the Behavior Therapist

Contents

A Wisdom of Purpose and Perspective

Bruce F. Chorpita, *UCLA*

NEXT MONTH is the deadline for submissions to ABCT's 2019 Convention in Atlanta. It is a time when one might ask, *Does it really matter if my submission fits the theme? And what even is the theme anyway?* Well, this year the theme is essentially "wisdom." That may seem overly grand or perhaps too abstract, but one thing is certain: It is a contrived dilemma. Everyone preparing a submission must either abide by the convention theme or admit their contribution is unwise. ABCT can't lose!

Of course, that is not the real reason for this year's theme. It is in fact a reference to a conceptualization of wisdom common in the information science literature, in which the term has a specific, reserved meaning. Rowley (2007), for example, summarizes in her comprehensive review the difference between information, knowledge, and wisdom, such that information is data in an interpretable or meaningful metric; knowledge is generally thought of as information embedded in the individual that is useful for decision-making or that predisposes action; and finally, wisdom is the ability to prioritize, integrate, or extrapolate among multiple sources of knowledge that sometimes do not even agree.

We recently gave a simple illustration of this hierarchy phases of evidence in the "wedding problem" (Chorpita & Daleiden, in press) as follows: Evidence that it is 85°F is *information*, given that we can all agree on what that means and imagine how it feels on a summer day. It

Fellows at ABCT: Update

Linda Carter Sobell, *Chair*, Fellows Committee

Most professional organizations serving psychology and related health and mental health professions have a "Fellow" membership category. In 2014 ABCT introduced its Fellow membership category. The first Fellows Committee, chaired by Dr. David DiLillio, invested considerable time developing the criteria, application, and review process. In so doing, the committee looked to several other organizations (e.g., APA, APS) for guidance.

Although APA was a good place to start, it has 54 divisions, each with their own criteria and process. In contrast, ABCT is a unified organization with a diverse membership that encompasses a wide range of professional activities, engagement in the field, and commitment of time and service to the organization.

Because ABCT's Fellow status is still in its infancy, we have received feedback and suggestions from some members. Based on this feedback, the Committee has decided to review the original criteria and their fit with our current and evolving membership.

Over the coming months the Committee will be having several conference calls and an all-day meeting on the day before the 2019 Annual Convention. Because of this review, the Committee, with the support of the Board, has decided not to accept Fellows applications in 2019.

In the interim, if you have questions or suggestions please email them to Dr. Linda Sobell (sobelll@nova.edu), the Committee Chair.

INSTRUCTIONS *for* AUTHORS

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

■ Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.

■ Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.

■ Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.

■ Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

Submissions must be accompanied by a Copyright Transfer Form (which can be downloaded on our website: http://www.abct.org/Journals/?m=mJournal&fa=TBT): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor, Kate Wolitzky-Taylor, Ph.D., at **KBTaylor@mednet.ucla.edu.** Please include the phrase **tBT submission** and the author's last name (e.g., **tBT Submission - Smith et al.**) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

becomes *knowledge* if the context for that information is one's getting dressed for the day, because now one faces decisions about shorts versus pants or short sleeves versus long. One requires *wisdom*, however, when there are multiple sources of knowledge to prioritize and reconcile. For instance, if one is to attend a wedding that day, then perhaps temperature is a less important consideration, whereas local traditions, terms of the invitation, or who else is on the guest list play a more significant role. If one has knowledge that she is the bride, perhaps the priorities change even more so. Essentially, then, wisdom is about reconciling all the things that we know and being capable of an integrative judgment for a given purpose and context.

And that brings us back to the convention theme. What is a convention but a pageant of knowledge (or in some cases, merely information)? We can encounter groundbreaking or fascinating discoveries, some that even predispose immediate action or decisions, but we do not always come away with the perspective of how it all fits together to serve a larger purpose.

We come looking for wisdom, but we might only get information or knowledge.

This year, we ask that authors consider including a statement of how the submission content connects to the larger purpose of ABCT: to help improve the health and well-being of all people. Such statements could take many forms. How does any single research finding fit together with other moving parts in an ever-growing evidence base? How does existing knowledge apply in new contexts or with new populations? How does a discovery translate across different audiences, workforces, nosologies, industries, settings, or delivery platforms? Such questions are outlined in more detail in the 2019 Call for Papers (http://www.abct.org/Conventions/?fa=Call_For_Papers).

