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News and Notes

"News and Notes" Returns

David Reitman, *Nova Southeastern University*

In this issue, we reintroduce the membership to the "News and Notes" section, which, not coincidentally, was the name of the regularly appearing feature in *Behavior Therapy* that gave rise to *the Behavior Therapist* way back in 1974! The purpose of N&N is to provide a forum for our editorial team to highlight behavioral science as it is portrayed in newspapers, magazines, television, radio, and film. Our hope is to facilitate dissemination within the organization, as well as promote (and inspire) efforts to take clinical science to a broader professional and lay audience. Entries will generally highlight either individuals (*People in the News*) or media portrayals of cognitive and behavioral science (*Media Spotlight*). All members are therefore encouraged to share their news, help us to promote the efforts of ABCT members, and heighten awareness of ABCT as a professional organization.

Please contact the *tBT* Editor, David Reitman, at reitmand@nova.edu, or the N&N section editors (below) to suggest a topic or recommend media for review.

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tBT Instructions for Authors

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

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

Prior to publication authors will be asked to submit a final electronic version of their manuscript and complete a copyright transfer form. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to AABT. Electronic submissions are preferred and should be directed to **reitmand@nova.edu**. Please include the phrase ***tBT submission*** in the subject line of your e-mail. Include the first author's e-mail address on the cover page of the manuscript attachment. By conventional mail, please send manuscripts to:

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Media Spotlight

National Public Radio Highlights CBT!

David Reitman, *tBT* Editor, *Nova Southeastern University*

On June 2-4, 2004, National Public Radio's (NPR) "All Things Considered" produced a three-part series on CBT. In the introductory segment, Hosts Robert Siegel and Melissa Block noted that "Cognitive behavior therapy is the fastest growing and most universally studied form of psychotherapy. It's fast becoming what people mean when they say they are getting therapy. CBT, as it's often called, is based on the idea that thoughts cause our feelings and behaviors, not external things like people, situations, and events."

Though some *tBT* readers might take issue with the particulars of the above description, national exposure for CBT through radio outlets such as NPR allows persons outside of the mental health field to learn about our work. In this initial installment of the three-part series, a group CBT program for persons with social phobia was described by CBT group leader Larry Cohen, a Washington, DC, social worker. The segment highlights the paralyzing fear of social situations experienced by Judy Smith and illustrates how she overcame her fears by utilizing a series of experiments to undermine negative assumptions that arose in social situations. Former APA Psychotherapy Division President John Norcross, Ph.D., then stated that "the results [of a number of studies] definitively demonstrate that cognitive-behavioral therapies are superior to no treatment or to a credible placebo." Finally, the initial segment closes with a dramatic behavioral experiment in which Ms. Smith successfully initiates a conversation with a complete stranger.

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People in the News

John clemmons, Ph.D., a member of ABCT and 2004 graduate of the University of Nebraska-Lincoln (UNL), was featured in the April 29, 2004, edition of Oklahoma City's *Oklahoman* for his clinical work in the area of child maltreatment. Described as a "front-line warrior" in eradicating child abuse and neglect, Dr. Clemmons was included among an elite group of postgraduates completing a rigorous two-semester training program on child maltreatment, held at the Oklahoma University Department of Pediatrics. Headed by psychologist Barbara Bonner, Ph.D., the Interdisciplinary Training Program (ITP) in Child Abuse and Neglect focuses on "how to spot child abuse and what to do about it." As a behavior therapist and postdoctoral fellow at the OU Health Sciences Center, Dr. Clemmons is one of many front-liners in the struggle to identify and prevent abuse against children. Look for more in-depth coverage of the ITP and other child internship experiences in a future *tBT* Training Program Update.

—David DiLillo, N&N Editor

Media Spotlight

Monitor on Psychology Highlights ABCT Member Timothy R. Elliott

Laura E. Dreer, *University of Alabama at Birmingham*

ABCT member Timothy R. Elliott was featured in the January 2005 issue of the American Psychological Association's publication *Monitor on Psychology* (Chamberlin, 2005). The article introduces Dr. Elliott as incoming editor for the American Psychological Association's journal Rehabilitation Psychology and briefly discusses his hopes to stimulate empirically supported research for enhancing quality of life for persons with chronic disease or disability.

The first part of the article emphasizes the pervasiveness of persons living with chronic health conditions. Dr. Elliott states that the number of individuals living with chronic illness is steadily increasing, a situation that he attributes to the aging of baby boomers as well as epidemics such as diabetes, cardiovascular disease, and HIV. He goes on to describe that at some point in time most individuals are either directly or indirectly affected by a chronic health condition (i.e., personally, a friend or family member, or as an informal caregiver). Dr. Elliott emphasizes the gravity of this topic by describing that some chronic diseases such as diabetes often result in subsequent health problems such as visual impairments or limb loss.

The second part of the article focuses on the importance of examining the underlying factors associated with secondary complications and optimal adjustment—the behavioral and social mechanisms. Understanding the factors and mechanisms is considered critical to preventing further complications, enhancing quality of life, and enhancing adherence to self-care regimens. Dr. Elliott states, "In our society, the number-one health-care problem centers on the delivery of acute and ongoing services to people who live with a chronic health condition." Dr. Elliott advocates moving rehabilitation research toward empirical investigations examining the critical role that psychology plays in facilitating adjustment following a chronic disability. While he recognizes the importance of an interdisciplinary approach, he specifically argues for extending research toward the application of psychological theories of adjustment in an effort to broaden our understanding of adjustment and outcomes. Specifically, he urges for a push to investigate and publish research that better explicates processes linked to optimal adjustment and to identify those who are at risk for complications and poor adjustment. Consistent with his own line of research, he argues for more theory-driven models to predict outcomes and to inform the development of innovative services that promote health outcomes for persons and families living with and adjusting to chronic health conditions.

Dr. Elliott's own research program has continued an illustrious tradition of CBT applications for persons with chronic and disabling health conditions (Elliott, Grant, & Miller, 2004; Elliott &

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Technology Update

The Criterion-Based Development Model for Media-Based Self-Instructional Training Programs

James A. Carter, *Harvard Medical School and Beth Israel Deaconess Medical Center*

You need 10 more continuing education units but you don't have the time to attend a workshop. You would like your students to learn some basic interviewing skills on their own so that class time can be used for higher-level discussion. Whether delivered on-line, via stand-alone CD-ROMs or video, self-instructional media offer convenience and cost-effectiveness while providing specialized training opportunities that can be difficult to access in other ways. However, psychologists need not be satisfied merely being consumers of self-instructional media; they can also become producers.

The field of computer and video-based independent study offers new opportunities for entrepreneurial psychologists. Decreases in production costs of creating self-instructional programs (computer, video, or otherwise) now enable psychologists—including those who may not be affiliated with professional training programs—to develop educational materials in their areas of expertise for students or their own peers. Involving more professionals in the development of training materials enriches training options for the field while potentially providing an additional revenue stream to psychologists who produce such materials or serve as subject-matter experts. Given that self-instructional training is here to stay, how can products be developed that provide high value to their users, are empirically supported, and have strong market potential?

The Criterion-Based Development Model (CBDM) is an approach to both developing and evaluating self-instructional curricula, in which learner outcomes are compared to an objective, predetermined educationally significant criterion and data-driven revisions are made to the program to achieve that criterion. Although this approach has high commonsense validity, no behavioral health programs are reported to have been developed in this way. Traditionally, developers have created the best self-instructional training program product they could, and then evaluated its effectiveness. The CBDM raises the bar by specifying *before product development begins* the level of competence that learners should possess after completing the training. Furthermore, it provides an empirical method for developers to revise programs so that learners achieve this criterion. It is cost-effective because it provides insight into exactly which changes need to be made in order to improve the program and because it may reduce the number of participants needed to validate its effectiveness. Finally, using the CBDM may increase programs' marketability, not only because they will have been shown to increase skill, but also to raise it to a meaningful, educationally significant level.

Current Approaches to Developing Self-Instructional Programs

Typically, researchers develop self-instructional programs, evaluate them, report the results, and (hopefully) market them. Although this approach is scientifically valid, concluding the process after the evaluation may actually sell programs short, preventing them from reaching their full potential. Despite the best efforts of content and design experts, self-instructional programs are bound to have unanticipated weaknesses.

Formative evaluation is one way to gain early insight into ways of improving programs. Developers can identify aspects of the materials that need improvement through observing persons from the target population using early versions of the program and soliciting their input on their usability, acceptability, and understandability (e.g., Flagg, 1990; Furstenberg, Carter, Henderson, & Ahles, 2002). Although formative evaluation can help solidify the program's content and increase its usability and acceptability, it rarely predicts the effectiveness of the program or whether gains in skill will be large enough to be meaningful.

Current Approaches to Evaluating Self-Instructional Programs

Outcome studies typically compare self-instructional packages to live (often classroom) training, or else measure the skill or knowledge of individual learners before and after using the materials. These approaches compare training outcomes relative to the learner's earlier skill level or to the skill levels of those in another group rather than to an objective standard. Although pre-post and training modality comparisons address important questions, they do not indicate whether users learned enough or how the materials could be improved so that they learn more.

Studies that compare self-instructional materials to live instruction typically address the question, "Does self-instructional training work as well as classroom training?" Historically, this question has been important for establishing the viability of self-instructional training. Indeed, self-instructional training has been demonstrated to be as effective as classroom teaching for a diverse array of skills, including therapy and counseling techniques (Casey, 2001; Hayes, 2001), social skills training (Martin, Jones, & Hearn, 1994), advanced cardiac life support (Christenson et al., 1998), software use (Harp, Taylor, & Satzinger, 1999), and even counterintelligence techniques (Federal Bureau of Investigation, 1997). Of course, the effectiveness of self-instructional programs varies, as does classroom training. However, in cases where self-instructional training is the de facto choice due to cost or logistics, "John Henry" (Johnson, 1929) man-versus-machine comparisons become less relevant. More pertinent questions are, "Does the program train learners *adequately*?" and "How can it be improved?"

Pretest-posttest studies typically address the question, "How much do trainees learn from the program?" Although this question has merit, it is possible to achieve a respectable effect size without actually training learners well enough to actually perform the skill. Progressing from unskilled to minimally skilled may be significant yet inadequate. Again, the more important questions are, "Do trainees learn *enough* from the program?" and "How could it be improved?"

Both pre-post and self-instruction versus classroom evaluations may actually underestimate the potential effectiveness of programs and do not provide information on how to improve them. Refinement based on

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objective and subjective outcome data has the potential to maximize the effectiveness of new training programs and may even make initially ineffective programs work well. Given that self-instructional training programs will continue to be produced to meet a wide range of needs, new development models are required to increase their effectiveness and demonstrate their value to potential users. The CBDM provides a solution.

