

# the Behavior Therapist

## Contents

### News & Notes

People in the News 177

### Letter to the Editor

*Nikolaos Kazantzis, Frank M. Dattilio, & Jamie MacEwan*  
In Pursuit of Homework Adherence in Behavior and  
Cognitive Behavior Therapy: Comment on Malouff and  
Schutte (2004) 179

### In Memoriam

*Cyril Franks* Remembering Edward Dengrove, M.D. 184

### Technology Update

*John M. Malouff* Giving Psychology Away Through the  
Internet 185

### Research-Training Link

*Bonnie Spring, Sherry Pagoto, Sarah Altman, & Beverly  
Thorn* An Evidence Based Practice Glossary: Unscrambling  
Alphabet Soup 187

### Book Review

*Reviewed by Herman M. Medow* Zull, J. E. (2002), *The Art of  
Changing the Brain* 189

CLASSIFIEDS 190

and . . .



CE Opportunities: p. 186  
Call for Web Editor: p. 189  
Call for Workshops: p. 194

## News & Notes

### People in the News

**ROBERT K. KLEPAC, Ph.D.**, a 33-year plus member of AABT/ABCT, was recently elected to a second term as Treasurer of the Society of Clinical Psychology, Division 12 of the American Psychological Association. In addition, Klepac was appointed the Society's Representative to the Clinical Psychology Specialty Council. At its meeting last fall, he was elected President and Representative of the clinical specialty to the Council of Specialties.

The Clinical Specialty Council over which Klepac presides consists of four organizations that combine to speak with one voice for the specialty of clinical psychology: the Society of Clinical Psychology; the Council of University Directors of Clinical Psychology; the Academy of Clinical Psychology; and the American Board of Clinical Psychology.

. . .

AABT/ABCT member and Representative-at-Large **MARTIN M. ANTONY, Ph.D.**, Director of the Anxiety Treatment and Research Centre at St. Joseph's Healthcare, Hamilton, ON, received the APA Division 12 Theodore H. Blau Early Career Award for Contributions to the Science and Practice of Clinical Psychology.

—EDITOR

**DAVID BRICKER, Ph.D.**, an AABT/ABCT member, was recently featured in the CNN television news show *Anderson Cooper 360 Degrees* that aired on April 11, 2005. The segment focused on the Gottman Method which was developed by psychologist John Gottman and has received recent

## the Behavior Therapist

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

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

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

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

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

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

All items published in *the Behavior Therapist*, includ-  
ing advertisements, are for the information of our  
readers, and publication does not imply endorse-  
ment by the Association.

media attention stemming from Malcolm  
Gladwell's best-selling book *Blink: The  
Power of Thinking Without Thinking*.  
Essentially, the Gottman Method places an  
emphasis on helping couples rebuild rela-  
tionships and learn how to more effectively  
resolve conflicts. This particular news seg-  
ment was part of a week-long special series  
spinning off some of the ideas in the book.

The initial segment briefly examined the  
assertion by Gladwell that if a person is in a  
happy relationship, on some level that hap-  
piness is expressed in a conversation with  
that person's partner. Gary Tuchman, CNN  
correspondent, reported on three couples  
(two married for 5 years and one married for  
7 months) who were videotaped discussing  
conflicts and asked Dr. Bricker to predict  
their marital futures. Dr. Bricker and the

CNN correspondent briefly watched all  
three of the couples interacting. Dr. Bricker  
was looking for the key warning signs of  
contempt, criticism, stonewalling, and de-  
fensiveness. Following each couple's brief  
conversation, Dr. Bricker provided a predic-  
tion for each couple's marital future and dis-  
cussed his rationale for the prediction to  
illustrate the premise behind the Gottman  
Method.

Transcripts of the original CNN seg-  
ment can be found at the following Web  
site: <http://transcripts.cnn.com/TRANSCRIPTS/0504/11/acd.01.html>. Additional  
information regarding this segment can be  
directed to Dr. David Bricker at  
DavidBrickerPhD@aol.com.

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

## Instructions for Authors

The Association for Behavioral and Cognitive  
Therapy (formerly known as Association for  
Advancement of Behavior Therapy) publishes  
*the Behavior Therapist* as a service to its mem-  
bership. 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 ther-  
apy.

- Feature articles that are approximately 16  
double-spaced manuscript pages may be sub-  
mitted.
- Brief articles, approximately 6 to 12 dou-  
ble-spaced manuscript pages, are preferred.
- Feature articles and brief articles should  
be accompanied by a 75- to 100- word ab-  
stract.
- Letters to the Editor may be used to re-  
spond 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 manu-  
script 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 ex-  
clusively to AABT/ABCT. Electronic submis-  
sions are preferred and should be directed to  
[reitmand@nova.edu](mailto:reitmand@nova.edu). Please include the  
phrase *tBT submission* in the subject line of  
your e-mail. Include the first author's e-mail  
address on the cover page of the manuscript  
attachment. By conventional mail, please send  
manuscripts to:

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

## In Pursuit of Homework Adherence in Behavior and Cognitive Behavior Therapy: Comment on Malouff and Schutte (2004)

Nikolaos Kazantzis, *Massey University*, Frank M. Dattilio, *Harvard Medical School*, and Jamie MacEwan, *Massey University*

The article by Malouff and Schutte (2004) that appeared in Volume 27(6) of *the Behavior Therapist* is a timely contribution to the clinical practice literature focusing on the use of homework assignments.<sup>1</sup> The authors review evidence for the efficacy of homework assignments and present a model of adherence and strategies to increase compliance.

Several aspects of Malouff and Schutte's (2004) article deserve commendation. First, the strategies they offer for the enhancement of adherence are based on a careful analysis of theory and cognitive behavior therapy procedures, as well as on a keen understanding of the practical issues involved. Malouff and Schutte present six conditions as facilitative of homework adherence: (a) the client understands what, how, where, and when to do the homework; (b) the client has the ability to do the homework; (c) the client has a degree of self-efficacy regarding the homework; (d) the client has a level of motivation for completing the homework that outweighs the obstacles to such completion; (e) the client has the opportunity to do the homework; and (f) the client remembers to do the homework.

Another valuable aspect of Malouff and Schutte's (2004) contribution is its synthesis of the existing clinical practice literature. In their discussion, the authors provide a list of 40 strategies to increase adherence with homework assignments based on their six-point model. Practitioners working with various theoretical modalities and clinical populations can use these strategies.

We are impressed by the breadth and depth of Malouff and Schutte's (2004) overall discussion and would like to make additional suggestions to further assist practitioners' use of homework in psychotherapy. Our objective is to elaborate on

the factors that determine client homework completion in psychotherapy. We will discuss the cognitive theory foundations for homework completion, consider the role of the therapeutic relationship, and discuss the individualized conceptualization as a basis for using homework assignments. It is hoped that this comprehensive understanding of the theoretical foundations and their application in practice will enable practitioners to more effectively integrate homework into cognitive behavior therapy.

### General Commentary

There is an important distinction between the behavioral and cognitive theory foundations for homework adherence and theorized recommendations for practice. The former relates to established theoretical principles of classical and operant conditioning in explaining how situational antecedents and consequences operate to determine the extent to which therapy skills are refined, generalized, and maintained via homework completion. There is also a substantial cognitive component that serves to mediate the link between antecedents and consequences leading to homework completion; that is, clients reflect and synthesize their learning experiences as a basis for future homework assignments (also see Kazantzis & L'Abate, 2005; Scheel, Hanson, & Razzhavaikina, 2004).

Malouff and Schutte (2004) focus on recommendations for practice and integrate some of the theoretical foundations to homework adherence. However, there have been prior recommendations for the use of homework assignments, including early work in Beck's cognitive theory and therapy (A. T. Beck, 1964, 1976; A. T. Beck, Rush, Shaw, & Emery, 1979) and traditional behavior therapy (Wolpe, 1958, 1973).

1/3 p. ad:  
Pacific U.

1. Malouff and Schutte (2004) use the phrase "treatment assignments" rather than "homework assignments" in their article. Although in practice, we tend not to use the term "homework" because of the negative associations it might invoke for clients, we do use this term in our writing among the professional community (see Kazantzis, 2000, for review of terms used in literature).

Building on the conceptual basis of Kanfer and Phillips' behavioral formulation, Shelton and Ackerman (1974) devised a clinician's guide with a list of 150 homework assignments that could be used for behavioral problems. Shelton and Ackerman also provided guidance on how to integrate homework into the therapeutic process and examples of how it is done. Shelton and Levy (1981) continued this work and offered a "model for practice" that provided a greater level of specificity.

Malouff and Schutte mentioned the importance of the collaborative therapeutic relationship as part of their recommendations for using homework in therapy. We expand on this recommendation and discuss the specific relationship qualities and therapist qualities that may facilitate or hinder homework completion. We also consider the role of therapist beliefs and how these may influence behavior in discussing homework. As two of our team's practice surveys have linked therapist beliefs to use of homework assignments (i.e., Fehm & Kazantzis, 2004; Kazantzis, Lampropoulos, & Deane, in press), and there are empirical studies linking therapist competence in using homework to treatment outcome (i.e., Bryant, Simons, & Thase, 1999; Shaw et al., 1999), greater attention to "therapist factors" in determining homework adherence seems warranted. Malouff and Schutte also draw on some aspects of cognitive theory to provide strategies to enhance homework adherence. In this article, our goal is to further explore the role of client cognition in explaining homework completion.

### Cognitive Theory Foundations

There are a host of cognitive theories that suggest client beliefs determine whether or not a particular homework assignment will be attempted. For instance, social learning theories posit that a client's intention (or motivation) to engage in a particular homework assignment is determined by a balance between the costs and benefits of the activity. The cost is the perceived difficulty and/or distress caused by engaging in the activity (e.g., "Attempting this exposure exercise will produce some anxiety for me, but I have strategies to cope"); the benefit is the perceived gain of understanding or skill acquisition (e.g., "I have been able to approach less distressing situations on my hierarchy and have seen that my anxiety has reduced after being in the situation for some time"). Social learning theory also suggests that clients may have highly individualized beliefs tied to the

costs and benefits of engaging in a particular homework activity based on the meaning they apply to it (see Kelly, 1955; Neimeyer, 1985).

