominations

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

AABT
ABCT

2005 Annual Meeting
Washington, DC.

nominate on-line • www.aabt.org

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 CE 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.

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.

deadline: April 4

Book Review

L'Abate, L. (Ed.). (2004). *Using Workbooks in Mental Health: Resources in Prevention, Psychotherapy, and Rehabilitation for Clinicians and Researchers*. Binghamton, NY: Haworth.

Reviewed by Jason DeViva, Baltimore VA Medical Center

Using *Workbooks in Mental Health: Resources in Prevention, Psychotherapy, and Rehabilitation for Clinicians and Researchers* undertakes a difficult task. As the introductory chapters by the editor, Luciano L'Abate, make clear, workbooks (which consist of "written homework for out-of-session or between-session assignments," p. 3) have grown explosively in number and can be found for most problems. The development of workbooks has followed a path similar to psychotherapy: a diverse array of instruments exist, but widespread evidence of effectiveness and a well-developed view of the place of workbooks in mental health treatment are lacking. In the first two chapters, the editor outlines theoretical issues relevant to workbooks, describes the current status in the field, and provides a review of relevant research studies. The next section describes workbooks for specific presenting issues, divided into interventions for individuals, couples, and families. A summary chapter ends the book.

The most useful part of *Using Workbooks in Mental Health* is the 16 chapters on workbooks for specific presenting problems. The most comprehensive chapters, by Krista Gattis and colleagues and by Katherine J. Miller, present a number of workbooks for couples therapy and eating disorders treatment, respectively. Both chapters outline issues related to therapy with those presenting problems and describe the process by which the reviewed workbooks were selected. They then provide descriptions, usage guidelines, and research support for those workbooks. A reader in need of

a workbook for couples therapy or eating disorders treatment could find in these chapters all the information they would need to make a selection.

Not all authors follow the format used by Miller and Gattis et al. Though there is significant variance, the remaining chapters generally provide a rationale for the development and contents of a specific workbook, describe experiences with its application, and present any data supporting its use. A number of chapters are particularly strong. David C. Hodgins' chapter on pathological gambling describes a stepped-care framework and a manual for treating pathological gambling, then presents data supporting the efficacy of the workbook delivered with or without a motivational interview. Piero De Giacomo and colleagues describe a brief intervention for depression, known as the Wheel of Wisdom, and provide evidence of the effectiveness of the intervention combined with pharmacotherapy as compared to pharmacotherapy alone. Terry Michael McClanahan provides a description and efficacy data for a cognitive-behavioral workbook for women with substance abuse difficulties, and Oliver McMahon and John Arias present similar information for a workbook for incarcerated felons.

The heterogeneity of these chapters is indicative of the state of workbooks in general; however, more information could be provided to the reader regarding the general state of workbooks for each of the presenting problems surveyed. With the exceptions of Gaddis et al. and Miller, no

authors provide descriptions of the range of workbooks available in their specific area, nor do they report how the workbook they discuss compares to others in the field in terms of theoretical orientation, clinical focus, or empirical support. Also, the selection of which presenting issues to include is sometimes questionable; there are chapters on fostering intimacy in couples with a handicapped child and one psychologist's personal account of using a workbook for depression and dementia, but no coverage of workbooks for more common presenting issues like phobias or panic attacks.

The first two chapters of *Using Workbooks in Mental Health* contain a wealth of information on workbooks and their potential place in the provision of mental health care. However, the order of presentation is somewhat confusing. Basic introductory material is interspersed among more theoretical and philosophical sections. For example, the important research-based conclusion that "workbooks could be used with other psychological interventions, but not as replacement for psychotherapy, especially in clinical populations" does not appear until page 88, after sections entitled "Toward an Increasing Formalization of Psychological Interventions" and "Bridging the Semantic Gap."