CBDM

The CBDM is an approach to producing programs that have reliable and educationally significant outcomes. It involves a six-step iterative cycle of development, evaluation, and revision to produce training materials that meet a predetermined criterion of effectiveness. The model subsumes the goals of formative and outcome evaluation, but goes beyond them by using data from these evaluations as bases for refining the training materials. Because the CBDM compares participants' posttraining performance to an educationally significant criterion, it reduces the need for pre-post and between-groups evaluations. The following sections provide a step-by-step explanation of the CBDM and demonstrate how it was applied in the development of a self-instructional interview training package.

Step 1: Operationally Define the Skills to Be Taught

This step involves identifying the training needs that exist and operationally defining the skills to be taught. Needs analyses (REF) and market research come into play here. Complex skills may best be broken down into smaller components, at least for the novice, so that several programs that build on each other are developed, rather than one that attempts to teach everything.

Step 2: Choose an Instructional Criterion Goal

Defining success is a challenge in itself. In this step, an appropriate measure is selected or created, and a two-part *instructional criterion goal* is set, which consists of the score that represents successful performance of the skill (the *performance target*) and the minimum proportion of learners that should achieve it in any given training group (the *target percentage*). In other words, how high do learners need to score and what percentage of them need to reach that score in order for the program to be considered a success?

In the best case, the measure will be a gold standard that is widely used to evaluate the behavior and possess good reliability and validity. For cases in which no standard measure exists, it is incumbent upon the developer of the training package to first create an objective measure. Recognizing good performance when one sees it is not enough; implicit professional judgment criteria must be made explicit and should fully encompass the behavior being taught. For example, Fantuzzo (1984) developed the Mastery Model for measuring proficiency in assessment and intervention skills, such as administering the Wechsler Adult Intelligence Scale–Revised (Fantuzzo, Sisemore, & Spradlin, 1983). If developing one's own measure, it is advisable to validate it before beginning production of the instructional program. However, if an independent validation study is not feasible, a measure with good face validity, developed with input and review from subject-matter experts external to the study, may suffice.

The performance target should be set such that achieving it is educationally significant but not unrealistic. If the performance target is set too low, the instructional program may not be worthwhile, since it may result in only small gains in skill. If it is set too high, it may not be achievable. Self-instruction alone is unlikely to make novices into experts, but it may move them toward competence. A guideline, therefore, is to select a performance target that would indicate acceptable or adequate mastery of the skill. When setting the performance target, it can be helpful to consult with other experts in the field in order to get some consensus that if individuals achieve the score, they are performing adequately.

Motivation and aptitude vary between learners. Therefore, it is important to select a reasonable target percentage of the group that should achieve the performance target. Despite developing a high-quality training program and setting an appropriate performance target, some individuals will not achieve it. Just as it may be unrealistic to expect that beginners will become experts by using a self-instructional program, it may also be unrealistic that every user will achieve the performance target.

Setting the performance target and target percentage of participants to achieve it is admittedly a subjective process. It should be guided by questions such as, "How well should individuals perform the skill after using the program?" or "What would the minimally acceptable outcome be from using the training program?" If a program does not produce sufficient payoff in real skill, it is probably not worth using or producing. The question here is determining how much payoff is enough, and how high one wants to raise the bar. Prior research should help to answer these questions.

The key point is that, before any work on the program is begun, specific behavioral criteria for success must be identified. Although this point may seem obvious, many developers rush directly into production of their training programs without clearly identifying their outcome measure or even the specific behaviors they want to teach.

Step 3: Develop a Theory-Based Instructional Program

After specifying the content to be taught in Step 1 and determining an instructional criterion goal in Step 2, identify an instructional design on which to base the initial training package. The instructional design provides the framework for organizing and presenting training material. Optimally, it should have empirical support or at least be grounded in a larger learning theory that has been empirically validated. Reigeluth (1999) has compiled an extensive volume of instructional designs for self-instructional adult education programs. The CBDM is not wedded to a particular educational model and can be applied to any instructional design.

Step 4: Evaluate the Program

Each evaluation round should include both objective and subjective components. The objective evaluation measures performance on the criterion measure, whereas the subjective evaluation involves eliciting feedback from participants regarding the understandability, usability, acceptability, strengths, and weaknesses of the training materials, and especially how they could be improved.

Objective evaluation. Random assignment of participants to evaluation groups is crucial to prevent results from being skewed by history effects. Recruiting a large group of potential participants and then randomly selecting groups, as they are required, is recommended, recognizing that not all potential participants may be needed. To increase external validity, participants should be selected from the population of end-users of the program or a close analog population.

Comparing training groups to a no-training control can enable effect sizes relative to no training to be calculated for all training groups and facilitate calculation of

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the relative contributions of each revision over and above the version used by the previous trial group. However, control groups are not required by the CBDM because it is criterion- rather than comparison-oriented.

Pretesting participants in all evaluation groups may also be an acceptable means of identifying how much they learned from the program. However, pretests should only be used when practice effects are not anticipated. Additionally, if a pretest is done for one evaluation group, it should be done for all groups to standardize methods, in case practice effects have indeed occurred.

Having the minimum percentage of participants achieving the performance criterion is not enough; the result also needs to be statistically significant. Tests to compare multiple groups simultaneously are inappropriate for the CBDM because the number of training groups required is unknown at the outset of the study. Rather, *t* tests on group means can be used to compare each group with the previous one, to ensure that the results reflect true differences between them. Another approach to consider is checking whether the mean score of any group achieving the criterion goal falls within a 95% confidence interval whose lower limit exceeds the target criterion. This latter approach is more stringent and may necessitate larger numbers of participants. However, it is a good check for significance if the first trial group achieves the criterion, and no-training control groups have not been run.

Subjective evaluation. The goal of the subjective component of the evaluation is to collect feedback on the program itself, which will be used in revising it. This process incorporates the techniques of formative evaluation by asking users for feedback on the usability, acceptability, and understandability of the training materials. Participants can be told that they are both learners and media critics, and that their feedback will help guide revisions to the program.

Separate questionnaires can be developed for use during the program and after it is finished. A Continuous Feedback Questionnaire, with portions completed after viewing each program section, enables participants to respond while their thoughts are fresh in mind, which is particularly important for longer programs. A second, Global Questionnaire can be completed after finishing the program. Open-ended questions, although more difficult to score and interpret, typically elicit richer, more creative and useful responses than closed-ended questions, and should comprise most, if not all, of the questionnaire. In order to elicit as much feedback as possible, participants can be asked to write at least two responses to each question. Additionally, brief interviews can be conducted with trainees after they complete the program, in order to follow up on responses to questionnaires. Finally, when evaluating computer programs, usability testing that employs a standardized instrument, such as the Computer System Usability Questionnaire (Lewis, 1995), can be valuable.

Step 5: Conduct Error and Feedback Analyses

If the instructional criterion goal is met on the first trial, the training package can be considered to be successful and subsequent steps are unnecessary (unless the investigator chooses to raise the bar and continue to refine the instructional package). If the target percentage of participants achieving the performance target is not reached, error and feedback analyses should be conducted. Both of these analyses employ qualitative research methods and therefore involve making subjective judgments. Based on Hill, Thompson, and Williams' (1997) Consensual Qualitative Research method, two or more persons conducting the analyses is advised.

Error analysis. Error analysis involves characterizing the types of errors made, or reasons for subcriterion scores, by creating frequency distributions. A pattern will emerge with some types of errors appearing more frequently than others. This pattern will indicate the aspects of the program that need strengthening.

Feedback analysis. In conducting a feedback analysis, responses to each question that are essentially equivalent or highly similar are grouped and tallied. Categories are created as needed, rather than a priori, starting out with many, and later combining them under larger themes. At a minimum, a feedback analysis would include a list of comments on the most and least helpful aspects of the program, ranked by frequency (see Table 1). Some participants may write the same comments repeatedly, whereas others list each only once. It can be helpful to tally the number of participants who made a particular comment, rather than to count each time the comment was made, preventing any single participant's data from overly influencing the feedback analysis, and creating more of a "consensus." More complex feedback analyses could include finer breakdowns.

Conducting a feedback analysis involves two assumptions: that participants are able to identify factors that could enhance their learning and that the investigator is able to understand what modifications to make as a result of this feedback. Although it is true that novices by definition do not have a full understanding of the skill set that they are learning, the assertion is made here that they can recognize and suggest changes to

TABLE 1
Example of Applying the CBDM

Study Phases						
1	2	3	4	5	6	7
Developed initial version of training video	Training Group 1 run; Instructional criterion goal not achieved Control Group 1 run	Revised initial version	Training Group 2 run; Instructional criterion goal not achieved	Revised second version	Training Group 3 run; Instructional criterion goal achieved Control Group 2 run	Study concluded

the training materials that would help them learn better.

Step 6: Revise the Training Program Based on Error and Feedback Analyses

Patterns of both errors and feedback can point to aspects of the program that need improvement. The error analysis indicates *what* trainees need to learn better; the feedback analysis can suggest *how* to teach it more effectively. Although novices may not appreciate the significance of all the content and instructional techniques included in the training program, they can provide insights that the developer would not have into potential improvements.

Error and feedback analyses inform, but do not dictate, the revisions to be made. It is not the case that any change that can be made to improve the program *should* be made, and that all error and feedback trends must be addressed. The overarching goal of the CBDM is to achieve reliable and educationally significant training outcomes. The error and feedback analyses are merely tools to help the developer do so in an efficient manner. Basing revisions on data rather than hunches or speculation is likely to be rewarded with greater gains in training outcomes. Some revisions, such as reshooting large portions of a video, may be too costly. If less costly revisions can achieve the criterion goal, all the better. The error and feedback analyses inform, but do not dictate, the changes.

Repeat Steps 4 Through 6 Until Criterion Goal Is Achieved

After revising the training materials, return to Step 4 and reevaluate the package, repeating Steps 4 through 6 as needed. In order to control for external sources of error, all reevaluations should replicate the conditions and procedures of the first evaluation. Similar to a learning curve, gains in program effectiveness are likely to be greater following early revisions and smaller after later revisions. The number of cycles of trial and revision will depend on the gains made and the resources of the investigator. Sometimes, the instructional criterion goal may not be achieved, despite making empirically based improvements. In these cases, it may be that the performance criterion or the target percentage of participants to reach it is set too high, the training materials are fundamentally flawed or inadequate, or that the particular skill is simply not teachable through self-instruction. If, however, the instructional criterion goal is achieved, then the program has been shown to have both good efficacy and utility.