Common to the various social cognition models is the assumption that motivation to engage in and maintain behavior arises from beliefs that influence the interpretation of experiences and that guide behavior (see Conner & Heywood-Everett, 1998). In particular, Bandura (1989) proposed "self-efficacy beliefs" - the degree of confidence that one can perform or endure the actions necessary to obtain a goal. Stemming from this theory, clients are likely to engage in tasks and activities in which they feel competent and confident and avoid those in which they do not. Unless clients believe that their efforts toward a homework activity will have the desired outcome, they are likely to have little incentive to engage in the activity. Self-efficacy beliefs also have relevance for determining how much effort clients will expend on a homework activity, how long they will persevere when confronting obstacles, and how resilient they will be in the face of adverse situations. Self-efficacy beliefs are formed based on (a) prior experience of homework; (b) observing other people's examples (or modeling); (c) encouragement and feedback (or persuading); (d) physiological and emotional triggers that provide cues about the anticipated cost and benefit for the activity; and (e) self-regulatory processes whereby clients reflect on the utility of the homework task (their degree of engagement and learning from having completed it) and form conclusions and beliefs. Thus, there are a host of highly individualized cognitive mediators in client learning through homework completion, both in making sense of learning from homework completion and in determining whether a homework assignment will be carried out.

Given these cognitive theory foundations, it is not surprising that several practice recommendations have illustrated the role of the client's cognitive conceptualization in explaining noncompliance with homework assignments in cognitive therapy for depression (i.e., J. Beck, 1995; Persons, 1989; Persons, Davidson, & Tompkins, 2000). Commonly observed psychological barriers to homework compliance in depression include perfectionism/unrelenting standards, fear of failure/procrastination, forgetting, and desire for social acceptance. The overarching practice implication is that the specific type of homework task, and the in-session discussion of the homework, needs to be

guided by the conceptualization (see Kazantzis, MacEwan, & Dattilio, 2005).

### Research on Homework Effects and Correlates

Two relationships between homework and treatment outcome have been observed in empirical research. Controlled studies have demonstrated that therapy that incorporates homework produces a greater effect than therapy that does not (Kazantzis, 2000; Kazantzis, Deane, & Ronan, 2000). Research has also shown that the extent to which clients engage in homework activities is associated with improvement in therapy (see also Kazantzis & Lampropoulos, 2002), and there is evidence to suggest that the relationship between homework compliance and outcome is sequential (Burns & Spangler, 2000; Kazantzis, Ronan, & Deane, 2001). In other words, there are firm empirical grounds to involve clients in homework assignments, and it is expected that those clients who actively engage in homework assignments are more likely to benefit from therapy.

Malouff and Schutte (2004) note that there is an absence of randomly controlled trials to determine which therapist behaviors lead to greater client learning through homework adherence. We agree that more controlled research would certainly be desirable and useful. The current evidence is limited to one randomized controlled study that found that written copies of homework assignments significantly increased compliance (Cox, Tisdelle, & Culbert, 1988). However, there has been some well-designed "process" research to examine therapist behaviors. Bryant et al. (1999) utilized the archived videotaped dataset from the National Institute of Mental Health Treatment of Depression Collaborative Project (Elkin, Parloff, Hadley, & Autry, 1985) to examine the therapist behaviors that predict compliance with homework in cognitive behavior therapy for depression ( $N = 26$ ). The Bryant et al. data showed that therapist review of homework assignments was positively related to homework compliance. Previously, Shaw et al. (1999) showed that therapist competence in using the agenda, homework assignments, and pacing cognitive behavior therapy were predictive of treatment outcome in the same dataset.

There is also a significant body of empirical literature that has been designed to illuminate the interaction of therapist and client factors in relation to homework completion. For example, Conoley, Padula,

Payton, and Daniels (1994) evaluated client attitudes toward the process of assigning homework through an analysis of videotaped counseling sessions. They were particularly interested in the extent to which clients found the homework assignments to be acceptable. Together with a follow-up study (Scheel, Hoggan, Willie, McDonald, & Tonin, 1998), these findings suggested that the following client concerns influenced their acceptance of homework: (a) the benefits of the assignment and clients' presenting problems, (b) the difficulty and costs of the activity (i.e., time, effort, complexity), (c) building on clients' existing skills (i.e., shape, generalize, or maintain behavior), and finally, (d) the degree of social support or "encouragement" from the therapist.

A similar study surveyed 31 session transcripts to examine the therapist behaviors associated with client commitment to carry out between-session homework activities (Mahrer, Gagnon, Fiarweather, Boulet, & Herring, 1994). Though there was a high degree of diversity among the therapeutic approaches adopted by therapists, the results revealed several common aspects of the therapy process associated with client commitment: (a) therapist follow-up of a client-initiated idea, (b) discussion of the client's willingness and readiness to carry out a task, (c) definition of the task in a specific and concrete manner, (d) therapist encouragement, (e) in-session practice of the given activity, and (f) a "contractual" commitment from the client. The Mahrer et al. studies, as well as previous ones (Conoley et al., 1994; Scheel et al., 1998; Startup & Edmonds, 1994; Worthington, 1986), offer preliminary support for underlying theoretical foundations to client homework completion and their application in therapy (A. T. Beck et al., 1979).

Most recently, Detweiler-Bedell and Whisman (2005) trained independent observers to rate aspects of discussions between therapists delivering cognitive therapy and clients ( $N = 24$ ) during the assignment and review of homework. Utilizing data from Hollon et al.'s (1992) Cognitive-Pharmacotherapy Treatment Project, the study found that (a) giving out written reminders was significantly associated with outcome, (b) concrete goal setting done by the therapist was associated with better outcomes at posttreatment and follow-up, and (c) therapists who engaged less-involved clients in a discussion of barriers enabled clients to experience greater benefits from therapy. Thus, there is emerging empirical support for clinical practice

recommendations, but further data are required to determine whether this causes improved treatment outcomes (see Kazantzis, Deane, Ronan, & Lampropoulos, 2005, for a detailed review).

As part of our team's Cognitive Behavior Therapy Homework Project, we are evaluating a new measure designed to assess therapist behaviors in the use of homework assignments. The measure is currently undergoing psychometric evaluation and examination for its ability to predict outcomes in cognitive behavior therapy for depression. If this measure proves reliable and valid, it will be a useful resource for clinical

supervisors and researchers interested in measuring therapist adherence and competence in the use of homework in therapy (cf. Kazantzis, MacEwan, et al., 2005).

### Recommendations for Practice

In this section, we describe a number of recommendations for the use of strategies in clinical practice to complement those offered by Malouff and Schutte (2004). These items are likely to further enhance assignment adherence and bolster the therapeutic effect of the overall treatment process.

UMDNJ School of Med  
1/2 page ad

## Therapeutic Relationship

Persistent difficulties with homework completion have the potential to activate the therapist's own beliefs and emotions (Stevens, Muran, & Safran, 2003). If a client exhibits marked demanding, avoidant, and/or suspicious interpersonal styles, then there may be a greater risk of therapist reactivity (or countertransference), and care and sensitivity are required when discussing homework (Freeman & Rosenfield, 2002). Though clients present for therapy with various learned interpersonal styles, it remains the therapist's responsibility to facilitate an environment in which the client can be an active collaborator when discussing homework.

This level of involvement can be difficult to achieve if the client has been socialized into a relationship as a compliant, student, or passive recipient of structured assignments. Common barriers to collaboration include distrust of the therapist, unrealistic expectations, personal shame, externalized blame, depreciation of self or others, fear of rejection and failure (A. T. Beck, Freeman, Davis, and Associates, 2004). In fact, novice therapists' efforts to adhere to structure and interventions in cognitive behavior therapy often lead to rigid and insufficiently individualized or collaborative therapy (see Gibbons, Crits-Christoph, Levinson, & Barber, 2003). Persistent noncompletion of homework is often an indicator of a rupture or difficulty in communication within the collaborative therapeutic relationship. In our view, an awareness and willingness to foster an individualized therapy that is collaborative is necessary for the effective use of homework assignments.

The survey research linking therapist beliefs with homework use (i.e., Kazantzis et al., in press) suggests there is utility to practitioners testing out their own beliefs about the role of homework assignments in cognitive behavior therapy (Padesky, 1999). Common indications that therapists may have unhelpful cognitions regarding the use of homework in therapy include the following: not discussing homework when the client is highly distressed; rushing the review, design, or assignment of new homework; not providing a rationale for homework; and being directive (also see Kazantzis et al., 2005).

## Using the Conceptualization With Homework

As with other therapy processes, the integration of homework should be guided by the individualized conceptualization. A

homework assignment that is not obviously tailored to the client's specific problems can result in a reduced sense of ownership and relevance on the part of the client, and, as a result, a reduced sense of responsibility for carrying it out (Moore & Garland, 2003).

When selecting a homework assignment, the activity should be relevant to the treatment goals and aligned with the client's coping strategies. With the exception of clients who are acutely distressed or at some safety risk, there are usually several types (or formats) of homework assignments available. However, when discussing a new homework assignment, whatever the specific content, therapists should make a clear attempt to solicit the client's opinions or attitudes toward the task. The discussion itself should also be guided by the conceptualization. For example, therapists may elect to provide less direction in the design of homework for perfectionistic clients (Huppert, Roth, & Foa, in press) or for clients who are entitled or aggressive (Najavits, 2005).

When reviewing homework assignments, much can be learned from the client not completing or engaging in the homework assignment. An emphasis on obtaining useful data from homework as an "experiment" or "no-lose" situation often determines whether a client will openly and candidly discuss noncompletion. Discussion of homework noncompletion may also reveal client beliefs about the assignment that show that it was misunderstood or seen as irrelevant or ineffective. At other times, homework can reveal that therapy is off-track, prompting the therapist and client to adjust treatment goals. There is case study support for this suggestion that noncompletion of homework assignments reflects the conflict between two quite different views of the predicted outcome of the assignment (Dunn, Morrison, & Bentall, 2002; March, 1997).