Overall, despite imperfect presentation of the content, *Using Workbooks in Mental Health* contains a good amount of relevant theoretical and practical material on workbooks. It would be a useful text for any clinician or researcher seeking additional information on workbooks or trying to find a workbook for use with any of the 16 presenting problems included.

o o o

Address correspondence to Jason DeViva, Baltimore VA Medical Center, 10 North Greene St., Baltimore, MD 21201; jason.deviva2@med.va.gov.

NOTE: This book review was accepted under the editorship of Dr. George Ronan.

APRIL IS ABCT ELECTION MONTH. BALLOTS MUST BE POSTMARKED APRIL 30, 2005.

Book Review

Rosner, R. I., Lyddon, W. J., & Freeman, A. (Eds.). (2003). *Cognitive Therapy and Dreams*. New York: Springer.

Reviewed by Paula Janicki, *Private Practice, Williamsville, NY*

Few cognitive-behavioral clinicians receive training in dream analysis. *Cognitive Therapy and Dreams* addresses this limitation by presenting research regarding the nature of dreams, together with practical techniques that clinicians can apply to work with dreams in therapy. The book is divided into four parts. Part I, "Historical Contexts," includes an introduction and three chapters that describe the historical roots of cognitive therapy approaches to dreams. Rachel Rosner presents an intriguing story of Beck's interest in dream research in the context of his progression from psychoanalyst-in-training to cognitive therapist. Her chapter provides the background for a reading of Beck's final article on the subject (reprinted in this section) and offers explanations for his abandonment of this research. Rachel Crook's chapter points to the lack of dream-related training received by cognitive therapists and makes the point that in the clinical setting, clients will bring dream and nightmare material into the session whether the therapist welcomes it or not.

In Part II, "Objectivist Approaches," the authors focus on the use of dream material at the "manifest" level, whether as examples of the client's cognitive schemas and distortions, or, as in the case of posttraumatic nightmares, intrusive and unwelcome habits that can be mastered. Harold Doweiko focuses on a neurobiological understanding of dreaming as random "noise" created by the sleeping brain and framed by the waking client, who chooses the material recalled and structures its meaning. Similarly, Arthur Freeman and Beverly

White outline a method for using dream material as data about the client's view of the world and himself and as a source of changeable cognitive distortions. In a slightly different vein, Barry Krakow outlines his method for reducing posttraumatic nightmares through imagery rehearsal, a method that focuses not on meaning, but on symptom control.

Leaping to the other side of the fence, Part III, "Constructivist Approaches," includes four chapters written by individuals who see dreams as one way in which patients can reconstruct their vision of reality. The leap is rather dramatic, as these writers focus on a deeper examination of the role of dreams, often involving their latent meanings, and describe techniques that are unlike those of the objectivist approaches. Deirdre Barrett explores the usefulness of dreams as a means of accessing clients' latent cognitions. She provides examples of the use of this approach with various problems, including bereavement, depression, and trauma. A cognitive-narrative approach is outlined by Gonçalves and Barbosa, who use dream work as a source of information for helping clients to construct meaningful narratives during waking life. Mia Leijssen describes using the "focusing" technique of Eugene Gendlin with dream material in order to help clients connect with their emotional and physiological responses. Finally, Clara Hill and Aaron Rochlen delineate a three-stage model of cognitive-experiential dream interpretation.

As a way of pulling together this divergent material, and in recognition of the lack of a comprehensive theoretical model that

would do so, Rosner and Lyddon offer a framework in Part IV, "Future Directions." They suggest that the objectivist models are focused on what they call "first-order change" and are thus relevant to time-limited treatment, whereas constructivist approaches are relevant to long-term treatment goals and "second-order change." This attempt by the authors to synthesize the material is reminiscent of Beck's attempts to develop an approach to encompassing the breadth of psychotherapeutic techniques by sorting them in terms of their usefulness for various presenting problems.