An Example

An example of applying the CBDM was developing a self-instructional training video to teach how to convey empathy in a clinical interview (Table 1). Step 1 involved identifying the specific skills to be taught. In Step 2, a robust empathy measure was selected, along with an instructional criterion goal. In Step 3, the training video was created, using an empirically supported instructional design. In Step 4, a group of participants were randomly selected from a pool of volunteers. These participants used the video and were evaluated on their ability to formulate empathic interviewer responses. In Step 5, error and feedback analyses were conducted to identify weaknesses in the training materials and ways to improve them. In Step 6, revisions were made, and the evaluation process was repeated. In all, two revisions to the materials were required to achieve the instructional criterion goal. These revisions included re-editing the video, eliminating several segments, and shooting new materials, as well as creating and subsequently revising an interactive workbook. Although the initial version of the training video had statistically significant instructional results compared to a no-training control group, the final iteration produced superior—and educationally significant—outcomes.

Conclusion

Psychologists can become involved in the development of training materials most easily by serving as subject-matter experts, drawing on their experience in the subject matter and identifying others in the field to contribute as needed. They can initiate self-instructional training products by teaming with media production companies or university colleagues who can provide access to campus-based production facilities. In any role they choose to play, they should recognize that empiricism and the principles of evaluation can be applied to the development process itself.

The CBDM can increase the quality of training programs, the efficiency of their development, and provide a means of measuring real-world effectiveness. Although using the CBDM can involve a larger investment in time, the payoff in higher effectiveness and value to trainees can make the longer development phase worthwhile.

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Training Program Update

An Overview of the 21st Annual AABT Internship Panel and Overview

Antonette M. Zeiss, *VA Palo Alto Health Care System*, and Richard J. Seime, *Mayo Clinic*

TRAINING PROGRAM UPDATE EDITOR'S NOTE: *This month we enjoy the second of a three-part series reviewing highlights from the recent AABT convention. This series will conclude next month with a review of postdoctoral training issues discussed at the convention.*

38th Annual Convention Training Program Highlights: Part II

Each year, about 300 students attend a program at the AABT (next year to be ABCT) conference that is designed to inform them about the internship experience, the processes of application and matching involved in finding an internship, and specific information about internship sites. In the first segment of this program, a panel of internship directors speaks about various issues concerning how to choose and apply to internship programs and how to work toward an optimal match. In the second segment, students tour internship site tables, informally meet with site representatives, pick up promotional materials, and, in some cases, schedule a formal interview.

This program has been offered for 21 years at AABT and it has come to be recognized as an opportunity for internship training directors and staff to meet and recruit psychology students who could be good matches for their programs. Students equally have come to recognize it as an opportunity to learn more about the internship process before the year of application, and as a place to make valuable connections during the year of application. The internship recruitment process, with its panel and the opportunity to interact with faculty and interns from various programs, has many facets and is by no means a sterile, impersonal process. The consistent feedback of over two decades is that the internship panel and oversight was helpful and provided an opportunity for applicant attendees to gain insights that later proved helpful. With that as background, we will review the presentations at the 2004 convention.

This article summarizes the panelists' presentations, and we gratefully acknowledge the panelists' participation. Panelists and their topics in 2004 were:

Steve McCutcheon, Ph.D., *Seattle VA Medical Center*: Basic Information About the Internship Experience

Robert Klepac, Ph.D., *Wilford Hall Medical Center*: Going Through the APPIC Match Process

Dean Kilpatrick, Ph.D., *Medical University of South Carolina*: Application and Beyond

Justin M. Nash, Ph.D., *Clinical Psychology Training Consortium, Brown Medical School:* Issues to Consider in Determining Rankings

Robrina Walker, M.S., *University of Mississippi Medical Center/VAMC Consortium*: A Current Intern's Perspective

Dr. McCutcheon's presentation addressed the goals, settings, structures, and methods of internship training. He began by emphasizing that the internship year is an important developmental passage in the training of clinical and counseling psychologists as it is designed to provide a bridge between graduate training and the professional world. Internship sites represent a range of practice settings (including medical centers, university-based counseling centers, community mental health clinics, etc.) that provide service to various patient populations. As a result, sites can vary widely in their specific goals and teaching methods. However, all are intended to provide an intensive, experiential education in the application of psychological principles and techniques, augmented by individual supervision and didactic education.

Typically, clinical experience is provided through a host of "rotations" that offer both breadth and depth of experience in more than one focus area (e.g., substance abuse, behavioral medicine, gerontology, mental health). Rotating through various practice settings during the internship year gives students exposure to new clinical situations while also allowing them to develop greater competence in areas of special interest. Regardless of the clinical setting, interns generally agree that the amount and quality of supervision are among the most important factors in determining satisfaction while on internship. Supervisors certainly vary in their theoretical orientation and personal style, but interns at quality sites should expect to receive at least 2 hours of individual supervision each week, as well as 2 hours of additional structured learning (e.g., case conferences, patient rounds, etc.). Finally, Dr. McCutcheon noted that it's important to recognize that, like graduate programs, internship programs are broadly designed according to standard educational models current in psychology, including but not limited to the Boulder (scientist-practitioner) and Vail (clinician-scholar) models. Students with scientist-practitioner interests might want to pay close attention to the degree to which sites provide support for scientific activities. For example, some sites encourage and provide continued research involvement during internship, while others offer an intense, entirely clinical year; some sites emphasize evidence-based practice while others emphasize alternative treatment approaches.

Dr. Klepac focused on the internship match process run by APPIC, the Association of Psychology Postdoctoral and Internship Centers. This computerized match process is now in its fifth year and has been very effective in ensuring a fair process for matching intern applicants and internship programs, with the highest level of preference possible on both sides. Dr. Klepac reviewed data on the match process from the last 4 years. On average, slightly more than 80% of applicants are matched with an internship site on Match Day. A heartening finding is that, among applicants who do receive a match, almost 90% are matched with one of their top four choices. He also suggested actions applicants should take to ensure their own best outcome in the match:

1. Rank internship programs according to an applicant's actual preferences, ignoring any guesses as to how likely they are to be ranked highly by a program and any concerns about the possible impact of ranking a site highly that does not rank them highly. The system is set up such that interns will still match with the site that is the best fit in terms of their ranking and the

site's ranking, even if higher-ranked sites did not rank the applicant.

2. Prepare the standard APPIC application materials and additional materials requested by specific sites carefully, consulting with others.

3. Avoid geographic restrictions insofar as possible.

4. Apply to internship programs at varying degrees of "prestige."

Dr. Klepac also reviewed the issue of APA accreditation of psychology internship programs and why it is important for applicants to consider accredited programs. The major importance of accreditation is that it provides some assurance of accountability – the program has presented a clear self-description to the APA Committee on Accreditation and during a site visit has been able to demonstrate that the program does function as described and meets some basic quality criteria. In addition, completing an APA-accredited internship is needed, increasingly, to qualify for some jobs; the largest employer for whom this is true is the Department of Veterans Affairs, where no psychologist can be considered for hire who has not completed an APA-accredited doctoral graduate program and an APA-accredited internship. Some students may want to consider nonaccredited internships, for various personal reasons, but Dr. Klepac recommended this only if unavoidable.

Dr. Kilpatrick discussed the process that occurs once an application is submitted, leading to programs' decision about ranking their applications and, simultaneously, leading to applicants deciding how to rank programs. He noted that each program conducts a preliminary review of applications to identify the strongest candidates, those who best fit the program's mission, goals, and activities. Each program then decides who to invite for interview, although not all programs conduct interviews and programs differ in how many interviews they conduct. After interviews with candidates, when they occur, typically a program obtains information and assessments from those who saw the candidates, re-reviews materials, and rates candidates with respect to their goodness of fit for the program's goals and responsibilities. After all candidates have been reviewed and ranked, each program compiles final match list(s) to be sent to the APPIC match program.

From the intern applicant's perspective, Dr. Kilpatrick suggested a selective response to interview invitations, being prepared at each site visited, asking for what the applicant wants before the interview (but being flexible), asking good questions during the interview, and, perhaps most important, being oneself: "Impression management is overrated, and faking sincerity rarely works."

Every year there is controversy about whether programs should interview intern applicants. Dr. Kilpatrick argued that "Selecting an internship or an intern applicant without an interview and preferably a visit is a bit like picking a mate from a mail-order catalogue. Most of us think that personal interaction improves the selection process!" Interviews provide both parties with more information about each other than can be obtained from a review of documents, they permit programs and applicants to determine the extent of personal as well as professional compatibility, on-site interviews give applicants a better sense of what it would be like to live where they will be interning, and the applicant's willingness to come for an interview is a proxy for degree of interest and motivation. Dr. Kilpatrick did point out that interviews are expensive and time-consuming for both applicants and programs, but he felt the effort was worth it.

Dr. Nash addressed the process each applicant must use to determine his or her own final rankings of intern programs after interviews and other data collection are completed. As Dr. Klepac had emphasized, Dr. Nash also stressed that each applicant must determine his or her own fit with sites and priorities, just as each site determines its own fit with applicants. Students should then "let the match system do the work." In considering fit, Dr. Nash encouraged applicants to consider their own desires for breadth vs. depth in training, in relation to each program's model and opportunities offered. He also encouraged applicants to seek interprofessional training, which affords different disciplinary perspectives and professional interactions with other health professionals as trainees, colleagues, and supervisors in various settings. He encouraged consideration of how an internship program balances demands for service versus recognition of the training interests and needs of interns. Collegiality with other interns, with supervisors, and among professional and support staff also should be factors that applicants consider. The number of hours per week expected by each site should be considered, since this can vary a great deal. Applicants also should think about goals for research during internship in the context of what is primarily a year for clinical training. Time can be allowed for research training, but interns should have realistic objectives. Most dissertations are completed during internship and must be completed to accept most postdoctoral positions, so it is more important to get the dissertation done than to begin other research projects if they would interfere with that goal.

Ms. Walker, the panelist representing students currently on internship, emphasized initially the stressful time between applying and interviewing when the applicant is waiting to hear from desired sites. During the wait, she recommended pre-ranking to help prioritize interviews, which could help with Dr. Kilpatrick's advice to be selective in accepting interview invitations. This time between application and offer of interview also can be used to formulate questions to ask. Once interview invitations are received, the applicant needs to think about possible scheduling, including an ideal itinerary, the "fatigue factor," and the costs that will be incurred. During interviews, she recommended asking about negatives and positives the site self-identifies and about changes the site may expect. In considering sites' responses, she encouraged applicants to notice what is said and what is not said, and she emphasized attending to what current interns at the site say. She also emphasized that applicants should pay attention to how they are treated by the site and its staff. Turning to ranking decisions, she recommended that applicants consider their true preferences (a common theme), their career goals, their clinical interests (major and minor), the clinical load at various sites, the quality of life likely at different locations, and the research opportunities. Validating other speakers, with a very helpful emphasis, she urged applicants not to "second-guess" their rankings or themselves in determining their final ranking decisions.

Finally, Ms. Walker spoke about the experience of Match Day, when the match outcome is communicated simultaneously by e-mail to sites and applicants. She described notification day, the Friday before Match Day, when applicants are notified if they do not match with a site. This is done to allow these unmatched applicants to use the weekend to obtain support and reassurance and to begin planning for use of the APPIC Clearinghouse. However, most applicants will not get a message that Friday, because they have matched and will see that decision on the following Monday. She admitted that on Monday, many applicants will have the thought, "Dare I open it?" Applicants who have followed all the advice of this panel are likely to have a good expe-

rience, with a highly ranked outcome appearing in the message.