The program this year is led by Program Chair Alyssa Ward, Associate Program Chair Shannon-Wiltsey-Stirman, and Assistant Program Chair Cameo Stanick, under the experienced guidance of Coordinator of Convention and Education Issues Katharina Kircanski. Convention Manager Stephen Crane in ABCT's Central Office rounds out our excellent leadership team, which of course depends on the generosity of the many members who volunteer to be on the Program Committee. Everyone is working hard to prepare for the many submissions to come, and we aspire to an event that is more than the sum of the parts and may just give us a glimpse at wisdom this November.

References

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Rowley, J. (2007). The wisdom hierarchy: Representations of the DIKW hierarchy. *Journal of Information Science, 33*, 163–180. doi: 10.1177/0165551506070706

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Correspondence to Bruce F. Chorpita, Ph.D., Franz Hall 3227, Department of Psychology, University of California, Los Angeles, CA 90095; chorpita@ucla.edu

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From Your Executive Director

Mary Jane Eimer, *Executive Director*

THE ABCT BOARD of Directors meets once a month 11 months of the year and November is our only face-to-face meeting. Coordinators and new officers participate in the meeting. I usually have an "ah ha" moment. This year's is that we do a good job letting the leadership know what is going on, but not necessarily the membership. I will attempt to change that over the coming year by writing a column each issue. Here are a few highlights that the Board has either authorized or consented:

1. ABCT has engaged the services of an IT consultant to help us address current needs and build a road map addressing those and future needs. We hired Denman Wall of Dolici Interactive. He has completed the discovery stage, talking with various members of leadership and all 9 staff members. He also conducted a survey of the entire membership. The focus has been holistic: how our database system, web, list serv, and directories serve our needs now and what is needed in the future. How do our systems interact with our vendors and their software, such as the convention abstract submission and management process, convention registration, voting software for our annual election, etc. Expect to hear more about this over the coming year.

2. Once every 3 years, the Board of Directors and coordinators meet for a 2 ½ day strategic planning retreat. We conduct an environmental scan, review our current plan, map out our SWOT, refine the plan to match current needs. We currently have 8 strategic initiatives that all levels of governance are addressing with their staff liaisons. The Board addresses progress or edits to the strategic plan during the course of the year. Coordinators, committee chairs, and editors are asked to address the strategic plan in their updates to the Board. To see the current strategic plan, visit: http://www.abct.org/docs/About/Strategic_Planning_Dashboard.pdf

3. Back to the November meeting: During that meeting, we capture priorities that need to be addressed and mapped onto the strategic plan and we also maintain a listing of Action Items (think Nike's slogan, "Just Do It!"). The Board reviews and votes on priorities and action items at their December teleconference.

Here are a few examples of priorities regarding the 8 strategic initiatives:

• *Dissemination and Implementation*: Develop a consensus statement that is approved by the Board and made public on our website.

• *Membership and Community Value*: Address understanding and acceptance of other career paths and/or disciplines with our current leadership and membership.

• *Innovation and Advancement of Science*: Pay attention to the issues our clinician members deal with and ensure our researchers are supporting them through training opportunities, such as webinars,

workshops, and journal articles. Special attention should be focused on hot topics (i.e., transdiagnostic treatments; technology, including apps to enhance care, etc.).

• *Building the Future of ABCT Through Fundraising*: Develop a long-term fundraising campaign that is in line with our mission and supported by the membership.

• *Outreach*: Support members to enable them to reach out to and respond to their clients and colleagues rather than to respond to every current event. Responses must reflect the scientific, educational, and training aspects of CBT.

• *Partnerships and Coalitions*: Our involvement with current partnerships and coalitions is in line with the ABCT mission and will be reviewed for additional opportunities when appropriate but at least annually at a minimum. Current partnerships and coalitions include Consortium of Social Science Associations; Mental Health Liaison; and Coalition for Advancement and Application of Psychological Science.

• *Globalization*: Continue to work with and support the World Confederation of Cognitive and Behavioral Therapies.

• *Technology*: Leadership, membership, and staff all to be involved in the dialogue on what should be included in the development of the new website, AMS (database), list serve, and other technologies used by ABCT to benefit all constituents.

4. Several Action Items include:

➔ Staff to finalize contract for 2021 Annual Convention in New Orleans—done!

➔ Staff to research location options for the 2025 July World Congress by the April 2019 deadline set by the World Confederation of Cognitive and Behavioral Therapies, taking into consideration the location for that year's November Annual Convention.

➔ Transition to new reality of no program book: Continue to post PDF online, develop a more interactive and robust app, and improve functionality of the itinerary planner and other web-based Cadmium resources.

➔ Survey convention attendees for their interest in child care in Atlanta.