Although the book serves to enlighten the reader by describing therapeutic approaches drawn from both objectivist and constructivist perspectives, the overall effect is of a hodgepodge ill-suited to inclusion under a single organizing framework. The authors clearly recognize this issue and attempt to bridge the divide, but in spite of their efforts, a disjointed feeling remains as one tries to synthesize the material. Nevertheless, in isolation, each chapter usefully stimulates thinking about one's own theoretical roots or suggests practical means by which therapists or researchers can approach dream material. The conflicting approaches challenge readers to become more aware of their own beliefs and attitudes regarding the use of dreams in psychotherapy and the ability of dreams to convey meaning. I recommend this book for anyone interested in finding a way to approach dream data therapeutically, with the caveat that they will need to tolerate some dissonance and work to integrate the disparate perspectives into their own therapeutic model.

◊ ◊ ◊

Address correspondence to Paula Janicki, 8265 Sheridan Drive, Williamsville, NY 14221; pjanicki@excite.com. ✉

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



RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW
RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW
YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP
RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP
RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP
RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP RENEW YOUR MEMBERSHIP

renew, materialize, rise, come (forth), emanate, flow, issue (forth); proceed with your membership

{ ABCT

www.aabt.org

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

FULL TIME LICENSED OR UNLICENSED PSYCHOLOGIST, BIO-BEHAVIORAL INSTITUTE, GREAT NECK, NY. Multi-disciplinary outpatient facility specializing in cognitive and behavioral treatment of anxiety, mood, and obsessive compulsive spectrum disorders. Weekly and intensive therapy provided to children, adolescents, and adults. Plenty of opportunities to participate in research, conference presentations, and publications. Clinical training and supervision available. Affiliation with North Shore University Hospital in Manhasset, NY. Work with a cohesive and energetic team of psychologists and psychiatrists. Ph.D. candidates completing their training are welcome to apply. Neuropsychological assessment training and background in CBT a plus. Competitive salary with increasing compensation. Please call (516) 487-7116 or fax resume to (516) 829-1731, attention Dr. Fugen Neziroglu.

CLINICAL FELLOWSHIPS IN RATIONAL EMOTIVE BEHAVIOR THERAPY AND CBT: A limited number of part-time one year pre-doctoral Internships and two year post-graduate Fellowships are being offered at The Albert Ellis Institute beginning July 2005. Intensive supervision of individual, couples, and group therapy will be given by Albert Ellis, Ph.D., Ray DiGiuseppe, Ph.D., Michael Broder, Ph.D., and Kristene Doyle, Ph.D. Candidates carry a diverse caseload of clients, co-lead therapy groups, participate in special seminars and ongoing clinical research, and co-lead public workshops. Stipend is given for 16 hours per week of involvement in a wide variety of professional activities. Send requests for applications to: Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th St., New York, NY 10021. Deadline for applications is March 1, 2005.

SUMMER FELLOWSHIPS IN RATIONAL EMOTIVE BEHAVIOR THERAPY AND CBT FOR FULL-TIME UNIVERSITY FACULTY: A limited number of 3 week fellowships for university and college faculty in psychology, psychiatry, counseling or social work are being offered at the Albert Ellis Institute in July 2005. The program will feature intensive practice in REBT, direct supervision of therapy sessions, special seminars, and the opportunity to co-lead a therapy group with Dr. Albert Ellis and other Institute faculty. Send statement of objectives for your participation along with a vita to Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th Street, New York, NY 10021; or fax at 212-249-3582; or e-mail at krisdoyle@albertellis.org. Proficiency in English is required. Stipend provided. Deadline is February 15, 2005.

PRACTICUM IN RELATIONSHIP AND SEX THERAPY. An all-new, innovative 3-day practicum. Participants will earn 24 CE credits and learn the latest strategies for treating the most prevalent, challenging sex and relationship issues during this information-packed practicum at Albert Ellis Institute, March 4-6, 2005. The practicum includes 12 hours of hands-on group supervision and information on diagnosing, evaluating and treating sexual dysfunctions and helping clients to use available pharmacology most effectively. Information and registration at 212-535-0822 or at www.albertellis.org.