After the panel, over 30 psychology internship programs had tables set up with brochures and other materials on their programs. Representatives from most programs were available to meet personally with applicants and prospective applicants of future years. This portion of the program lasts a full hour and is generally a very active scene, with numerous students taking advantage of this opportunity. We encourage any students reading this article to be a part of the panel audience and the open-house scene next year at ABCT! ✍

Dr. Antonette Zeiss is the Assistant Chief and Director of Training, Psychology Services, VA Palo Alto Health Care System.

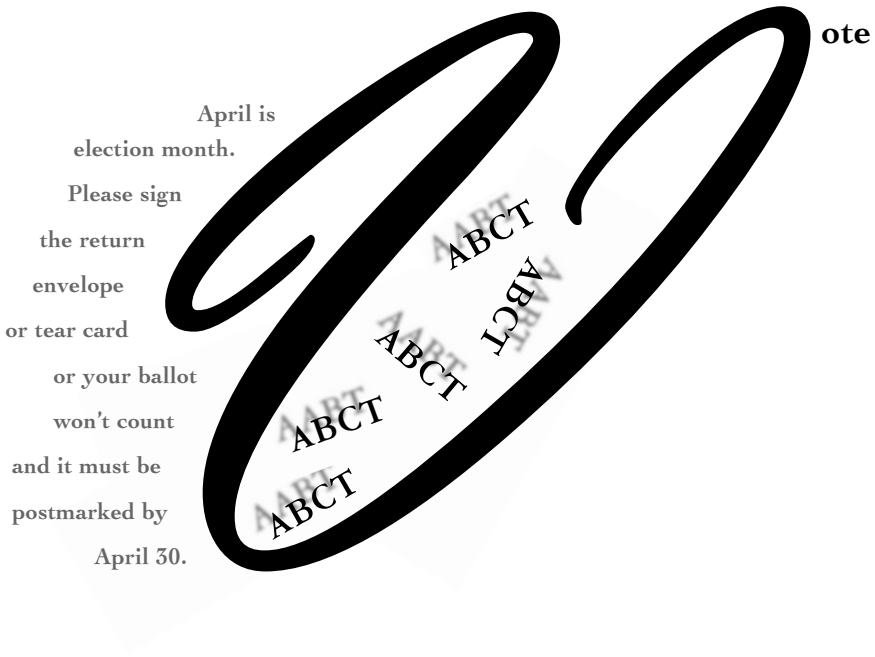
Dr. Richard Seime is an Associate Professor of Psychology at the Mayo Clinic College of Medicine.

Program administrators and trainers

of all types

are invited and strongly encouraged to submit training program updates and descriptions that would be 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 details, please contact me: 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.



Student Forum

Psychological Adaptation to Graduate School: How to Smell the Roses While Burning the Midnight Oil

Megan M. Kelly, *University at Albany, State University of New York, VA Connecticut Healthcare System*, and *University of Connecticut Health Center*

Upon leaving my undergraduate research position and embarking on my exciting new journey into graduate school in clinical psychology, I received several cards wishing me good luck. However, one card caught my attention and provided insight into the challenges I would face over the next few years. The message in the card read that "graduate school will be hard at times," and, among other words of wisdom, that I should remember to "smell the roses" even though I will be "burning the midnight oil." Burning the midnight oil? Wasn't I used to that as an undergraduate? Why would graduate school life be different? I would learn about the challenging but rewarding times to come soon enough.

Several guides have been written on the keys to success in graduate school, including making the most of your graduate education, clinical experiences, internships, and other necessary steps of professional development, but there are few insights concerning successful psychological adaptation to the graduate life. One could argue that successful psychological adaptation, in the form of better approaches to learning and working, and maintaining a higher level of resilience, is necessary for success in these other arenas. Kuyken, Peters, Power, and Lavender (2003) found that factors that predict successful psychological adaptation to clinical psychology training include students' appraisals of training demands, amount and type of social support, and the use of appropriate coping skills. These factors appear to be the keys to success and the foundation upon which all other achievements are based.

Appraisals of Training Demands

How one thinks about the demands placed on them will inevitably influence how they approach these tasks, whether one appraises a situation as a threat (i.e., possibility of harm or loss) or a challenge (i.e., possibility of gain in the face of difficult circumstances; Karademas & Kalantzi-Azizi, 2004; Lazarus, 1993; Lazarus & Folkman, 1984). Aspiring clinical psychologists may view the "hoops they jump through" to obtain their degree as both threats (e.g., "I'll have to wait another year if I don't pass my qualifying exams") and challenges (e.g., "If I finish this dissertation, I'll be able to apply for postdoctoral positions"). In general, the goal is to view graduate life as more of a challenge than a threat. Appraisals of events are affected by a number of factors, including an individual's degree of self-efficacy and level of learned helplessness (Bandura, 1994; Karademas & Kalantzi-Azizi, 2004; Seifert, 2004). We commonly integrate such factors into case conceptualizations of patients we might see, but how often, as students, do we assess our own status when it comes to these concepts?

Building high self-efficacy for success in training may be essential for a productive learning experience and for appraising your graduate life as a challenge rather than a threat. According to Bandura (1994), there are four sources of influence on self-efficacy: the experience of setbacks, observational learning through social models, verbal persuasion of one's ability, and an individual's stress level and mood. Setbacks are a necessary part of training. Without some difficulties, there would be little motivation to improve. While we can dream of an easy time selecting our dissertation subject, proposing our project, collecting data, and writing the dissertation itself, realistically, few get off so easily. The value of the project lies in tackling the challenges, whether it means that you will have difficulties with obtaining suitable participants or negotiating with your dissertation committee. If you choose a research career, chances are you will encounter these problems again as you apply for grants and design your own projects. Thus, it might take some effort to accomplish, but you will carry those newly developed skills with you to your next career choice.

Learning through observation is another way to improve self-efficacy. When you see others navigate training successfully, note what they are doing correctly. Look to more senior graduate students and learn from their experiences. This strategy may help you learn what it takes to succeed (e.g., study habits, training choices, internship selection). You may also learn what not to do (e.g., procrastinating on the dissertation). Faculty and clinical supervisors can also serve as models. Aligning yourself with professionals that you admire will serve you well in your quest for success. The knowledge and skills gained from modeling will reinforce your sense of competence.

Another way to enhance competence is to surround yourself with others who believe in you. Positive self-statements also go a long way toward developing faith in yourself and your ability to handle the stresses of a clinical psychology training program. Mentors and other trainees who provide encouragement despite inevitable setbacks will help you overcome challenges with hard work and persistence. Likewise, surrounding yourself with critics is a sure path to learned helplessness. A good choice of relationships with other professionals and colleagues creates the balance of positive reinforcement and constructive criticism necessary to keep progressing in your training program.

Positive appraisals of training demands are also influenced by an individual's stress level and mood. If you are fatigued, you will be more likely to view that psychopathology exam or dissertation defense as an insurmountable threat rather than as an exercise in self-improvement. We often emphasize the importance of stress and mood with clients, but we can easily forget that it is necessary to take care of ourselves as well. So, go out and take a walk, eat something with at least some nutritional value, and don't forget to use those time-management skills.

The Student's Social Support Network

The people surrounding you often influence your perceptions of the environment. Several studies have demonstrated that social support networks are linked to students' satisfaction with educational programs and academic achievement (Boulter, 2002; Gloria & Ho, 2003; Munir & Jackson, 1997). Social support in clinical psychology training programs derives primarily from three sources: supervisors, the training program, and friends and family (Kuyken et al., 2003).

Psychologists-in-training are not alone in their quest to become good scientist-practitioners. Supervisors nurture the development of clinical and research skills. Many factors play a role in the development of a strong supervisory relationship. Indeed, the recipe for effective supervision is uncertain, though several research studies have attempted to describe this process (Krasner, Howard, & Brown, 1998; Ladany & Walker, 2003; Nelson & Friedlander, 2001). In clinical situations, trainees tend to prefer supervisory relationships that emphasize directness, exploration, and the provision of support and constructive feedback about the counselor's effectiveness and skills in the clinic (Reichelt & Skjerve, 2002). Supervisors that allow room for a trainee's sense of independence and opinions with regard to the therapeutic process are associated with better satisfaction from the trainee's perspective. According to a model proposed by Bordin (1983), an effective supervisory working alliance is characterized by three components: (1) a shared view between the trainee and the supervisor about the goals of supervision, (2) an agreement between the trainee and supervisor on the tasks of supervision, and (3) the development of mutual respect, admiration, and trust. Hopefully, this combination of supervisory resources is available to you when you first enter your training program and throughout your stages of professional development.

The atmosphere within your training program (or internship site) can also affect your graduate experience (Kuyken et al., 2003). Because you will have to spend a significant amount of time interacting within your program, those programs that value student contributions and feedback should be a top priority in any graduate school search. Interviewing graduate students and faculty should give you a good picture of how that training program works and help you make a good selection from the outset. Excellent clinical psychology training programs should provide clear advice and direction for the steps within graduate school, including the choice of classes, thesis and dissertation topics, internship selection, and clinical experiences. Granted, there will be confusion, but directors of clinical training, research and clinical supervisors, and other graduate students should largely be able to allay your fears. Nevertheless, you will probably find yourself in at least one unsatisfactory training experience at some time during your training (e.g., self-interested faculty, absent supervisors, "cutthroat" graduate students). Resentment and learned helplessness will result if you let others take advantage of you, and hence, graduate school should teach the value of assertiveness. Overall, satisfaction as a graduate student is most likely to occur when you research the program before you make your selection, demonstrate competence and respect for your colleagues, and take advantage of the wisdom available to you within your program.

Satisfaction during training can be influenced by events outside of graduate school. Support from friends and family will be necessary during your clinical training. It is common for students to find themselves with a busy schedule, leaving little time for social outings and trips to visit loved ones. Students may attend programs far from family or attempt to maintain long-distance relationships with visits once a month or less. Though graduate school can be all-consuming, it is important to recognize that school is not an end in itself, and your happiness is determined by more than just a diploma, publications, and a match at a top-ranking internship site. What good are your achievements if there is no one with whom to share them? Family, significant others, and friends provide us with reinforcement and encouragement in the face of training challenges. Creative solutions can be the difference between an unhappy and enjoyable training experience. Some students choose to live a little farther away from their graduate program in order to live closer to friends and family, others make phone calls a daily ritual or choose internship sites based on their proximity to partners.