Discussing noncompletion with the client usually reveals negative automatic thoughts that contribute to the development of the individualized conceptualization. The discussion may reveal surface, intermediate, core-level cognition, as well as compensatory strategies that had not previously been identified. Thus, therapists should consider both noncompletion and completion of homework assignments within the context of the individualized cognitive conceptualization. When clients outright refuse to complete homework assignments, or persistently do not engage in homework, then it is essential to consider these responses in context. Conversely, non-

completion of homework may trigger clients' beliefs about themselves or their problems, which, if not addressed, may inadvertently support homework noncompletion.

## Conclusion

The preceding comments are offered to augment Malouff and Shutte's (2004) discussion of homework adherence and to underscore the importance of out-of-session assignments. At the conclusion of therapy, clients carry forward the skills learned through homework completion as a means of maintaining therapeutic gains and preventing relapse. We believe that the points raised in this article are essential for maximizing the extent to which clients may help themselves long after formal sessions have ended.

## References

- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist, 44*, 1175-1184.
- Beck, A. T. (1964). Thinking and depression: Theory and therapy. *Archives of General Psychiatry, 10*, 561-571.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Beck, A. T., Freeman, A., Davis, D. D., & Associates. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York: The Guilford Press.
- Beck, A. T., Rush, J. A., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: The Guilford Press.
- Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.
- Bryant, M. J., Simons, A. D., & Thase, M. E. (1999). Therapist skill and patient variables in homework compliance: Controlling an uncontrolled variable in cognitive therapy outcome research. *Cognitive Therapy and Research, 23*, 381-399.
- Burns, D. D., & Spangler, D. (2000). Does psychotherapy homework lead to changes in depression in cognitive behavioral therapy? Or does clinical improvement lead to homework compliance? *Journal of Consulting and Clinical Psychology, 68*, 46-56.
- Conner, M., & Heywood-Everett, S. (1998). Addressing mental health problems with the theory of planned behaviour. *Psychology, Health & Medicine, 3*, 87-96.
- Conoley, C. W., Padula, M. A., Payton, D. S., & Daniels, J. A. (1994). Predictors of client implementation of counselor recommendations: Match with problem, difficulty level, and building on client strengths. *Journal of Counseling Psychology, 41*, 3-7.

- Cox, D. J., Tisdelle, D. A., & Culbert, J. P. (1988). Increasing adherence to behavioral homework assignments. *Journal of Behavioral Medicine, 11*, 519-522.
- Detweiler-Bedell, J. B., & Whisman, M. A. (2005). A lesson in assigning homework: Therapist, client, and task characteristics in cognitive therapy for depression. *Professional Psychology: Research and Practice, 36*, 219-223.
- Dunn, H., Morrison, A. P., & Bentall, R. P. (2002). Patients' experiences of homework tasks in cognitive behavioral therapy for psychosis: A qualitative analysis. *Clinical Psychology and Psychotherapy, 9*, 361-369.
- Elkin, I., Parloff, M. B., Hadley, S. W., & Autry, J. H. (1985). NIMH treatment of Depression Collaborative Research Program: Background and research plan. *Archives of General Psychiatry, 42*, 305-316.
- Fehm, L., & Kazantzis, N. (2004). Attitudes and use of homework assignments in therapy: A survey of German psychotherapists. *Clinical Psychology and Psychotherapy, 11*, 332-343.
- Freeman, A., & Rosenfield, B. (2002). Modifying therapeutic homework for patients with personality disorders. *Journal of Clinical Psychology, 58*, 513-524.
- Gibbons, M. B. C., Crits-Christoph, P., Levinson, J., & Barber, J. (2003). Flexibility in manual-based psychotherapies: Predictors of therapist interventions in interpersonal and cognitive-behavioral therapies. *Psychotherapy Research, 13*, 169-185.
- Hollon, S. D., DeRubeis, R. J., Evans, M. D., Weirner, M. J., Garvey, M. J., Grove, W. M., & Tuason, V. B. (1992). Cognitive therapy and pharmacotherapy for depression. *Archives of General Psychiatry, 49*, 774-781.
- Huppert, J. D., Roth, D. A., & Foa, E. B. (in press). The use of homework in behavior therapy for anxiety disorders. *Journal of Psychotherapy Integration*.
- Kazantzis, N. (2000). Power to detect homework effects in psychotherapy outcome research. *Journal of Consulting and Clinical Psychology, 68*, 166-170.
- Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice, 7*, 189-202.
- Kazantzis, N., Deane, F. P., Ronan, K. R., & Lampropoulos, G. L. (2005). Empirical foundations. In N. Kazantzis, F. P. Deane, K. R. Ronan, & L. L'Abate (Eds.), *Using homework assignments in cognitive behavior therapy* (pp. 35-60). New York: Routledge.
- Kazantzis, N., & L'Abate, L. (2005). Theoretical foundations. In N. Kazantzis, F. P. Deane, K. R. Ronan, & L. L'Abate (Eds.), *Using homework assignments in cognitive behavior therapy* (pp. 9-34). New York: Routledge.
- Kazantzis, N., & Lampropoulos, G. L. (2002). Reflecting on homework in psychotherapy: What can we conclude from research and experience? *Journal of Clinical Psychology, 58*, 577-585.
- Kazantzis, N., Lampropoulos, G. L., & Deane, F. P. (in press). A national survey of practicing psychologists' use and attitudes towards homework in psychotherapy. *Journal of Consulting and Clinical Psychology*.
- Kazantzis, N., MacEwan, J., & Dattilio, F. M. (2005). A guiding model for practice. In N. Kazantzis, F. P. Deane, K. R. Ronan, & L. L'Abate (Eds.), *Using homework assignments in cognitive behavior therapy* (pp. 359-408). New York: Routledge.
- Kazantzis, N., Ronan, K. R., & Deane, F. P. (2001). Concluding causation from correlation: Comment on Burns and Spangler (2000). *Journal of Consulting and Clinical Psychology, 69*, 1079-1083.
- Kelly, G. A. (1955). *The psychology of personal constructs*. New York: Norton.
- Mahrer, A. R., Gagnon, R., Fiarweather, D. R., Boulet, D. B., & Herring, C. B. (1994). Client commitment and resolve to carry out postsession behaviors. *Journal of Counseling Psychology, 41*, 407-414.
- Malouff, J. M., & Schutte, N. S. (2004). Strategies for increasing client completion of treatment assignments. *the Behavior Therapist, 27*, 118-121.
- March, P. (1997). In two minds about cognitive-behavioural therapy: Talking to patients about why they do not do their homework. *British Journal of Psychotherapy, 13*, 461-472.
- Moore, R. G., & Garland, A. (2003). *Cognitive therapy for chronic and persistent depression*. Chichester, England: Wiley.
- Najavits, L. M. (2005). Substance abuse. In N. Kazantzis, F. P. Deane, K. R. Ronan, & L. L'Abate (Eds.), *Using homework assignments in cognitive behavior therapy*. New York: Routledge.
- Neimeyer, R. A. (1985). *The development of personal construct psychology*. Lincoln: University of Nebraska Press.
- Padesky, C. A. (1999). *Therapist beliefs: Protocols, personalities, and guided exercises* [Cassette Recording No. TB1]. Huntington Beach, CA: Center for Cognitive Therapy.
- Persons, J. B. (1989). *Cognitive therapy in practice: A case formulation approach*. New York: Norton.
- Persons, J. B., Davidson, J., & Tompkins, M. A. (2000). *Essential components of cognitive-behavior therapy for depression*. Washington, DC: American Psychological Association.
- Scheel, M. J., Hanson, W. E., & Razzhavaikina, T. I. (2004). The process of recommending homework in psychotherapy: A review of therapist delivery methods, client acceptability, and factors that affect compliance. *Psychotherapy: Theory, Research, Practice, Training, 41*, 38-55.

Rogers Memorial Hospital  
1/3 p. ad

- Scheel, M. J., Hoggan, K., Willie, D., McDonald, K., & Tonin, S. (1998). *Client understanding of homework determined through therapist delivery*. Poster presented at the 106th Annual Convention of the American Psychological Association, San Francisco.
- Shaw, B. F., Elkin, I., Yamaguchi, J., Olmsted, M., Vallis, T. M., Dobson, K. S., Lowery, A., Sotsky, S. M., Watkins, J. T., & Imber, S. D. (1999). Therapist competence ratings in relation to clinical outcome in cognitive therapy of depression. *Journal of Consulting and Clinical Psychology, 67*, 837-846.
- Shelton, J. L., & Ackerman, J. M. (1974). *Homework in counseling and psychotherapy: Examples of systematic assignments for therapeutic use by mental health professionals*. Springfield, IL: Charles C. Thomas.
- Shelton, J. L., & Levy, R. L. (1981). *Behavioral assignments and treatment compliance: A handbook of clinical strategies*. Champaign, IL: Research Press.
- Startup, M., & Edmonds, J. (1994). Compliance with homework assignments in cognitive-behavioral psychotherapy for depression: Relation to outcome and methods of enhancement. *Cognitive Therapy and Research, 18*, 567-579.
- Stevens, C. L., Muran, J. C., & Safran, J. D. (2003). Obstacles or opportunities?: A relational approach to negotiating alliance ruptures. In R. L. Leahy (Ed.), *Roadblocks in cognitive behavior therapy: Transforming challenges into opportunities for change* (pp. 274-294). New York: The Guilford Press.
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford: Stanford University Press.
- Wolpe, J. (1973). *The practice of behavior therapy*. New York: Pergamon.
- Worthington, E. L., Jr. (1986). Client compliance with homework directives during counseling. *Journal of Counseling Psychology, 33*, 124-130.

Jamie MacEwan is now at Addictions Resource Center, Taupo, New Zealand.