SCHOOL OF PROFESSIONAL PSYCHOLOGY. Open Faculty Positions. The School of Professional Psychology (SOPP), Wright State University (WSU), is seeking candidates for two faculty positions at the Assistant Professor rank for Fall, 2005 or sooner. We are seeking individuals to teach and provide clinical supervision to doctoral-level students in our APA accredited PsyD program in Clinical Psychology. Preference will be given to strong generalist candidates with interest in the areas of health psychology/geriatrics, psychological assessment, and/or multicultural psychology, and whose interests coincide with other program needs. In addition to teaching and provision of clinical supervision, duties include graduate student advising/mentoring, directing doctoral dissertations, service, potential research, scholarship and/or program development, and clinical practice.

Applicants must have a doctorate in clinical or counseling psychology from an APA accredited program, demonstrate ability to teach practitioner students, and be licensed in Ohio or able to acquire licensure in Ohio within two years of appointment, and participate in the faculty practice plan. We encourage applicants who would further our commitment to multiculturalism and diversity and could serve as a mentor to students from diverse backgrounds. Applicants must also have a commitment to the practitioner model of professional education and be or become an active practitioner with clinical experience.

WSU is a comprehensive state university located in Dayton, Ohio serving approximately 16,000 students. The University places a high priority on the creation of an environment supportive of ethnic minorities, women, and persons with disabilities. The SOPP is among the first doctoral programs in the country to develop a PsyD, practitioner model program and has been fully accredited by APA since graduating its charter class in 1982. The SOPP has four major locations, two on the WSU campus and two based in the Dayton Community. SOPP also offers an APA-approved internship program and a post-doctoral training program.

A letter of interest, vita, three letters of recommendation, and a transcript verifying highest degree should be sent to Ms. Sharon Daugherty, School of Professional Psychology, Wright State University, 3640 Colonel Glenn Hwy., Dayton, Ohio 45435. Review of applications will begin March 15, 2005 and continue until the position is filled. Wright State University is an EO/AA employer.

office space available

Roslyn, Long Island—Office for rent in professional bldg. Excellent location. FT/PT in mental health suite with beautifully appointed waiting room. All services included. Please call Robert 631-234-1717 x105.



Thinking of Advertising in tBT? Your ad will reach 5,400 readers.

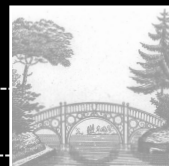
CLASSIFIED ADS are only \$4.00 per line.

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.

AD SIZES	INCHES (width x depth)	RATE
back cover	7 1/8 x 7	\$550
full page	7 1/8 x 9 7/16	\$400
2/3 page	4 11/16 x 9 7/16	\$275
1/3 page H	4 11/16 x 4 3/4	\$175
1/3 page V	2 3/16 x 9 7/16	\$150
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 x 7 1/4	\$250
1/2 page H	7 1/8 x 4 3/4	\$250

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

CALL FOR PAPERS



BUILDING BRIDGES

Expanding
Our Conceptual
and Clinical Boundaries

JOANNE DAVILA, PROGRAM CHAIR

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 February 7, 2005, on AABT's Web site, www.aabt.org

SUBMISSION INFORMATION CAN BE FOUND AT WWW.AABT.ORG AFTER FEB. 7

AABT

November 17–20, 2005

39th Annual Convention

Washington, DC

Submission Deadline: March 1, 2005

the Behavior Therapist

Association for Advancement of Behavior Therapy
305 Seventh Avenue, 16th floor
New York, NY 10001-6008

Tel.: 212-647-1890

e-mail: publications@aabt.org

www.aabt.org

ADDRESS SERVICE REQUESTED

PRSR STD
U.S. POSTAGE
PAID
Hanover, PA
Permit No. 4