Coping Skills Training for Graduate School

Each individual has his or her own method of coping with the demands of school, but two themes are most common, as evidenced by my college roommate and myself. When I had a big paper due, my roommate could not tear me away from my computer screen during the week before my deadline, and we would celebrate after I turned in my paper and emerged from my cocoon. As my roommate can testify, I knew she had a big paper due the next day when I could smell nail polish coming from her room, I would return to our apartment to find it spotless, and she would be vigorously writing her paper at 4:00 A.M. (with the goal of turning it in at 8:00 A.M.). Thus, my roommate and I are examples of two classes of individuals: nonprocrastinators and procrastinators. While these two different methods of accomplishing work in school can both result in success, depending on talent, personality, and the task at hand, in general, procrastination (or avoidance coping) has been shown to be the downfall of many a graduate student (Kuyken et al., 2003). Though procrastination may have worked for you as an undergraduate (and my roommate was such a success story), it will probably not serve you well on projects such as your dissertation, internship applications, and qualifying exams.

Graduate students who have demonstrated successful coping skills for academic tasks are self-motivated, persistent, and take responsibility for their work (Collins & Onwuegbuzie, 2003). It is not hard to envision how these traits may promote success in clinical psychology training programs. Procrastinators tend to choose the immediate enjoyment of putting off tasks over the delayed benefit of studying (König & Kleinmann, 2004). It is tempting to put work off, given the pressure and endurance needed to complete long-term assignments like the dissertation, but you will thank yourself when it is time to apply for post-doctoral positions during your internship year.

One thing that nonprocrastinators can learn from procrastinators is to enjoy life outside of training. While it may be easy to let work take over the majority of your time as a student, a healthy balance needs to be struck if burnout is to be avoided. Hence, the benefits of keeping some time for yourself can easily outweigh other concerns, especially if it means lowering your stress level enough to allow you to be more productive in the long run. Besides the necessities of adequate exercise, a healthy diet, limiting the use of substances such as alcohol, and getting enough sleep, other kinds of self-care rituals may be needed to prevent burnout. Make sure to balance your schedule, and organize the demands of your family, work, school, and the clinic. The use of effective time-management strategies is one vital means of avoiding burnout (Wolfe, 2000). Remember to stay in tune with your own needs, including the scheduling of recreational activities and fulfilling personal goals outside of the clinic and school (Baker, 2003; Wolfe, 2000). Options like meditation and tending to spiritual needs may help aspiring clinicians get the most out of everyday life, help individuals increase their energy level, and focus on what truly matters to you (Baker, 2003).

Being a graduate student can be an extremely exciting time, but many stresses are also associated with this role. Looking back

on the card I received before entering my clinical psychology training program, I can now understand and appreciate the wisdom that it contained. Such support and kind advice is necessary and helps students to realize that others understand the hard work that you will have to put forth to succeed. However, successful adaptation to graduate school requires more than just hard work—it requires a belief in your abilities, help from others, and a balanced, healthy lifestyle. Translated, this means that despite the need to "burn the midnight oil," you should also remember to "smell the roses" along the way.

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▪ CALL FOR INSTRUMENTS ▪ *Practitioner's Guide to Empirically Based Measures of Social Skills*

Douglas W. Nangle, David J. Hansen, and Cynthia A. Erdley, VOLUME EDITORS

The Association for Behavioral and Cognitive Therapies (ABCT), in partnership with Springer, is continuing the multivolume series on assessment instruments. Titled the Clinical Assessment Series, each volume addresses a specific clinical problem area and presents a comprehensive compendium of measurement devices available. Our hope is to disseminate empirically validated instruments as broadly as possible to researchers, academicians, and clinicians.

For the *Practitioner's Guide to Empirically Based Measures of Social Skills*, we are interested in receiving all empirically validated instruments used in the assessment of social skills of children, adolescents, and adults. Instruments can be interview, rating, self-report, analog, direct observation, etc., and can be used in screening, diagnosis, treatment planning, and assessment of outcome, generalization, and/or maintenance. The volumes attempt to be inclusive, rather than exclusive. To be included, an instrument should have established data on its psychometric properties and clinical utility; there should be research in which the instrument is used (preferably published in a peer-reviewed publication in the last 5 years); and the instrument should be available in English.

Call for Instruments

The volume editors screen instruments for inclusion. Please provide a copy of the instrument and as much information about it as possible. This could include name, type (e.g., interview, self-report, direct observation), who administers, mode of administration, level of administrator training required, whether interpretation is required, administration time, scoring time, type of scoring used, norm availability, target population, target age, purpose, clinical utility, cost, and a summary of available psychometric data. In addition, please identify whether the instrument is copyrighted and, if so, what fee, if any is required. Those instruments that are not copyrighted, or those who waive copyright, will be presented in their entirety, when possible. We encourage users to photocopy and use the copyright-free instruments included in the volume.

Please send instruments and the above-requested information to:

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Minutes of the Annual Meeting of Members

Saturday, November 20, 2004

Call to Order

The Annual Meeting of Members of the Association for Advancement of Behavior Therapy was called to order by President Patricia A. Resick at 12:06 at the New Orleans Hilton Riverside. Notice of this meeting was sent to all Full Members in August 2004 in their 38th Annual Convention program book.

Minutes

The minutes from the November 22, 2003, Annual Meeting of Members, held in Boston, Massachusetts, were accepted as distributed.

Service to the Organization

President Resick thanked Alan Gross for his extraordinary work as Secretary-Treasurer. She said he has restructured the way we see and organize our budgeting process and our finances, performing way above the expected call of duty. She thanked Jackie Persons for getting the Board to address governance issues and for laying the groundwork for good policies and procedures for the Association to follow. She also thanked Michael Otto, who is semi-leaving, moving from Representative-at-Large to President-Elect. President Resick also pointed out that Stephanie Felgoise, who is leaving as Membership Chair, has increased our membership after several flat or depressed years. President Resick also extended the gratitude of the Association to the following members who have been of service to AABT: Michael Otto, Ph.D., 2004 Top Membership Recruiter; Arthur M. Nezu, Ph.D., International Associates Committee Chair, 2001-2004; Christine M. Nezu, Ph.D., Deputy to World Congress Committee, 2001-2004; George Ronan, Ph.D., *the Behavior Therapist* Editor, Volumes 22-27; Jennifer Slezak, MA, *tBT* Editoral Assistant, Volumes 26 and 27; John P. Forsyth, Ph.D., *tBT* Associate Editor, Behavioral Assessment, Volumes 23-27; Kurt H. Dermen, Ph.D., *tBT* Associate Editor, Book Reviews, Volumes 23-27; James D. Herbert, Ph.D., *tBT* Associate Editor, Clinical Forum, Volumes 22-27; Christine Maguth Nezu, Ph.D., tBT Associate Editor, Dialogues, Volumes 22-27; Michael A. Tomkins, Ph.D., tBT Associate Editor, Dissemination, Volumes 24-27; Tamara Penix Sbraga, Ph.D., tBT Associate Editor, Insitutional Settings, Volumes 26 and 27; Fugen A. Neziroglu, Ph.D., *tBT* Associate Editor, International Scene, Volumes 22-27; Donna M. Ronan, Ph.D., *tBT* Associate Editor, Lighter Side, Volumes 22-27; Saul D. Raw, MSW, *tBT* Associate Editor, Professional Issues, Volumes 22-27; David J. Hansen, Ph.D., *tBT* Associate Editor, Research-Practice Link, Volumes 24-27; Gayle Y. Iwamasa, Ph.D., *tBT* Associate Editor, Research-Training Link Volumes 22-27; Jeffrey M. Lohr, Ph.D., *tBT* Associate Editor, Science Forum, Volumes 22-27; Andrea Seidner Burling, Ph.D., *tBT* Associate Editor, Special Interest Groups, Volumes 25-27; Kelly McClure, Ph.D., *tBT* Associate Editor, Student Forum, Volumes 26 and 27; Anne Marie Albano, Ph.D., *Cognitive and Behavioral Practice* Editor, Volumes 8-11; Barbara Stetson, Ph.D., *Cognitive and Behavioral Practice* Associate Editor, Volumes 8-11; Eric Wagner, Ph.D., *Cognitive and Behavioral Practice* Associate Editor, Volumes 8-11; Ann Steffen, Ph.D., Convention and Education Issues Coordinator, 1999-2004; Trish Long, Ph.D., 2004 Program Committee Chair; Persephanie Silverthorn, Ph.D., Local Arrangements Committee Chair; and Chaves Phelps, Volunteer Coordinator.

New Appointments

President Resick announced the new members to AABT's governing structure: Cheryl Carmin, Ph.D., 2004-2007 Convention and Education Issues Coordinator; Joanne Davila, 2005 Washington, DC, Program Chair; Maureen Whittal, Ph.D., 2006 Chicago Program Chair; Kristen Sorocco, Membership Committee, 2004-2007; Christine Maguth Nezu, Ph.D., 2004-2007 International Associates Committee Chair; David Reitman, Ph.D., *the Behavior Therapist* Editor, Volumes 28-30; Stefan Hofmann, Ph.D., *Cognitive and Behavioral Practice* Editor, Volumes 12-15; Michael Otto, President-Elect; Deb Hope, Representative-at-Large; Frank Andrasik, Secretary-Treasurer; and J. Gayle Beck, President.

Coordinators' Reports

Academic and Professional Issues

Michael Otto, Representative-at-Large and liaison to Academic and Professional Issues, gave the report for Coordinator Michael Pantalon. He said the committees have been trying to fulfill the aims that the Board established at its Strategic Planning retreat. The Awards and Recognition Committee, chaired by John Guthman, encourages nominees to the various awards, and is trying to make the process more Web-friendly. The Research Agenda Committee, Chaired by Joanne Davila, is trying to increase younger members' access to grants, and has been actively promoting that through offerings in the program. He noted that the Professional Issues Survey has led to expanded training and clinical offerings for our clinical members. They have improved access and offerings on the Web. Academic Training, Chaired by Kevin Arnold, is liaising with APA and working with Council on Specialties, chaired by Bob Klepac. Art Nezu, chairing the International Associates Committee, represented AABT at Kobe, and is helping to plan for the 2007 World Congress in Barcelona.