ADDRESS CORRESPONDENCE to Nikolaos Kazantzis, School of Psychology at Albany, Massey University, Private Bag 102904, NSMC, Auckland, New Zealand; e-mail: N.Kazantzis@massey.ac.nz. ✉



## Remembering Edward Dengrove, M.D.

Cyril Franks, *Distinguished Professor Emeritus, Rutgers University*

I met Dr. Edward Dengrove in early 1964 at a New York City planning committee for an as yet unnamed behavior therapy association. I had moved to the U.S. in the hope of encountering more behaviorally sympathetic psychologists and psychiatrists. But I soon found that the climates in both the United Kingdom and the U.S. were disturbingly similar. In fact, both Ed and I were discouraged to find that most psychiatrists and clinical psychologists at the time were totally Freudian and scientifically unaware. Indeed, independent or private practice for psychologists did not yet exist. Worse yet, I soon learned that no non-medical therapist could legitimately practice therapy, despite the fact that, in those early days, most psychologists had better clinical training than virtually all psychiatrists. I remained mostly discouraged until I had the good fortune to meet Ed. Both of us shared similar, then unattainable, aspirations to replace the ubiquitous Freudian nonscientific model with a new data-oriented, behavioral paradigm. Equally gratifying to me, a psychologist, was that Ed was concerned that both psychiatrists and psychologists be permitted to practice psychotherapy. Ultimately, Ed and I became close colleagues and friends.

Born in 1913 and raised in New Jersey, Ed obtained the British equivalent of an M.D. degree at the Scottish University of

Edinburgh in 1939. During World War II, Ed worked as a field surgeon for the famous American volunteer combat group known as the Flying Tigers. Following military service, he maintained a thriving private practice as a psychiatrist near Asbury Park, NJ, until his death from liver cancer in March 2003 at the age of 89. Dr. Dengrove was one of the first forensic psychiatrists to testify on a regular basis in the state of NJ, and over the years he established a well-deserved reputation among colleagues and patients alike as a creative innovator of a number of well-received behavioral, sexology, and hypnosis techniques for appreciative patients and colleagues. Ed was devoted to his patients and gave his time unstintingly; understandably, his patients felt equally positive about Ed.

Ed's professional and personal interests were practical. Ed readily acknowledged that he had little interest in the theoretical and conceptual aspects of behavior therapy and the like. However, as a professional speaker, he was outstandingly competent and involved. Having limited funds to cover expenses in those early days, Leonard Krasner, Ed Dengrove, and I spoke regularly in New York City and nearby areas about behavior therapy, the AABT, and related topics, with no charge for those who attended. We spoke together so frequently, we came to be known as "the Three

Musketeers," and, later, many enthusiastic and knowledgeable AABT members did likewise. To offer a note of levity, let me draw attention to the late Joe Cautela, another founding member, and our solitary founding mother, Dorothy Susskind, who also did her share of public speaking on behalf of behavior therapy. Cautela had been invited to come from Boston to speak on behalf of the organization and Ed volunteered to find an inexpensive New York hotel to put him up for the night. Ed proudly announced how inexpensive it was until we heard that, on Cautela's arrival, the receptionist asked how many hours Cautela would need the room for—then we learned what sort of hotel it was! Fortunately, Joe was a sport and graciously accepted the arrangements.

Ed Dengrove arranged for many other founding fathers to speak on behalf of the AABT, including distinguished fellow psychiatrists such as John Paul Brady, chairperson of the Department of Psychiatry at the University of Pennsylvania, Joseph Wolpe, Dick Rubin, and psychologists Andrew Salter, Arnold Lazarus, Arthur Staats, and H. J. Eysenck. Our first AABT convention was a day of AABT speakers, kindly subsidized by the APA, as part of APA's annual convention in San Francisco, circa 1967.

For years, Ed's pleasure was to spend a day in New York City exploring bookstores in the hope of coming across behavioral texts new to him, both professional or otherwise. He bought virtually every new book of relevance to behavior therapy, but also to sexology and hypnosis. Most of the books were written for professionals but some were do-it-yourself manuals for the general public. To the best of my knowledge, Ed mostly read basic how-to manuals, keeping the rest unread on his bookshelves, referring



to them from time to time to learn about promising new clinical techniques that he might be able to adapt and use to help his patients. Despite his limited interest in the behavioral theory, this remarkable man also found time to write numerous articles of practical relevance, mostly adaptable for direct patient use.

In the final years of his life Ed felt increasingly distant from the many newcomers in his beloved AABT. Indeed, nowadays, only three AABT founders remain professionally active: Arnold Lazarus of Princeton, Arthur Staats of Hawaii, and myself, very occasionally. As he aged, Ed wrote and spoke less often and he attended fewer AABT activities. At one time, Ed regularly offered his home for social gatherings with such colleagues as Albert Ellis, Tim Beck, Arthur Staats, Arnold Lazarus, and our families, but these events diminished in frequency over time. Thus, in recent years, I saw less and less of Ed in person, but we continued to talk regularly over the telephone.

Ed was a devoted husband and caring father to the end. He is survived by his son Richard, director of a specialized Government library in Washington; his son Robert, a psychiatrist in private practice in NJ with four grown children; and his daughter, Lois, living in Los Angeles. Most of all, Ed's later life revolved around caring for his professionally famous wife, Ida Libby. In fact, it was Ida Dengrove who, many years ago, designed our widely reproduced AABT logo. Ida was a distinguished courtroom artist for NBC television, received two Emmy awards for her work and was much in demand as a portrait painter and artist. A large oil painting of my wife, Violet, and I still adorns our Princeton living room. In his final years, Ed confessed his greatest pleasure was going to bed early to stroke Ida's back and watching inane (to me) American TV sitcoms (which he didn't admit were inane). Sadly, Ida passed away on April 23, 2005, as a result of complications associated with Alzheimer's disease. Ed and Ida remained in love after 64 years of marriage.

Ed Dengrove made outstanding, and perhaps underappreciated, contributions to the AABT and he deserves to be remembered for his many significant professional contributions. Shortly before his death Ed confided in me that the contributions which gave him most gratification over the years were, first, his role in changing the prevailing Freudian mental health model to our new behavioral paradigm, the many achievements of the AABT, and the gratification he received from his family. What finer legacy can one hope for?

When I created, and Ed endorsed, the name AABT for our new association, this was enthusiastically adopted by our planning committee. It remained that way until, in 2005, the membership, with reason, voted to change the name of our association to add the word "cognitive." I suspect that Ed would have accepted these innovations with mixed but generally positive feelings. With Bob Dylan, "The times, they are [indeed] a-changin'." ❧

## Technology Update

# Giving Psychology Away Through the Internet

John M. Malouff, *University of New England, Australia*

George Miller, in his famous 1969 speech as the president of the American Psychological Association, suggested that psychologists give psychology away (Fowler, 1999). The increasing expansion of the Internet has created new opportunities for psychologists to do that (Andersson & Carlbring, 2003)—for instance, by creating a public service Web site that gives guidance to individuals about how to prevent or overcome a psychological problem. How does one go about creating such a Web site? In this article I will describe the approach I used to create several public service Web sites for problems ranging from bereavement (Malouff, 2005) to child obesity (Malouff & Schutte, 2005). Altogether, the sites receive about 70,000 hits a year, with my two most visited sites dealing with strategies for solving problems (Malouff, 2002) and methods of helping young children overcome shyness (Malouff, 2004). See the reference list for the URLs of these sites. The Web sites have led to several magazine and newspaper stories that have

reached additional individuals. As a result of my Web site about shy children, I have received many questions from parents about their children (e.g., Should I send my shy child to kindergarten or hold her back?), giving me an opportunity (cautiously) to help guide individuals around the world. I have also received a number of thank-you messages from users of the Web sites, leaving me with a sense of accomplishment.

Creating a Web site begins for me when I develop expertise about some type of psychological problem. I search the Internet for a site that clearly describes what I consider the optimum method of preventing or dealing with the problem. If I fail to find anything adequate, I start planning my own site on the topic, usually basing my ideas on social learning theory (SLT; also called social cognitive theory; Bandura, 1986, 2000) and my own experiences. Applying SLT, I often suggest similar strategies for different problems. As an example, for children, I suggest, among other methods, using modeling and verbal prompting for both in-

creasing reading (Malouff & Schutte, 2004) and increasing outgoing behavior (Malouff, 2004). I make the suggestions concrete by giving examples.

For each topic, I consider two approaches to presenting the core content: (a) describing in general a prevention or coping method and giving examples of its applications (e.g., problem-solving methods; Malouff, 2002), and (b) describing a prevention or coping method through the real-life story of a specific person (e.g., a child struggling to learn to read; Malouff & Schutte, 2004). I prefer the story method because stories have great influence on individuals (Schank, 1995; Simmons, 2001).

Prior to putting the core content in the site, I explain for whom the site is intended and what the site offers. Sometimes I can provide much of the ancillary information in the Web site title. I also try to provide links to other sites that provide additional valuable information. I usually show a copy of the site to a colleague for comments, revise the site a few times, and then upload it to a server.

Although there are various software packages that have been designed solely for creating a Web site, I use whatever I have, such as Netscape Composer or Microsoft Word (saving the document as a Web page). I leave out major frills such as photos or moving objects, because these tend to make accessing the site slower for users. It is very helpful the first time to have someone more

experienced to consult about technical details (e.g., how to change the color of the background or how to create external links). However, help functions of your Web site software can answer many of these questions.

I am able to create a short public service Web site in several hours. I generally know what I want to write at the outset, so the writing and revising go quickly. Finding useful references and links can take a few hours, though. Psychologists new to creating Web pages might take considerably longer, especially for a site with a great deal of content.

Because my university gives me server space for my Web sites, I do not have to pay a monthly fee to keep the site available. Thus I have no financial outlay. Individuals in private practice might have to pay for server space and a domain name, but because the site could lead to paying clients, the cost would likely be deductible. Sites such as godaddy.com and canaca.com provide these services for small fees. One can enter terms such as "domain names" and "web hosting" into a search engine like Google.com to find similar companies.

To help people find the Web site, I go to Google.com and Yahoo.com and register the site (there is no charge for doing this). I try to ensure that both the title and the description of the site I provide to Google and Yahoo use the terms that individuals searching for helpful information are likely to use.

I also link my Web sites together where possible and link them to my personal home page to make finding the sites as easy as possible.

Once a year or so, I check my Web sites for external links that no longer work, and I add new links and information where appropriate. When I update a Web site, I change the copyright date near the document title to indicate how recently the document was updated. For more information on creating Web sites, see *Creating a Web Site* (2005) or Smith and Bebak (2002) or, if you work for an organization, talk with the Web master there.

With psychological expertise in a specific area, a dash of imagination, and a bit of effort, you also can give psychology away through the Internet.

### References

- Andersson, G., & Carlbring, P. (2003). Internet and cognitive behaviour therapy: New opportunities for treatment and assessment. *Cognitive Behaviour Therapy, 32*, 97-99.
- Bandura, A. (1986). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (2000). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*, 1-26.
- Creating a Web Site. (2005). Retrieved March 19, 2005, from <http://www.4creatingaweb.com/>.
- Fowler, R. D. (1999). *Giving psychology away*. [APA Monitor online.] Retrieved March 19, 2005, from <http://www.apa.org/monitor/may99/rc.html>.
- Malouff, J. (2002). *Fifty problem-solving strategies explained*. Retrieved March 19, 2005, from <http://www.une.edu.au/psychology/staff/malouff/problem.htm>.
- Malouff, J. (2004). Helping young children overcome shyness. Retrieved March 19, 2005, from <http://www.une.edu.au/psychology/staff/malouff/obesity.htm>.
- Malouff, J. (2005). *New methods of coping with the loss of a loved one*. Retrieved March 19, 2005, from <http://www.une.edu.au/psychology/staff/malouff/coping.htm>.
- Malouff, J., & Schutte, N. (2004). *Using psychological strategies to help your child read more*. Retrieved March 19, 2005, from <http://www.une.edu.au/psychology/staff/malouff/reading.htm>.
- Malouff, J., & Schutte, N. (2005). *What parents can do to prevent childhood obesity*. Retrieved March 19, 2005, from <http://www.une.edu.au/psychology/staff/malouff/obesity.htm>.
- Schank, R.C. (1995). *Tell me a story: Narrative and intelligence*. Evanston, IL: Northwestern University Press.
- Simmons, A. (2001). *The story factor*. New York: Basic Books.
- Smith, B. E., & Bebak, A. (2002). *Creating web pages for dummies* (6th ed.). New York: Wiley.

ADDRESS CORRESPONDENCE to John M. Malouff, University of New England, Armidale, NSW, 2351, Australia; e-mail: [jmalouff@une.edu.au](mailto:jmalouff@une.edu.au).

✉

## Continuing Education Opportunities

The ABCT Continuing Education Committee (CEC) is pleased to announce that there is a Web link on the ABCT home page ([www.aabt.org](http://www.aabt.org)) allowing members to both search for and post CE and Continuing Medical Education (CME) opportunities. In keeping with the mission of the CEC, we aim to provide members of the association with information regarding quality opportunities to develop their expertise throughout their careers as behavioral and cognitive therapists. "Having a central location where ABCT members can submit and search for CE/CME offerings on a regional and national level was something that we have spoken about, and are now finally able to offer to our members," John Klocek, the Chair of the CEC, reported. Specific guidelines for posting will also be available on-line and only members who either are the primary or a participating presenter will be able to submit CE/CME sessions.

Additionally, all submissions will be reviewed by the CE/CME Committee of ABCT to determine relevance of the content and topic for the ABCT membership.

Cheryl Carmin, the Coordinator for Convention and CE Issues, noted that "ABCT members have asked for a means to let colleagues know about the good work they are involved in. We hope that the CE Web page will be a resource for members and nonmembers alike who are seeking out opportunities to learn more about cognitive and behavior therapy training opportunities with the added bonus that they can receive CE/CME credit for their participation."

So, now's your chance, ABCT members . . . Still need that last-minute CE/CME credit? Or are you looking for a new and different evidence-based approach to use with that difficult client or thorny research question? Now you can just click and search.

✉

[www.aabt.org](http://www.aabt.org)

LIVE

& On-Line!

## An Evidence-Based Practice Glossary: Unscrambling Alphabet Soup

Bonnie Spring, *University of Illinois at Chicago and Edward Hines, Jr VA Hospital*, Sherry Pagoto, *University of Massachusetts Medical School*, Sarah Altman, *University of Illinois at Chicago*, and Beverly Thorn, *University of Alabama*

The evidence-based movement that first emerged in medicine is gaining momentum in psychology, public health, and education. Here we briefly examine what precipitated the movement, its relevance to health psychologists, and some of its associated terminology.

It used to be the case that procedures practiced by physicians automatically were deemed medically necessary and were covered by insurance (Eddy, 2005). In the 1970s, however, several observations began to cast doubt on the wisdom of that tradition. First, it became apparent that similar patients were receiving very different treatment depending upon where they lived (Wennberg & Gittelsohn, 1973). Second, accumulating evidence showed that clinical decision-making errors and treatments contraindicated by any professional standard were being implemented with surprising frequency. Physicians judged that the best way to preserve professional credibility and reimbursement was to adopt a more transparent standard for determining best practices. Agreement that research offered an objective way to evaluate the effectiveness of treatments ushered in the evidence-based movement in the early 1990s. It soon became apparent that only about 15% of medical procedures had solid scientific support, prompting calls for research to determine which treatments actually worked (Committee for Evaluating Medical Technologies, 1985). An accumulation of new clinical trials and research syntheses has since produced some surprising results. Among those are findings that some underappreciated treatments show solid evidence of effectiveness (cf. Cochrane Collaboration logo, [www.cochrane.org/logo](http://www.cochrane.org/logo)) and other well-accepted ones produce significant harm (Writing Group for the Women's Health Initiative Investigators, 2002). The result has been emergence of a robust evidence-based movement that aims to sup-

port health care decision-making by integrating high-quality research evidence with clinical expertise and patient preferences (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

In 2000, the Office of Behavioral and Social Sciences, under Peter Kaufmann's Acting Directorship, funded the initial Evidence-Based Behavioral Medicine (EBBM) Committee out of recognition of a need to grow and systematize the evidence base for behavioral health treatments in parallel to that for medical treatments. EBBM became a standing Committee of the Society of Behavioral Medicine in 2004. Its working groups include liaison members from major professional groups concerned with behavioral health interventions (e.g., American Psychological Association [APA] Division 38, Association for Cognitive and Behavioral Therapy, Academy of Behavioral Medicine Research, American Psychosomatic Society, International Society of Behavioral Nutrition and Physical Activity).

An alphabet soup of evidence-based terminology can bog down researchers looking to contribute to the evidence base and practitioners looking to access it for clinical decisions. Below we offer a glossary to explain some commonly used terms.

*Evidence-Based Medicine (EBM)*. EBM stands in contrast to "eminence-based medicine," based on the personal opinions of authorities. The EBM approach involves two components (Eddy, 2005): (1) Clinical practice guidelines recommend best practices for the group or average patient. Guidelines derive from systematic reviews synthesizing evidence from many research studies weighted by quality. Those of the British National Institute for Health and Clinical Excellence ([www.nice.org.uk](http://www.nice.org.uk)) offer good examples. (2) Clinical decision-making about the care of individual patients that

conscientiously, explicitly, and judiciously integrates best current research evidence with clinical expertise and patient values and preferences (Sackett et al., 1996).

*Evidence-Based Behavioral Medicine (EBBM)*. Evidence-based behavioral medicine seeks to strengthen, systematize, and render more accessible the evidence base for behavioral health treatments. The aim is to enable practitioners to access effective techniques that can be used when their clinical expertise suggests that these will match the needs and preferences of individual clients.

*Hierarchy of Evidence*. The hierarchy ranks the credence given to different kinds of evidence about the effectiveness of treatments. Topping the hierarchy, confidence about whether a treatment does or does not work is greatest when consistent findings emerge from multiple, well-conducted studies with research designs that minimize sources of error. At the bottom of the hierarchy, because most prone to bias, are anecdotal reports from authorities or colleagues. Treatments for which high-quality evidence is lacking or insufficient cannot be determined to be effective or ineffective.

*Randomized Controlled Trial (RCT)*. In an RCT, participants are randomly assigned to the treatment of interest or to a control condition, producing a state in which all factors, known and unknown, are balanced across groups (Friedman, Furberg, & DeMets, 1998). Because randomization attenuates the threat for bias, RCTs have high internal validity, offering greater confidence that differences in outcome can be causally attributed to the differing treatments. For that reason, RCTs are usually considered to be at the top of the evidence hierarchy. When randomization is not feasible for reasons of expense or ethics, nonrandomized designs can be used. Cohort studies, single case experiments, and case-control studies are examples of nonrandomized designs used in clinical research.

*Empirically Supported Treatment (EST)*. An APA Division 12 Task Force initially proposed criteria for a psychological intervention to be judged empirically "validated" (Begg et al., 1996). The descriptor was subsequently changed to empirically "supported" so as not to imply that validity had been proven, precluding any need for further research (Des Jarlais, Lyles, & Crepaz, 2004). A number of interventions were listed as well-established or probably efficacious based upon having met criteria that

required empirical support in a few group comparison studies or single-case experiments, preferably using treatment manuals (Chambless & Ollendick, 2001). The EST evidence hierarchy was collapsed, such that randomized and nonrandomized, and single case and group comparison designs were all accorded the highest level of evidence.