Convention and Education Issues

Ann Steffen, the outgoing Coordinator, noted that the Convention serves a multitude of functions: it's a visible symbol of AABT, it brings our members together, with a high percentage of members attending, and it serves as a professional home for our members; moreover, the convention is what buys the fuel to keep the engine chugging along. So the convention has a huge financial impact on the organization. Our on-line submission process led to a successful on-line preregistration, which resulted in 2,500 preregistered attendees—bigger than the most successful convention's final numbers. Registration was at 2,896 [on November 19], and Dr. Steffen pointed out that this number would grow before the end of the convention. That leaves the 2004 New Orleans meeting the second highest-attended convention ever, just below last year's convention in Boston. Ann Steffen congratulated Trish Long for a job phenomenally done; she also noted that Joanne Davila and Maureen Whittal were currently preparing for DC and Chicago. Dr. Long and Mary Ellen Brown, AABT's

Convention Manager, also helped to coordinate the program with ISTSS to allow us to intersect, rather than compete, with this group. It's taken a lot of time to accomplish this, and well worth the effort. It was important regardless of the number of folks who jointly registered. Dr. Steffen also thanked Kristene Doyle in Institutes, Chris Correia in AMASS, Lizbeth Roemer in Workshops, and Mark Terjensen in Chairing Continuing Education. Dr. Terjensen, at St. John's, is beta testing an online CE calendar so that AABT members who do professional training can post it and AABT members can find good EST training. She finished by acknowledging the hard work of the AABT central office—Mary Ellen Brown, M. J. Eimer, David Teisler, Tonya Childers, Teresa Wimmer, Stephanie Schwartz, Patience Newman, and Rosemary Park—for their professionalism and dedication.

Membership Issues

Gayle Iwamasa, the Coordinator, said she was pleased to give the membership report. She recalled how each year, Mike Petronko, the previous Membership Coordinator, would moan about membership declining. Dr. Iwamasa happily reported an increase in AABT membership, 461 more than last year. New members increased by 348, plus 114 more renewals this year than last. She credited the committee chairs for these increases. Doreen DiDomenico, Chair of the Clinical Directory and Referral Issues Committee responsible for the Find a Therapist section on the Web, has been using Web-based surveys to gauge member needs. Patience Newman, the central office's Web Master, did a great job putting the survey up and having it sort and tabulate data. Doreen also wrote a very informative *tBT* article about the Membership Directory and how the Clinical Directory is, in fact, part of "Find a Therapist." Curtis Hsia and his Student Membership Committee have been doing a nice job making students feel more welcome, and they continued the tradition of the student cocktail party, where luminaries can meet the students. Ron Fudge, who chairs the SIGs, is working hard to ensure compliance, which has been mandated by the Board. Carrie Winterowd, who chairs the Nominations and Elections Committee, has overseen an increase in the numbers of members participating in this process. Stephanie Felgoise has chaired the Membership Committee, which has been working hard on both recruitment and retention, addressing the needs of new professionals, helping them navigate in new careers. The Committee wrote a number of articles in a recent *tBT* addressing these very issues.

Dr. Iwamasa also announced Aaron Stone as the winner of a free year's membership as a new member; and, for recruiters who recruited seven or more new members, Michael Otto was the winner and will receive a free year's membership. Kristen Sorrocco will be the new Membership Committee Chair. She thanked M. J. Eimer and the entire AABT staff. And she thanked Marty Antony, the Representative in charge of membership, who has been in constant contact via email.

Publications

Judy Favell, the Publications Coordinator, noted that David Haaga is in his final year as editor of *Behavior Therapy*; Anne Marie Albano is concluding her tenure at *Cognitive and Behavioral Practice*; and George Ronan is concluding the second of his two terms leading *the Behavior Therapist*. Judy Favell acknowledged that AABT owes these three individuals its respect and gratitude. They are being succeeded by Rick Heimberg at *Behavior Therapy*; Stefan Hofmann at *Cognitive and Behavioral Practice*; and David Reitman taking over *the Behavior Therapist*.

Publications priorities for the coming year include bringing the journals on-line before the end of 2005. David Fresco will be spearheading this with David Teisler. We also want to increase the citation impact of our journals; Chris Nezu will be coordinating our re-application to MedLine. There has been substantial improvement in the Web; and we hope to improve it still more. Dr. Favell thanked Bruce Gale, who served as our Web Editor. Eric Wagner, the new Video Series Editor, coordinating both the Archives and Clinical Grand Rounds, is helping to ensure that the videotapes are completed and available, and he's embarking on an ambitious campaign to market the Clinical Grand Rounds. Ken Ruggierio's Public Education and Media Dissemination Committee has been using a variety of strategies to better interact with media, both reactively and proactively. They are putting extra efforts into the Media and Community Connections Program, which identifies members who are interested and willing to interact with the media. Judy Favell invited all interested AABT members to join. She thanked Past President Jackie Persons, who appointed her as Coordinator, and M. J. Eimer and David Teisler at the central office, who she envisions will lead the organization to a productive year on these ambitious goals.

Executive Director's Report

Executive Director M. J. Eimer announced that it had been a successful and "head-banging year at the Central office as we move forward with technology." Since September 1, we've had more than 4,400 electronic transactions. With that comes the few glitches that must be solved. We held two elections and hosted a very productive retreat. We completed revisions to the AABT employee manual and Finance Committee handbook. M.J. and David Teisler worked extensively with the Ad Hoc Committee on Governance, chaired by Past President Jackie Persons with committee members Patricia Resick (President), J. Gayle Beck (President-Elect), and Frank Andrasik (Secretary-Treasurer Elect), mapping out policies and procedures, and paying very close attention to accountability. This is the first year that we sent agendas to our committees and Board in PDF format. M.J. reported no staff turnover. She stated that next year the central office will continue working on technology, aiming to improve our Web site. "The best thing about AABT is the partnerships we enjoy with the committee chairs and, especially the staff I get to work with every day: Mary Ellen, David, Teresa, Tonya, Stephanie, Rose, Patience, and Catalina. They are tireless workers. We love what we do." She invited members to visit the office, meet the staff, and use our conference room and library.

Secretary-Treasurer's Report

Alan Gross, the Secretary-Treasurer, said the past year was a very good year, with $1.4 million in income against $1.25 million in expenses, giving the Association a net of $123,000 for the year. We have operating funds of $1.3 million, with restricted reserves of a half million dollars. That gives us cash equivalents of $1.8 million on hand. The organization has done a very good job of generating income above expenses. Our income-over-expense ratio for the last 4 years has been 8.8% in 2001, 7.7% in 2002, 16.0% in 2003, and 8.7% last year. So, we're in very good shape. The Finance Committee consists of the Secretary-Treasurer plus two members appointed by him, plus the incoming President. He said it's been a great pleasure working for the last 3 years with Pat Friman and Frank Andrasik. He echoed what everyone else

has been saying, that AABT is blessed with a great staff. He also said that we have had good accountants over the years: Bob Van Brueggen, Kim Speights, and now Catalina Morales. Frank Andrasik will be taking over as Secretary-Treasurer.

President's Report

Patricia Resick has stressed continuity in her year, continuing with the governance initiative started by Jackie Persons, trying to expand responsibility and accountability, and improve communications along the lines. The Ad Hoc Committee's functions will be folded into the Executive Committee, which will continue with this effort. We have moved forward with technology, and she expects further improvements this year.

Dr. Resick reported the results of the special election. Of 3,172 ballots mailed, 1,258, or 40%, were returned. Of those, 80%, or 998, voted to change the name to Association for Behavioral and Cognitive Therapies, or ABCT. Therefore, the name of the Association will change. For the other issues on the ballot, 1,052 voted for changing the mission; 1,081 voted to change the purpose; 1,171 voted to approve the new mechanism proposed for removing directors deemed not doing their jobs; and 1,098 voted to remove committees from the bylaws in order to allow the Board to more easily alter committee structure, purposes, and the like. She thanked the central office staff for their support, ". . . especially M.J., with 25 years under her belt, who carries the history of the Association with her."

Michael Otto becomes the President-Elect; Frank Andrasik becomes the new Secretary-Treasurer; Deb Hope becomes Representative-at-Large, and Gayle Beck becomes AABT's 39th (and ABCT's first) President.

Adjournment

Dr. Beck asked if there were any comments from the membership. There being none, the meeting adjourned at 1:03 P.M. ✍

Welcome, New Members!

New Professionals

A. Aukahi Austin, Ph.D.
Victoria E. Beckner, Ph.D.
Jeffrey S. Bedwell, Ph.D.
Nicole B. Bellomo, M.S.
Will H. Canu, Ph.D.
Stacy L. Dicker, Ph.D.
Kim E. Dixon, Ph.D.
Tracey Geer, Ph.D.
Laura A. Greve, Psy.D.
James M. Henson, Ph.D.
Kevin S. Jones, Ph.D.
Eric C. Li, M.D.
Benny R. Martin, Ph.D.
Caroline R. Moniza, Psy.D.
Phoebe S. Moore, Ph.D.
Jeremy W. Pettit, Ph.D.
Uzma S. Rehman, Ph.D
Pamela J. Riley, M.S.
Joyce L. Smith, Psy.D.
Erin C. Stone, Ph.D.
Ursula Swiney, Ph.D.
Antonietta Tarnell, Psy.D.
Ryan G. Wetzler, Psy.D.