*Consolidated Standards of Reporting of Trials (CONSORT)*. Nontransparent reporting of clinical research impedes synthesis of evidence for systematic reviews. To standardize the reporting of RCTs, the Standards of Reporting Trial (SORT) group, in collaboration with the Asilomar Working Group on Recommendations for Reporting of Clinical Trials, developed the CONSORT (Begg et al., 1996). The revised CONSORT statement has been published in several languages and endorsed by numerous medical journals and editorial groups (see <http://www.consortstatement.org/endorsements/journals/journals.html>). The CONSORT statement requires comprehensive reporting of specific information relevant to evaluating threats to the internal and external validity of a trial. Behavioral medicine journals that have incorporated CONSORT into their reviewer guidelines include the *Annals of Behavioral Medicine*, *Health Psychology*, *Psychosomatic Medicine*, *Journal of Consulting and Clinical Psychology*, *AIDS*, and *Alcohol and Alcoholism*.

*Transparent Reporting of Evaluations With Nonrandomized Designs (TREND)*. Paralleling CONSORT, the TREND statement provides reporting guidelines for nonrandomized studies, such as quasi-experimental designs and natural experiments (Des Jarlais et al., 2004). The *Annals of Behavioral Medicine*, *Journal of Consulting and Clinical Psychology*, *American Journal of Public Health*, *Addiction*, *AIDS*, *AIDS Care*, *AIDS Education and Prevention*, *Archives of Sexual Behavior*, and *Journal of Psychoactive Drugs* have endorsed TREND.

*Intention to Treat (ITT)*. An important principle for clinical trial analysis, an ITT approach retains outcomes for all randomized cases according to their original treatment assignment, regardless of protocol adherence or attrition (Newell, 1992). The "once randomized, always analyzed" principle preserves the randomization, while allowing clinician deviation and patient nonadherence to occur as usual and be taken into account in the analyses (Hollis & Campbell, 1999). Because alternative approaches, such as excluding nonadherent or attrited cases, introduce bias, CONSORT criteria require reporting of whether analyses were performed on an ITT basis.

*RE-AIM*. In addition to being effective, health-promoting interventions need to be able to be broadly adopted and maintained in usual health care settings if they are to improve public health. Glasgow and colleagues developed the RE-AIM model to evaluate a treatment's translatability for representative personnel and patients in community settings (Glasgow, McKay, Piette, & Reynolds, 2001). RE-AIM stands for reach, efficacy/effectiveness, adoption (by target settings), implementation (in target settings), and maintenance (for individuals and communities). A Web resource is available ([www.reaim.org](http://www.reaim.org)) that provides information, checklists, calculators, and other tools to assist in evaluating the dissemination of evidence-based treatments (Dzewaltowski, Glasgow, Klesges, Estabrooks, & Brock, 2004).

*CPT Health & Behavior Codes*. In 2002, the APA Practice Directorate and Interdivisional Healthcare Committee introduced six Current Procedural Terminology (CPT) codes for behavioral services aimed at the treatment and/or prevention of physical health disorders. Individual, group, and family counseling for patient adherence, health risk reduction, and adjustment to physical illness are among the included services. For the first time, psychologists can offer reimbursable services to patients who do not have a primary mental health diagnosis. An expanding evidence base that establishes the utility of psychological services for a wide range of health conditions, patient populations, and care settings will continue to expand the reach of clinical psychologists.

The evidence-based movement will continue to have implications for the work of researchers and clinicians. Researchers will increasingly be held to standards for the design and transparent reporting of studies that maximize their contribution to the evidence base. Clinician input is needed to determine the kinds of evidence that are most needed and the presentation format that would render it most user-friendly. Clinicians will benefit from a robust evidence base that improves accountability by demonstrating that best practices are cost-effective, and that provides new techniques to expand psychologists' reach into the health care environment.

## References

Begg, C., Cho, M., Eastwood, S., et al. (1996). Improving the quality of reporting of randomized controlled trials: The CONSORT statement. *JAMA*, 276, 637-639.

- Chambless, D., & Ollendick, T. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685-716.
- Committee for Evaluating Medical Technologies in Clinical Use. (1985). *Assessing medical technologies*. Washington, DC: National Academies Press.
- Des Jarlais, D. C., Lyles, C., & Crepaz, N. (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366.
- Dzewaltowski, D. A., Glasgow, R. E., Klesges, R., Estabrooks, P. A., & Brock, E. (2004). RE-AIM: Evidence-based standards and a web resource to improve translation of research into practice. *Annals of Behavioral Medicine*, 28, 75-80.
- Eddy, D. (1973). Evidence-based medicine: A unified approach. *Health Affairs*, 24, 9-18.
- Friedman, L., Furberg, C., & DeMets, D. (1998). *Fundamentals of clinical trials* (3rd ed.). New York: Springer.
- Glasgow, R. E., McKay, H. G., Piette, J. D., & Reynolds, K. D. (2001). The RE-AIM framework for evaluating interventions: What can it tell us about approaches to chronic illness management? *Patient Education and Counseling*, 44(2), 119-127.
- Hollis, S., & Campbell, F. (1999). What is meant by intention to treat analysis? *British Medical Journal*, 319, 670-674.
- Newell, D. J. (1992). Intention-to-treat analysis: Implications for quantitative and qualitative research. *International Journal of Epidemiology*, 21, 837-841.
- Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312(7023), 71-72.
- Spring, B., Pagoto, S., Altman, S., & Thorn, B. (2005). Unscrambling alphabet soup: An evidence-based practice glossary. *The Health Psychologist: APA Division 38 Newsletter*, 27(2), 3, 15-16.
- Wennberg, J., & Gittelsohn, A. (1973). Small area variations in health care delivery. *Science*, 82, 1102-1108.
- Writing Group for the Women's Health Initiative Investigators. (2002). Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the Women's Health Initiative randomized controlled trial. *Journal of the American Medical Association*, 288, 321-333.

ADDRESS CORRESPONDENCE to Bonnie Spring, Ph.D., University of Illinois at Chicago, Department of Psychology (MC 285), 1007 W. Harrison Street, Chicago, IL 60607; e-mail: [bspring@uic.edu](mailto:bspring@uic.edu). ✉

## Book Review

### Zull, J. E. (2002). *The Art of Changing the Brain*

Sterling, VA: Stylus. (263 pp.)

Reviewed by Herman M. Medow, *Northcoast Behavioral Health Care*

**T**he *Art of Changing the Brain* is a landmark book for those of us engaged in the practice of psychotherapy. Dr. Zull is a professor of biology at Case Western Reserve University. He also heads a committee for improvement of teaching that has been struggling with how to help students grasp complex scientific issues. One such issue concerns how to educate students and nascent therapists about exciting new research in the "brain sciences."

The primary theme of this book is that learning is a biological process. Durable learning involves physical changes in the brain that are measurable. This includes changes in neuronal firing patterns as well as neuron growth. The book is extensively referenced for those who wish to consult original sources. The word "psychotherapy" does not appear once in this book. However, readers will recognize "teaching" and "coaching" as stand-ins for psychotherapy

interventions. A second thesis of the book is that concepts in contemporary neuroscience are congruent with the idea that learning interventions can improve life management. Dr. Zull argues that knowledge of how the brain works and learns can provide guidance for therapy interventions and that interventions that respect how the brain incorporates experience are likely to enhance effectiveness. It seems nice to know that we are, in fact, in the business of brain change when we do psychotherapy. However, contributions from neuroscience are worth our attention in more practical ways. Dr. Zull illustrates the difference between memory acquisition and memory storage, and relates how learning theory fits with accumulating knowledge about neuroanatomy. For teachers, he discusses how the focus on taking in information, and fast learning, may impair the process of developing lasting knowledge. Sensory input involves much

more rapid transmission than processing time in the integrative structures.

He also presents an informative discussion of the amygdala and its role as a kind of "defensive sentry." Learning something new can rouse this small but powerful structure to "protect" existing neurons and thus interfere with development of knowledge. To the extent that psychotherapy is conceptualized as a learning process, Dr. Zull's discussion may also inform treatment. There is some discussion of experiences that may "quiet" the amygdala. Two such experiences are encountering smiling faces and interesting cognitive events. Thus persons that appear friendly and novel, but not too novel, may actually lower limbic arousal. Taken together, the book argues for greater attention to the development of interventions and therapeutic applications that build on contemporary neuroscience, and especially the concept of neuroplasticity. Also recommended is Schwartz and Begley's (2002) *The Mind and the Brain*. Our work as psychotherapists stands to benefit from a greater appreciation of recent innovations in neuroscience.

#### Reference

Schwartz, J. M., & Begley, S. (2002). *The mind and the brain: Neuroplasticity and the power of mental force*. New York: HarperCollins. ✍

Web Editor Call?

## Classifieds

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

### positions available

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

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE** seeks a licensed clinical psychologist with expertise in CBT/ERP for the Department of Psychiatry. We seek an outstanding clinician with a particular interest and expertise in the treatment of OCD/anxiety disorders, resident education and supervision; preference is for someone interested in developing a research career. This position can be either part-time or full-time. Send letter of interest and CV to the attention of Dr. Gerald Nestadt: Meyer 4-181, Johns Hopkins Hospital, 600 N Wolfe St, Baltimore MD 21287-7481 (phone 410 955 4838) or email [gnestadt@jhmi.edu](mailto:gnestadt@jhmi.edu).

**FULL TIME LICENSED OR UNLICENSED PSYCHOLOGIST, BIO-BEHAVIORAL INSTITUTE, GREAT NECK, NY.** Multi-disciplinary outpatient facility specializing in cognitive and behavioral treatment of anxiety, mood, and obsessive compulsive spectrum disorders. Weekly and intensive therapy provided to children, adolescents, and adults. Opportunities for research, presentations, and publications. Clinical training and supervision available. Work with a cohesive and energetic team of psychologists and psychiatrists. Neuropsychological assessment and CBT training a plus. Competitive salary with increasing compensation. Call (516) 487-7116 or fax resume to (516) 829-1731, attention Dr. Fugen Neziroglu.

**CHIEF PSYCHOLOGIST, VA BOSTON HEALTHCARE SYSTEM.** VA Boston Healthcare System is recruiting for a talented, energetic, and accomplished individual to assume the position of Chief of Psychology for its expansive clinical, research, and teaching programs. Consisting of six major campuses, VA Boston is a flagship healthcare program for all of VA possessing outstanding clinical and academic resources. We are interested in recruiting someone with training and qualifications in the area of Neuropsychology. Our existing clinical and research programs of excellence include: Trauma and PTSD, Women's Health, Neuroimaging, Substance Abuse, Clinical Neuropsychology, Behavioral Neuroscience, Schizophrenia, Health

Psychology, Geropsychology, and Aphasia. Psychology has leadership roles in four VA-designated Clinical Centers of Excellence in PTSD, Substance Abuse, Women's Health, and the Serious Mentally Ill. The Chief of Psychology will work in close collaboration with the Director of Mental Health and serve as an active member of the Mental Health Council and will provide academic leadership to psychologists across all campuses. A key component of the position is responsibility for the training programs in psychology (The Boston Consortium in Clinical Psychology) including an APA accredited internship program (19 positions), an APA accredited postdoctoral fellowship program (14 positions), and a large practicum program in clinical psychology affiliated with Boston University's Doctoral Program in Clinical Psychology. VA Boston is strongly affiliated with Boston University and Harvard Medical School and enjoys considerable support from these superb academic communities. Research support in Mental Health from VA and the NIH exceeds \$12 million annually. We are seeking an outstanding psychologist with strong academic credentials commensurate with appointment at the Associate or Full Professor level, significant administrative experience, and a nationally recognized research program. The faculty appointment would be sought at either Boston University School of Medicine or Harvard Medical School. Our recruitment for the Chief is at the GS-14/15 level with salary ranging from \$87,000-\$138,000 per annum plus an excellent fringe benefits package. The salary is dependent upon the qualifications and credentials of the individual. Review of the applications will begin on January 1, 2006 and continue until the position is filled. VA Boston is an Affirmative Action/Equal Opportunity Employer with a strong institutional commitment to diversity in all areas. We actively seek applications from women, members of all minority groups, and those who have a disability. Applications, consisting of an updated curriculum vitae and a letter of interest, should be submitted to Gary B. Kaplan, M.D., Director of Mental Health, VA Boston Healthcare System, 940 Belmont Street, Brockton, MA 02301.

**FACULTY POSITION – UCSD.** The Department of Psychiatry at the University of California, San Diego and the Psychology Service of the Veterans Affairs San Diego Healthcare System are recruiting an academic clinical psychologist. The appointee will serve as the Staff Psychologist at the VASDHS and must hold a Ph.D. from an APA approved clinical psychology program, have completed an APA approved internship, and be eligible for licensure in California. In addition, applicants should have established a track record of high quality, independent, programmatic research in posttraumatic stress disorder and be eligible for appointment at the Assistant/Associate Professor level in the In-Residence series at UCSD. Academic rank and salary will be dependent upon qualification and based on published UC pay scales. Area of research specialization is open, but work in behavioral interventions, genetics or imaging is desirable. Potential start

date is January 2006. Interested candidates should send curriculum vitae and supporting documentation by December 23, 2005 to: Chair, PTSD/MST Search Committee, Department of Psychiatry, UCSD School of Medicine, 9500 Gilman Drive, La Jolla, CA 92093-0603. The University of California and VASDHS are Equal Employment, Affirmative Action Employers.

**SUMMER FELLOWSHIPS IN RATIONAL EMOTIVE BEHAVIOR THERAPY AND CBT for Full-Time University Faculty:** A limited number of 3 week fellowships for university and college faculty in psychology, psychiatry, counseling or social work are being offered at the Albert Ellis Institute in July 2006. The program will feature intensive practice in REBT, direct supervision of therapy sessions, special seminars, and the opportunity to co-lead a therapy group with Institute faculty. Send statement of objectives for your participation along with a vita to Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th Street, New York, NY 10021; or fax at 212-249-3582; or e-mail at [krisdoyle@albertellis.org](mailto:krisdoyle@albertellis.org). Proficiency in English is required. Stipend provided. Deadline is February 15, 2006.

**IMMEDIATE OPENINGS FOR CLINICAL FELLOWSHIPS IN COGNITIVE BEHAVIOR THERAPY AND REBT:** Part-time one year pre-doctoral Internships and two year post-graduate Fellowships are being offered at the Albert Ellis Institute. Intensive supervision of individual, couples, and group therapy will be given by Ray DiGiuseppe, Ph.D., Michael Broder, Ph.D., and Kristene Doyle, Ph.D. Candidates will 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 20 hours per week of involvement in a wide variety of professional activities. Contact Dr. Kristene Doyle at [krisdoyle@albertellis.com](mailto:krisdoyle@albertellis.com) for application.

**3-DAY PRIMARY CERTIFICATE PRACTICUM IN CBT/REBT** at Albert Ellis Institute, New York City, Jan 27- Jan 29, 2006. Earn 24 CE credits. Learn CBT/REBT fundamentals, diagnostic and intervention skills and how to apply them to a wide range of clinical issues. Includes demonstrations of therapy sessions, 12 hours of small-group supervision of peer counseling and more. Tuition: \$595 per person; \$570 for early registration; \$550 for groups of 5 or more; \$445 for F/T grad students. Information at 212-535-0822 or [www.albertellisinstitute.org](http://www.albertellisinstitute.org).

**SCHOOL OF PROFESSIONAL PSYCHOLOGY, Open Faculty Position.** The School of Professional Psychology (SOPP), Wright State University (WSU), is seeking candidates for a faculty position at the Assistant or Associate Professor rank for Summer or Fall, 2006. We are seeking individuals to teach and provide clinical supervision to doctoral-level students in our APA-accredited PsyD program in Clinical Psychology. Preference will be given to strong generalist candidates whose interests coincide with program needs such as cognitive-behavioral

therapy, group therapy, child-clinical/pediatric, consultation/organizational, forensic, program evaluation, and/or multicultural psychology. In addition to teaching and provision of clinical supervision and/or clinical program development, duties include mentoring/advising of graduate students, directing doctoral dissertations, providing service to the doctoral program and university, engaging in scholarship, and conducting clinical practice in the faculty practice plan.

Applicants must have a doctorate in clinical or counseling psychology from an APA accredited doctoral program (degree anticipated before employment start date), demonstrated ability to teach practitioner students, and be licensed in Ohio or be able to acquire licensure in Ohio within two years of appointment. We encourage applications from those who would further our commitment to multiculturalism and diversity and could serve as a mentor to students from diverse backgrounds. Applicants must also have a commitment to the practitioner model of professional education. To be considered at the Associate level, candidates must have documented evidence of sustained and high quality scholarly/creative activity, practice, and teaching.

WSU is a comprehensive, research intensive state university with its main campus located in Dayton, Ohio. It serves approximately 17,000 students. The University places a high priority on the creation of an environment supportive of ethnic minorities, women, and persons with disabilities. The SOPP is among the first doctoral programs in the country to develop a PsyD, practitioner model program and has been fully accredited by APA since graduating its charter class in 1982. The SOPP has four major locations, two on the WSU campus and two based in the Dayton Community. SOPP also offers an APA-accredited internship program and a post-doctoral training program.

A letter of interest, vita, three letters of recommendation, and a transcript verifying highest degree should be sent to Ms. Sharon Daugherty, School of Professional Psychology, Wright State University, 3640 Colonel Glenn Hwy., Dayton, Ohio 45435. Review of applications will begin February 1 and continue until the position is filled. Wright State University is an EO/AA employer. Visit our website at [www.wright.edu/sopp/](http://www.wright.edu/sopp/)

**FULL-TIME PSYCHOLOGIST, THE COGNITIVE BEHAVIORAL INSTITUTE OF ALBUQUERQUE, LLC.** Multi-specialist group practice and training institute seeks licensed or license-eligible psychologist to provide outpatient CBT and training supervision. The Institute participates on the provider panels of most major insurers in the region, and will assist the successful candidate in credentialing. Candidates must possess high levels of documented training and experience in the major models of CBT. Please email current CV to [br@cogtherapy.com](mailto:br@cogtherapy.com).

**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER: HEALTH PSYCHOLOGY POST-DOCTORAL FELLOWSHIP IN PRIMARY CARE.** The Department of Family Medicine and

## 1/3 p. recruitment ad Woodbridge Devel. Ctr.

School of Dentistry at the University of Mississippi Medical Center is accepting applications for a two-year postdoctoral fellowship in health psychology. This 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 tobacco-related research. Licensure preparation and attainment is supported and expected. Preference will be made for 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, 2006. Send letter of intent, curriculum vitae, representative publications, and three recommendation letters to Patrick O. Smith, Ph.D., Family Medicine, University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216 or via email to [posmith@familymed.umsmed.edu](mailto: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://family-med.ums.edu/>). EEO, M/F/D/V.

**ARGOSY UNIVERSITY CHICAGO CAMPUS FACULTY OPENINGS:** Two full-time (10 month) faculty positions for APA accredited Psy.D. program, beginning January or September, 2006. Doctoral level teaching experience desired, rank open. Duties include teach-

ing, advisement, supervision of doctoral research, and involvement in faculty governance. Ph.D./Psy.D. required, 1+ years post-doctoral clinical experience preferred, Illinois licensure or eligibility required. New graduates who show exceptional clinical and scholarly promise will be considered. Areas of expertise preferred: Child and Adolescent, Cognitive Behavior Therapy, Health Psychology. We are also seeking a faculty leader for our Diversity Concentration. Please fax, mail or e-mail a letter of interest, three letters of recommendation, a vita, and work samples (e.g., reprints, syllabi, teaching evaluations) to: Dr. David J. Van Dyke, Chair, Faculty Search—PsyD Program, Illinois School of Professional Psychology/Argosy University, 350 N. Orleans, Chicago, IL 60602 o [dvandyke@argosyu.edu](mailto:dvandyke@argosyu.edu); Fax: 312-777-7750 EOE

### seeking group/training

I am interested in forming or joining a DBT consultation/study group in the White Plains, NY, area with intention of receiving training next year. Anyone interested, please call 914-834-3889.