Full Members

Shisha P. Amabel, M.S.
Kristine Ashe, Ph.D.
Jennie S. Baker, MAR, M.Ed.
Ann Lousie J. Barrick, Ph.D.
John F. Batkins, Ph.D.
Steve B. Baumann, Ph.D.
Leslie A. Benda, M.S.W.
James P. Berghuis, Ph.D.
Mona H. Berman, M.A.
Elson M. Bihm, Ph.D.
Steven K. Bordelon, M.S.W.
Mike Brooks, Ph.D.
Chera L. Busch, B.A.
Elinor T. Call, Ph.D.
Nancy A. Cannon, Psy.D.
Edward C. Chang, Ph.D.
Kristin V. Christodulu, Ph.D.
Andrew Cleek, Psy.D.
James C. Coleman, Ph.D.
Valerie R. Correa, Psy.D.
Avivah Dahbany, Ph.D.
Imelda J. Daley, M.S.
Schaefer Daniel, M.D.
Christiane Dauphinais, MD, Ph.D.
Willie R. Denard, M.S.W.
Stephanie J. Despins-Daly, M.S.W.
Andrew D. Diakiwski, M.Ed.
Michael B. Eberlin, Ph.D.
Jon Elhai, Ph.D.
Michael J. Eltz, Ph.D.
Emily S. Evans, LCSW
Kathleen M. Fader, Psy.D.
Robert L. Fauber, Ph.D.
Susan G. Forman, Ph.D.
Rachel E. Foster, Ph.D.
Joshua N. Friedlander, Psy.D.
Roberta Galluccio Richardson, Ph.D.
Bita Ghafoori, Ph.D.
Habibollah Ghassemzadeh, Ph.D.
Colette Girard, Ph.D.
Christopher P. Giuliano, Ph.D.
Phillip R. Godding, Ph.D.
David B. Goldston, Ph.D.
Patricia Graczyk, Ph.D.
W. Scott Griffies, M.D.
Deborah A. Gross, DN.Sc.
David B. Hale, Ph.D.
Christopher M. Haymaker, Ph.D.
Kim-Marie F. Hernandez, Ph.D.
Ann S. Hryshko-Mullen, Ph.D.
Elizabeth N. Huddleston, Psy.D.
Laura W. Hughes, Psy.D.
Kimberly A. Hunt-House, M.S.W.
Irene B. Janis, B.A.
Laura Jansons, Psy.D.
Teresa Jaworski, M.A.
Catherine L. Johnston, Ph.D.
Mitzie B. Johnston, M.S.W.
Diane L. Kacp, B.A.
Valarie A. Kager, Ph.D.
Carolee A. Kallmann, M.A.
Cynthia Kelly, Ph.D.
Dimitris N. Kiosses, Ph.D.
Lindsay Kiriakos, M.D.
Katherine M. Kitzmann, Ph.D.
Nancy Kocovski, Ph.D.
David R. Kraus, Ph.D.
Lisa C. Krueger, Ph.D.
Stuart L. Kurlansik, Ph.D.
Michael J. Lambert, Ph.D.
Douglas Lee, MSSA
Nancee Lottmann, M.Ed.
Jason B. Luoma, Ph.D.
John M. Malouff, Ph.D.
Kordie Marsenburg, M.S.W.
Alicia M. Marsh, Psy.D.
Jacqueline L. Martin, Ph.D.
Rene Mason, M.S.W.
John D. Matthews, M.D.
Christian F. Mauro, Ph.D.
Adrienne Means-Christensen, Ph.D.
Joop Meijers, Ph.D
W. Ann Merritt, M.D.
Amy L. Morin, M.S.W.
Charles W. Mueller, Ph.D.
Peter Muris, Ph.D.
Marc G. G. Murphy, Ph.D.
Nichole A. Murray-Swank, Ph.D.
Oana-Maria V. Musteata, M.S.W.
Linda S. Nagel, Ph.D.
Susan Nolen-Hoeksema, Ph.D.
Chris O. Palinski, Psy.D.
Joseph P. Pecorelli, Ph.D.
Ali E Pedego, Ph.D.
Tyler R. Pedersen, Ph.D.
J. Kim Penberthy, Ph.D.
Suzanne L. Pineles, Ph.D.
Roger P. Plamondon, Ph.D.
Inna Pustilnik, Ph.D.
David Quillian, Psy.D.
Robert F. Quilty, Ph.D.
Patrick C. Quinn, Ph.D.
Judy Reaven, Ph.D.
Theresa M. Reed, Ph.D.
Timothy O. Rentz
Emily D. Richardson, Ph.D.
Barbara Rittner, Ph.D.
Leslie J. Robison, Ph.D.
L. E. Ruckstuhl, Ph.D.
Lori Russo, M.S.
John R. Saksa, Psy.D.
Bob Sammons, M.D., Ph.D.
Louise Sammons, R.N., Ed.D.
Scott A. Schinaman, Ph.D.
Sarah L. Schleifer, MSSW
Lorah Sebastian
Martin N. Seif, Ph.D.
Lorne Sexton, Ph.D.
Christine E. Sheffer, Ph.D.
Janice L Shieh, Psy.D.
Virginia N. Shropshire, M.S.W.
Michael C. Skolnik, M.S.W.
Ivelisse Slaven, M.S.W.
Josh M. Smith, M.S.W.
Steve A. Stephens, Ph.D.
David G. Stewart, Ph.D.

Welcome, New Members!

Jaine Strauss, Ph.D.
Kary A. Strickland, M.A.
Liza M. Suarez, Ph.D.
Nan H. Tarlow, Ph.D.
Cannon Thomas, Ph.D.
Heather Thompson-Brenner, Ph.D.
Charles H. Townsend, M.S.W.
Dorothy D. Tucker, Ph.D.
Lindsey Tweed, M.D.
Jennifer D. Vane, Ph.D.
Tamara L. Wall, Ph.D.
Cynthia J. Walter, M.A.
Jenni Ware, C.H.T.
Allison M. Waters, Ph.D.
Carl F. Weems, Ph.D.
Richard B. Weinberg, Ph.D.
Patricia M. White, Ph.D.
Lisa A. Whitten, Ph.D.
James V. Wojcik, Ph.D.
Steven Wootten, Ph.D.

Student Members

Amanda S. Adams, M.A.
Amanda C. Adcock, B.A.
Josefin Ahlquist
Marat V. Ahmetzanov
Jayme R. Albin, M.A.
Jacqueline Alfonso, B.A.
Emily J. Anderson, M.A.
Abigail C. Angkaw
Kathryn K. Appolonio, M.A.
Kerry M. Arale, M.S.
Joanna J. Arch
Emma B. Arons
Kimberly A. Babson
Hiliary M. Baethke, B.A.
Jill B. Baird, M.S.
Melissa A. Ball, MS.Ed.
Amy E. Baranek, M.A.
Aaron C. Barnes, B.A.
Jill M. Barnes, B.A.
Alinne Z. Barrera, M.A.
Robin A. Barry, B.A.
Courtnie L. Barton
Shawnee L. D. Basden, M.A.
Christina A. Beccue
Andrea M. Beck, B.Sc.
Aubrey A. Beidatsch, B.S.
Katherine A. Belendiuk
Nava Ben-Shalom
Jessica S. Benas
Rebecca Bennett, M.A.
Tiffany Berg, B.S.
Brady A. Berman, B.A.
Rebecca A. Bernert
Amie F. Bettencourt, B.A.
Josie Bishop, B.S.
Andri S. Bjornsson, M.A.
Ilana Blatt-Eisengart
Jennifer J. Bodart, Psy.D.
Kyle W. Boerke, B.S.
Michele Boivin, Ph.D.
Marcel Bonn-Miller, B.A.
Jason E. Bonner, B.A.
Jordan T. Bonow
Susan E. Borja
Cameo F. Borntrager, M.A.
Thomas A. Bortner, M.A.
Sarah W. Bowen, B.A.
A. Nicole Boyd, Psy.D.
Katie C. Braekkan
Laura L. Braider
Steven A. Branstetter, M.A.
William E. Breen, M.A.
Jennifer L. Bristow
Magdalena Brockel
Alison Brodhagen, M.S.
Christopher F. Brown, M.S.W.
Diana L. Brown, M.S.
Jacqueline B. Brown, M.A.
Keri R. Brown, B.S.
Pamela C. Brown, B.S.
Ruth C. Brown, B.S.
Noah G. Bruce
Arnica L. Buckner, M.A.
Liviu Bunaciu
Andrew M. Busch, B.A.
Daniel F. Button, B.A.
Melanie Cain, Ph.D
Aida Cajdric, B.S.
Melinda F. Cannon
Kristen A. Caprara, M.A.
Carl R. Carman, M.A.
Jenny Carrillo, M.S.
Mercedes E. Carswell, M.A
Amy L. Chatelain, B.S.
Daniel M. Cheron, B.A.
Daniel B. Chorney, B.A.
Jessica Chour, B.S.
Kelly M. Christian, B.S.
Traci Cipriano
Josh Cisler
Tana Clarke, M.A.
Lisa Clifford
Debra E. Coates, B.P.D.
Jonathan C. Cohen
Rachel Coleman, B.A.
Abigail J. Collins, B.S.
Colleen S. Conley, Ph.D.
Shannon M. Cook
Andrew C. Cox, B.S.
David B. Creel, M.S.
Mary F. Cwik
Jonathan Dalton, Ph.D.
Geralyn Datz, Ph.D.
Amber M. Davis
Brian C. Dearnley
Eric DeCriscio
Melissa L. Deeker, M.A.
Christopher P. DeLeon, B.S.
Kristen H. Demertzis, M.A.
Sarah E. DePlonty, B.A.
Christina M. Derbidge, B.S.
Rosalie C. Diaz, Psy.D.
Ana M. Diaz-Zubieta, M.A.
Leigh A. Dickerson, M.A.
Tiara M. Dillworth
Rebecca K. Dogan, B.A.
Brooke A. Donald, M.S.
Jacqueline E. Donnelly, B.A.
Melodie A. Doyle
Lisa H. Dulgar-Tulloch
Lauren A. Durkin, M.S.
Meghan K. Durkin, B.S., B.A.
Nicole K. Eberhart, M.A.
Anna M. Edwards, M.S.
Katie M. Edwards, B.S.
Tracy N. Emerson, B.A.
Emmanuel P. Espejo, B.A.
Carin L. Eubanks, B.S.
Lisa R. Falconero
Donnie Farnsworth
Jessica L. Feger, B.A.
Shantel N. Fernandez, B.A.
Pamela S. Fishman
Carol A. Forseca
Christina L. Franklin, M.A.
Monica Franklin, M.A.
Nellie E. Freydin, M.A.
Jennifer P. Friedberg, M.A.
Jacqueline Friedman, M.A.
Samantha D. Fugett, B.S.
Daniel C. Fulford
Jennifer E. Fusco, MS.Ed
Nancy K. Gajee, B.A.
Christopher A. Galloway, M.A.
Jamie L. Gardner-Haycox, B.A.
Beth H. Garland
Tracy A. Gerber
Shannon Gifford, B.A.
Katherine T. Gilligan, M.A.
Erin L. Girio, B.A.

This **could be your last issue of tBT.**

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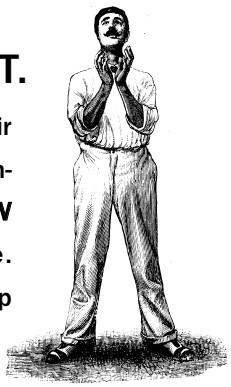

Welcome, New Members!