# Call

## for Award Nominations

**This is an OPEN CALL to the AABT/ABCT membership to provide nominations for the following awards, to be presented at the 2006 convention in Chicago, IL.**



*On a rotating annual basis, one of the following three types of distinguished contributions by an individual member of AABT/ABCT will be recognized at the Annual Convention: research, clinical, or educational/training. For 2006, we seek nominations from AABT/ABCT members for outstanding educational/training contributions.*

### **Outstanding Contribution by an Individual for Educational/Training Activities**

Eligible candidates for this award should be members of AABT/ABCT in good standing who have provided significant contributions toward educating and training behavior therapists. Past recipients of this award include Gerald C. Davison in 1997, Leo Reyna in 2000, and Harold Leitenberg in 2003. Please complete an on-line nomination by visiting [www.aabt.org](http://www.aabt.org), and completing the appropriate application forms. Then, e-mail the completed forms to [aabt@hofstra.edu](mailto:aabt@hofstra.edu). Also, mail a hard copy of your submission to AABT/ABCT, Outstanding Education/Training, 305 Seventh Ave., New York, NY 10001.

### **Outstanding Mentor**

This is a new award category which will be recognized on a rotating annual basis. On alternate years, recognition will be given to an Outstanding Training Program. This year we are seeking eligible candidates for the Outstanding Mentor award

who are members of AABT/ABCT in good standing who have encouraged the clinical and/or academic and professional excellence of psychology graduate students, interns, postdocs, and/or residents. Outstanding mentors are considered those who have provided exceptional guidance to students through leadership, advisement and activities aimed at providing opportunities for professional development, networking and future growth. Appropriate nominators are current or past students of the mentor. Applications should include a letter of nomination, three letters of support, and curriculum vitae of the nominee. Please complete an on-line nomination by visiting [www.aabt.org](http://www.aabt.org), and completing the appropriate application forms. Then, email the completed forms to [aabt@hofstra.edu](mailto:aabt@hofstra.edu). Also, mail a hard copy of your submission to AABT/ABCT, Outstanding Mentor, 305 Seventh Avenue, NY, NY 10001.

### **Virginia A. Roswell Student Dissertation Award**

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



www.aabt.org, and completing the appropriate application forms. Then, e-mail the completed forms to aabt@hofstra.edu. Also, mail a hard copy of your submission to AABT/ABCT, Virginia A. Roswell Dissertation Award, 305 Seventh Ave., New York, NY 10001.

. . .

*The Awards and Recognition Committee proudly opens the nominations for the following awards to the AABT/ABCT membership at large:*

### **Career/Lifetime Achievement**

Eligible candidates for this award should be members of AABT/ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Past recipients of this award include Albert Ellis, Leonard Ullman, David Barlow, and Leonard Krasner. Please complete an on-line nomination by visiting [www.aabt.org](http://www.aabt.org), and completing the appropriate application forms. Then, e-mail the completed forms to aabt@hofstra.edu. Also, mail a hard copy of your submission to AABT, Career/Lifetime Achievement Award, 305 Seventh Ave., New York, NY 10001.

### **Distinguished Friend to Behavior Therapy**

Eligible candidates for this award should NOT be members of AABT/ABCT, but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Applications should include a letter of nomination, three

letters of support, and a curriculum vitae of the nominee. Past recipients of this award include Jon Kabat-Zinn, Nora Volkow, John Allen, and Anne Fletcher. Please complete an on-line nomination by visiting [www.aabt.org](http://www.aabt.org), and completing the appropriate application forms. Then, e-mail the completed forms to aabt@hofstra.edu. Also, mail a hard copy of your submission to AABT/ABCT, Distinguished Friend to AABT Award, 305 Seventh Ave., New York, NY 10001.

. . .

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

### **Outstanding Service to AABT/ABCT**

Members of the governance, please complete an on-line nomination by visiting [www.aabt.org](http://www.aabt.org) and completing the appropriate application forms. Then, e-mail the completed forms to aabt@hofstra.edu. Also, mail a hard copy of your submission to AABT, Outstanding Service to AABT/ABCT Award, 305 Seventh Ave., New York, NY 10001.

---

## **Nominate on-line at [www.aabt.org](http://www.aabt.org)**

---

All questions regarding the award nominations can be directed to:

**M. Joann Wright, Ph.D., Chair  
AABT/ABCT Awards & Recognition  
Committee  
131 Hofstra University  
Hempstead, NY 11549  
Tel.: 516-463-6791  
e-mail: aabt@hofstra.edu**

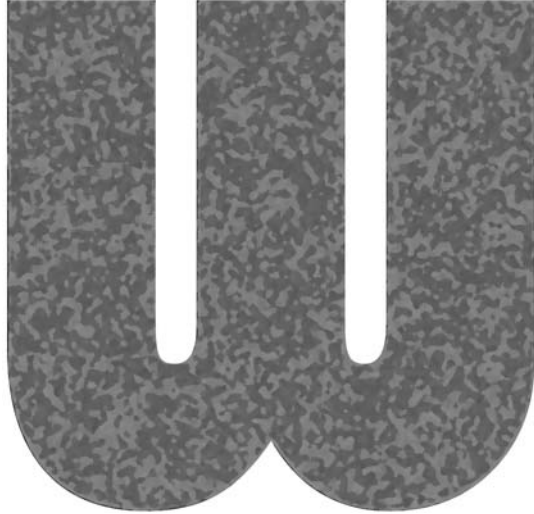


General suggestions about the annual AABT/ABCT awards program are appreciated. Please forward your suggestions to the committee chair.

*If you would like to serve on the committee, contact the committee chair.*

***Deadline*** FOR ALL NOMINATIONS:  
**WEDNESDAY, MARCH 1, 2006**

**CALL FOR**



# WORKSHOP SUBMISSIONS

Suggestions for workshops are welcomed.  
A 250-word abstract and a CV for each presenter must accompany any suggestions.

MAIL TO:

Lizabeth Roemer, Ph.D.  
Dept. of Psychology  
University of Massachusetts at Boston  
100 Morrissey Blvd., Boston, MA 02125  
Or e-mail to: [Lizabeth.Roemer@umb.edu](mailto:Lizabeth.Roemer@umb.edu)

**DEADLINE FOR SUBMISSIONS:**  
**January 15, 2006**

---

ABCT's 40th ANNUAL CONVENTION \* November 16 - 19, 2006, Chicago

---

## Behavior Therapy VOL. 36(4)

- CORDOVA ET AL., The Marriage Checkup
- DENOMA ET AL., A Test of an Interactive Model of Bulimic Symptomatology in Adult Women
- FITZPATRICK ET AL., Brief Problem-Oriented Intervention for Suicidal Ideation
- KASHDAN & WENZEL, Transactional Approach to Social Anxiety
- JONES ET AL., Family Focused Randomized Control Trial to Prevent Adolescent Alcohol and Tobacco Use
- FORGATCH ET AL., An Efficacious Theory-Based Intervention for Stepfamilies

**SPECIAL SERIES: SUBTYPES OF OCD** (GUEST EDITORS Jonathan Abramowitz, Dean McKay, & Steven Taylor)

- ABRAMOWITZ ET AL., Introduction
- RADOMSKY & TAYLOR, Subtyping OCD, Prospects and Problems
- HASLAM ET AL., Subtyping OCD: Taxometric Analysis
- SOOKMAN ET AL., Subtypes of OCD: Implications for Specialized CBT
- CLARK, Lumping Versus Splitting

*Coming in Dec.*

## Cognitive and Behavioral Practice VOL. 12(4)

in  
p  
r  
e  
s  
s  
in  
p  
r  
e  
s  
s

- TOLIN ET AL., Pilot Study of Stepped Care for OCD
- WICKSELL ET AL., Using ACT in the Rehabilitation of an Adolescent with Chronic Pain
- STANLEY ET AL., Anxiety and Depression in Chronic Pulmonary Disease: New Intervention and Case Report
- RIZVI & LINEHAN, Treatment of Maladaptive Shame in BPD: A Pilot Study of Opposite Action
- BEN-PORATH & KOONS, Telephone Coaching in DBT
- HICKLING ET AL., Brief, Early Treatment for ASD/PTSD Following Motor Vehicle Accidents
- DAVIS & LYSAKER, CBT and Functional and Metacognitive Outcomes in Schizophrenia: A Single Case Study
- MAGUEN ET AL., Providing Culturally Sensitive Care for Transgender Patients

**CASE CONFERENCE** (SERIES EDITOR: Cheryl Carmin)

- PEASLEY-MIKLUS, Treating OCD and Schizophrenia: The Case of Sam
- MORRISON, A Normalizing Approach to the Case of Sam
- MCKAY, Information Processing and CBT for OCD: Comorbidity of Delusions, Overvalued Ideas, and Schizophrenia
- RANDHAWA, A Review of Pharmacotherapy

IT'S  
TIME  
TO  
RENEW

There is a \$15  
late fee if you  
don't renew by  
JANUARY 15.

*your membership*

*your membership*

*your membership*

*your membership*

# NOMINATE the Next Candidates for ABCT Office

## Every nomination counts!

Encourage colleagues to run for office or consider running yourself. Nominate as many full members as you like for each office. The results will be tallied and the names of those individuals who receive the most nominations will appear on the election ballot next April. **Only those nomination forms bearing a signature and postmark on or before February 1, 2006, will be counted.**

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

Please complete, sign, and send this nomination form to **Stephanie Felgoise, Ph.D., Nominations & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.**

## I nominate

the following individuals for the positions indicated:

PRESIDENT-ELECT (2006-2007)

---

---

REPRESENTATIVE-AT-LARGE (2006-2009)

---

---

SECRETARY-TREASURER (2007-2010)

---

---

NAME (printed)

SIGNATURE (required)



### *the Behavior Therapist*

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

Tel.: 212-647-1890

e-mail: [publications@aabt.org](mailto:publications@aabt.org)

[www.aabt.org](http://www.aabt.org)

ADDRESS SERVICE REQUESTED

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