Paul W. Goetz, B.S.
Catherine M. Golden
Joseph K. Golson, B.A.
Jeffrey S. Gonzalez, M.S.
Kimberly L. Goodman
Tynessa L. Gordon, B.S.
Shanna M. Grant, B.A.
Heidi R. Grathouse, M.A.
Mike E. Graves
Ruth Elaine Graves, Ph.D.
Kathleen M. Grubbs, B.A.
Staci Gulino, M.S.N.
Matthew Gunnip, B.A.
Colleen M Gunteski, M.A.
Cassidy A. Gutner, B.A.
Danielle T. Guzick, M.A.
Kathryn S. Hahn
Bryan J. Hall, B.A.
Abby J. Hallford, M.A.
Sena Han
Cory Harmon
Duane A. Harris, M.A.
Kristin K. Harris
Charmane L. Harrison, B.A.
Elizabeth A. Harwood, B.A.
Teresa A. Hatfield, M.S.
Monika Hauser, M.A.
Julianne C. Hellmuth, B.A.
Cindy Heng, B.A.
Abbey J. Hershey
Laura B. Hoffman, B.S.
Alice Holub, M.Sc.
Ji Hee Hong
Joshua Houseman, M.A.
Sara A. Huber, B.S.
Jeremy D. Husfeldt, B.S.
Geoffrey T. Hutchinson, Ph.D.
Shin-Ichi Ishikawa
Zohar Itzhar-Nabarro, M.S.
Melissa R. Jackson, B.A.
Nowal J. Jamhour, M.A.
Justin R. Jaramillo, B.A.
Jent F. Jason, M.A.
Christine L. Jayne, B.A.
Chengshuang Ji
Mark A. Jones, M.A., M.S.
David L. Jost, B.A.
Kristopher Kaliebe, M.D.
Charles S. Kamen, B.A.
Elizabeth A. Keller
Cindy L. Kidner, M.A.
Tara E. Kidwell, Ph.D.
Hana Kim
Hi-Young Kim
Tanya N. Kimbrough
Jeffrey J. Klibert, M.S.
Lori J. Klinger
Lisa K. Kohn, B.A.
Kari Kolb, M.A.
Ana Kosok, M.Ed.
Amanda M. Kras, B.A.
John H. Krogh, B.S.
Elizabeth S. Kuhl, B.A.
David A. Langer
Joseph Lasek, M.D.
Joshua C. LaVigne
Sumer N. Ledet, B.A.
Erin S. Leichman, B.A.
Wendy S. Leonard
Samantha A. Levine, B.A.
Alexis J. Lewis
Theresa M. Leyro
Liana S. Lianov, M.D.
Elizabeth N. Lima, M.S.
Neal J. Limberg, B.S.
Kristen P. Lindgren, M.S.
Andrew Livanis, M.S.
Miranda B. Loper, B.S., B.A.
Sandra L. Lopez
John E. Lothes, B.A.
Kathryn E. Lou, B.S.
Sheryl Lozowski-Sullivan
Jon A. Lyman
Danielle J. Maack
Mary F. Macedonio, Psy.D.
Chelsea MacLane
Erica Maniago, M.A.
Abigail K. Mansfield, M.A.
Louise A. Marchini, M.S.
Megan A. Markey
Monica A. Marsee, M.S.
Erin C. Marshall
Lindsey J. Marshall, B.S.
R. Boone Martin, B.S.
Joshua Masse, B.A.
Akihiko Masuda, M.A.
Melissa K. Matovic, Psy.D.
Erin C. McGlade, B.A.
Amy Noll McLean, M.A.
Amy E. Meade
Brenda S. Meli, M.S.
David P. Menges
Glenn Mesman, B.A.
Jeff A. Meyer
Chris O. Michael
Catherine E. Michaels, B.S.
Bethany D. Michel
Joseph Mignogna
Tabitha J. Miles
Aislynn I. Miller, B.A.
Lynn M. Monnat
Tracy E. Moran, M.A.
Chad E. Morrow
Rachael Motley
Shelly K. Muckey
Kimberley L. Mullen, M.A.
Karen R. Murphy, B.S.
Deborah Nazarian, B.A.
Marie S. Nebel-Schwalm, B.A.
Amy Neeren, B.S.
Elizabeth A. Nelson, B.S.
Whitney J. Nevins, B.S.
Robert L. Newton, Ph.D.
Tam T. Nguyen, Ph.D.
Vienna R. Nightingale
Amy J. Nigoff, B.A.
Kurtis L. Noblett, Ph.D.
Jeffrey R. Nolting
Sherman M. Normandin, B.A.
Mayowa Obasaju
Gbenga S. Ojo
Lindsay M. Orchowski
Jennifer C. Oswald
Katherine M. B. Owens, M.A.
Claire S. Oxtoby
Yaniz C. Padilla
Anushka V. Pai, B.A.
David W. Pantalone, M.S.
Gwendolyn F. Pascal-Dubuisson
Celine Passeri, B.S.
Sonal M. Patel, B.S.
Sarah L. Pestle
Thu D. Pham, M.S.
Chavez M. Phelps
Kristin D. Phillips, B.A.
Nicole K. Phillips, M.A.
Ashley S. Pietrefesa, B.A.
Jennifer C. Plumb, B.S.
Jose S. Portocarrero, M.A.
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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.

POSTDOCTORAL RESEARCH FELLOW. The Psychopathology Research Unit and the Center for the Prevention of Suicide of the Department of Psychiatry at the University of Pennsylvania are seeking applicants for a post-doctoral research fellowship and research associate position in cognitive therapy beginning July or September 2005. Under the direction of Aaron T. Beck, M.D., this program offers research seminars and ongoing clinical training. Fellows may participate in clinical outcome research studies for preventing suicide behavior among patients with substance use or severe mental disorders such as borderline personality disorder. These studies focus on implementing cognitive therapy interventions in community mental health and addiction centers. Other cognitive therapy research projects involve schizophrenia and anxiety disorders.

Applicants who have earned a Ph.D. or equivalent in psychology or other related field should have a background in cognitive therapy of severe mental disorders and applied research methodology. Send a curriculum vita with a cover letter and two letters of recommendation before March 30, 2005 to Aaron T. Beck, M.D., Psychopathology Research, Room 2032, 3535 Market Street, Philadelphia, PA 19104-3309. The University of Pennsylvania is an Equal Opportunity/Affirmative Action Employer.

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER: HEALTH PSYCHOLOGY POST-DOCTORAL FELLOWSHIP IN PRIMARY CARE. The Departments of Family Medicine, Medicine, and Diagnostic Sciences at the University of Mississippi Medical Center are accepting applications for a two-year postdoctoral fellowship in health psychology. The program prepares psychologists to work in academic healthcare settings by providing extensive, supervised clinical, teaching, and research experience. Fifty percent time is focused on clinical and teaching activities with 50 percent time devoted to research. Preference will be given to those candidates who are scientist-practitioners with a background in behavior therapies and research interest/experience in addictive behaviors. Salary is $33,000 with liberal benefits. Appointment date is flexible between July and September, 2005. Send letter of intent, curriculum vitae, representative publications, and three recommendation letters to Patrick O. Smith, Ph.D., Family Medicine, The University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216 or via email to posmith@familymed.umsmed.edu. If invited for an interview, lodging and meals will be provided. For additional information call 601-984-5425, email, and/or visit our website (http://familymed.umc.edu/). EOE, M/F/D/V.

["NPR," CONTINUED FROM P. 47]

The second segment highlights "eccentric" psychologist **Dr. Albert Ellis** and traces both his personal history and the early history of CBT. Although the segment tends to emphasize Ellis' use of humor and song rather than theoretical or empirical work in CBT, the psychotherapy approach is portrayed favorably overall. The third and final segment examines applications of CBT for adolescent-onset depression among girls. Dr. Joan Asarnow of UCLA then discusses the use of individual CBT for a young girl named "Patty," illustrating how it can be utilized to overcome automatic negative thoughts surrounding poor performance on a math test. Later, a school-based intervention project headed by **Dr. Kevin Stark**, gets very favorable treatment. **Dr. John Weisz** comments that "of the psychotherapies, it's the most reliably beneficial treatment that we have for young people." Dr. Weisz also notes that CBT is not utilized widely outside of academic settings and that substantial training is required to practice competently. This segment closes with Jim Wotring, MSW, Director of the State of Michigan's programs for mentally ill children, who recently decided that child therapists in state facilities should be using treatments that have been proven effective in clinical trials. Wotring closes the segment observing that, "Boy, it was fun to hear their [state therapists] stories that say, 'You know, this stuff really works,' and they could see the difference."

The "All Things Considered" series was remarkable in a number of ways. First, it provided an informative and realistic portrayal of some very positive client experiences with CBT. Second, the segments did a fine job of recruiting commentary from persons knowledgeable about CBT and did a better than average job of describing some of the important challenges presented by more widespread application of CBT (e.g., training issues). Perhaps most important, this kind of radio segment should sensitize CBT therapists to the potential of radio as a medium for disseminating both testimonial and empirical support for clinical science in the media. ✍

Note: Names in boldface type are ABCT members.

["MONITOR," CONTINUED FROM P. 47]

Jackson, in press). The rich heritage of CBT applications to chronic disease and disability can be traced back to Fordyce's (1976) work in behavioral management for chronic pain and Dunn et al.'s (1981) work in social skills training with spinal-cord-injured patients. More contemporary CBT applications include problem-solving interventions for cancer (Nezu et al., 2003; Nezu et al., 1998; Nezu et al., 1999) and CBT for sleep disturbances (Morin, 1993; Ouellet & Morin, 2004). More recent innovations and approaches such as Acceptance and Commitment Therapy are also being studied in persons at risk for long-term disability, for instance, chronic pain patients (Dahl et al., 2004; Gutiérrez et al., 2004). In fact, CBT is considered the premier intervention available to persons with chronic disabilities.

In an effort to continue to stimulate CBT research in chronically disabled populations, Dr. Elliott states that during his tenure as Editor for *Rehabilitation Psychology*, he will place a premium on publishing empirically supported interventions in rehabilitation. In light of the increased number of persons experiencing chronic health conditions, this can be considered just one of many outlets for advancing the scientific study of CBT .

In sum, this brief article serves as a perfect example of the broader scope of CBT applications. My personal reaction to this brief article is quite favorable. Much of the research on chronic health problems has focused predominantly on medical model treatments for improving outcomes, with psychology relegated to a supportive or ancillary role. Given that a wide variety of CBT protocols for treating adjustment difficulties and other health problems have been successfully applied in rehabilitation populations, the time is ripe for greater emphasis on CBT research. Hopefully, Dr. Elliott's efforts to promote research in this area will inspire more ABCT members to pursue such endeavors!

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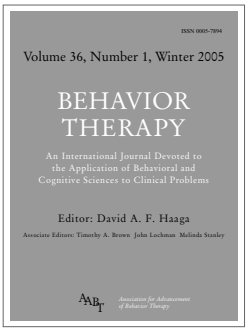

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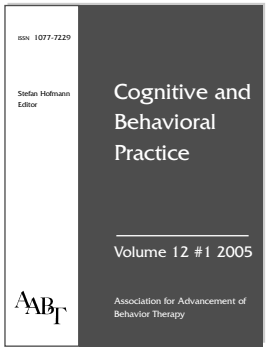

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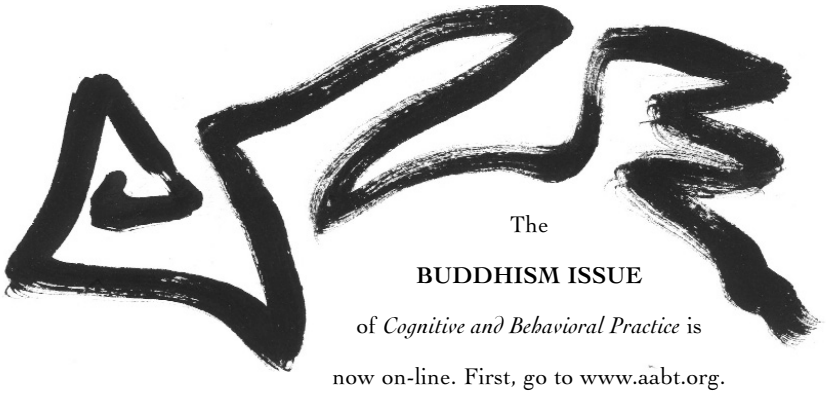

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