As you can see, ABCT is a member-driven, strategically oriented organization. One of my goals in 2019 is to remind members that ABCT offers valuable benefits and services 365 days and not just the 4 days of the Annual Convention. We can always use your help and active involvement. If interested in serving, please contact me at mjeimer@abct.org with your interests or where you think you would like to serve.

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Address correspondence to Mary Jane Eimer, CAE, Executive Director, Association for Behavioral and Cognitive Therapies, 305 Seventh Ave., 16th floor, New York, NY 10001; mjeimer@abct.org

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PROFESSIONAL ISSUES

A Primer for First-Time Book Authors: Q & A With Dr. Keith Dobson

Interviewed by David DiLillo, *University of Nebraska*

MANY PSYCHOLOGISTS AND OTHER CBT professionals consider authoring or editing a book at some point in their career. The appeal of doing so is obvious; we all remember seminal books that shaped our research and practice as purveyors of cognitive and behavioral therapies. However, it is important to think carefully before deciding to contribute to this pantheon of great publications. No matter the rewards, writing a book is a mammoth undertaking that requires commitment and sacrifice. In this article, Dr. Keith Dobson shares his wisdom on the topic. Dr. Dobson is a Professor of Clinical Psychology in the Department of Psychology at the University of Calgary. He published his first book in 1988 and has since co-authored or co-edited 15 books, including *Risk Factors for Depression, The Prevention of Anxiety and Depression, The Evidence-Based Practice of Cognitive-Behavioral Therapy*, and *The Therapeutic Relationship in Cognitive-Behavioral Therapy*. Below are his responses to common questions asked by potential first-time authors.

I have a possible book idea. What should I look for in a publisher? How should I approach potential publishers?

My best advice is this: When your first get a book idea, imagine that it already exists in the marketplace. Where would you go to find such a book? Would it be an academic or university press? A commercial press? Would it be hard- or softcover? Once you can imagine where the book is "best located" and where you would look for it, then approach that (or those) publisher(s) with the book proposal. If there is more than one potential publisher, it is perfectly fine to approach multiple competitors at a time. Book publishers, and especially the larger companies, have acquisition editors whose job it is to solicit book proposals, and to bring the better proposals for their company to the contract stage. Bear in mind that even if one publisher is not interested, another may be, so don't give up too quickly if you get some negative responses. If you do approach multiple potential publishers, I suggest you be candid with them, and let them know that you are in discussions with different publishers. Some publishers will object, and I personally think it is objectionable to try to pit publishers against each other, but they also recognize that you want the best outcome for your book, its place in the market, and its sales.

Once you know which publisher you want to approach, prepare a book proposal, and get it to the acquisitions editor. A great way to do this is at a conference. Major publishers send these editors, and they fill their conference schedules meeting authors and hearing book ideas. If you cannot get to a conference, identify the acquisitions person and email them. If you can, arrange a phone call to discuss your idea and gauge their interest. If it seems like

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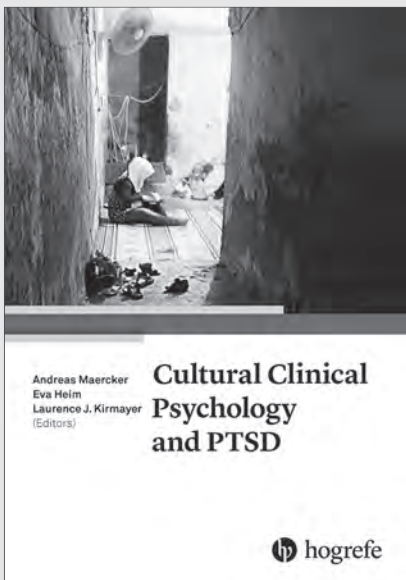
Andreas Maercker / Eva Heim / Laurence J. Kirmayer (Editors)

Cultural Clinical Psychology and PTSD

2019, x + 236 pp.
US $62.00
ISBN 978-0-88937-497-3

This book by leading international experts looks critically at how culture impacts on the way posttraumatic stress disorder (PTSD) and related disorders are diagnosed and treated. Providing new theoretical insights as well as practical advice, it looks at:

• How culture shapes mental health and recovery
• How to integrate culture and context into PTSD theory
• How trauma-related distress is perceived and expressed in different cultures
• How to integrate cultural dimensions into psychological interventions
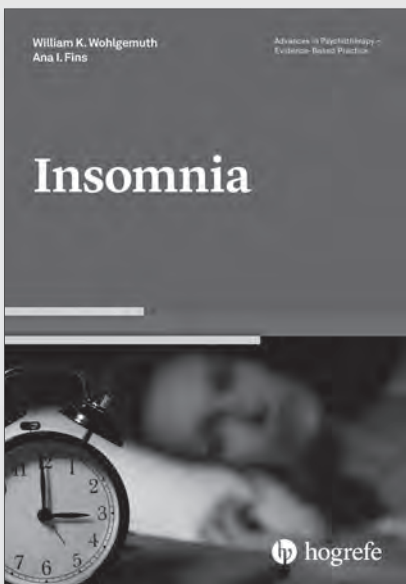
William K. Wohlgemuth / Ana Imia Fins

Insomnia

(Series: Advances in Psychotherapy –
Evidence-Based Practice – Volume 42)
2019, viii + 94 pp.
US $29.80
ISBN 978-0-88937-415-7

About 40% of the population experiences difficulty falling or staying asleep at some time in a given year, while 10% of people suffer chronic insomnia. This concise reference written by leading experts for busy clinicians provides practical and up-to-date advice on current approaches to diagnosis and treatment of insomnia. Professionals and students learn to correctly identify and diagnose insomnia and gain hands-on information on how to carry out treatment with the best evidence base: cognitive behavioral therapy for insomnia (CBT-I). Copyable appendices provide useful resources for clinical practice.

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a possible match then send them the formal proposal described below.

What is typically required in a book proposal?

A book proposal or prospectus typically has several sections, including a brief (one page maximum) description of the book idea and the need for this book. If you cannot "sell the idea" in a single page you have likely not got a winning proposal. After the rationale for the book, the potential publisher will want to see the draft book outline, and the approximate length of the book. Bear in mind that every published page is a "cost" to the publisher and will increase the price to a purchaser, so publishers want books to be as efficient as possible, while covering the topic. This said, some books (e.g., *The Complete and Comprehensive Handbook of ****) need to be longer to cover their content areas, so the book proposal should be as long as you think is warranted.

In addition to the above materials, the publisher will want to know why this book is needed now. Has there been a recent development in the field? Are you the particular author who has something to say about the area, and have not published this idea before? Has it been a few years since a similar book was published and it is timely for a new edition or version of the book?

The publisher will also have an eye towards sales. They will want to know about you as the author(s). Why should they publish your work? If you are an established author they may know you and believe you have a market appeal, but especially as a newer author, you may need to convince the publisher that you can do this work, and that the result will be marketable. Indeed, if you are quite junior it may not be the best idea to try to publish a book. Instead, your time might be better spent writing shorter articles or pieces, to establish your credentials and become better known. Publishers are often pretty honest about this type of assessment, so be open to their opinions. They may ask to see some of your work, or to see your CV. In some cases, they may even want to see a draft chapter so that they can see a sample of your writing.

The publisher will want to understand the competition. If there are other similar books in the field, you will need to explain why there is a need for your specific volume. Do you bring a new angle to the field? Is yours more practical and useful than others? Does yours cover the research better than others? Conversely, if there is no real competition, why not? Is your idea ahead of its time? Provocative? Unusual? The publisher will want to know that they can make a profit on your idea, so if the book is too esoteric they will likely be less interested.

What makes a strong book proposal?

All of the above points help to make a strong and compelling proposal or prospectus. You will need to write a persuasive case for the book, and you should try to be as succinct as you can. In my opinion, a proposal of about 8 to 10 pages should suffice to cover all of the above topics, and if you cannot frame your idea in a short space, the publisher may become less convinced of the project. Ultimately, this is a "mating ritual"—you are trying to find a publisher who is interested in you and your work, and you are trying to find a publisher who will honor and promote your efforts. Bear in mind that a given publishing house will likely have several books in negotiation or production at a given time. Sometimes a publisher may be looking for new ideas and books, whereas other times they may already have quite a few works in their cycle and be less interested in new acquisitions.

Do I need an agent?

I do not believe an agent is often needed, unless you are proposing what might be a very large volume trade book, where there may even be video or subsidiary rights to consider. My own thought is that first-time authors should talk to trusted and more senior colleagues, ideally ones who have published books themselves, to get their opinion about their intended book. Is it a book idea that has a lot of market potential? If so, consider an agent, but if not, then you can approach a book publisher directly and begin the process of discussion. If it evolves into a project that becomes larger than you had first envisioned, you can always approach an agent later, and before you have signed a contract. Once you sign a contract, of course, it is very difficult to later add an agent. I have never used an agent.

Should I consider self-publishing?

Self-publishing makes sense to me only if you have a very niche market to sell to, and if you have some way to access this market (e.g., a website or listserv on which your target audience will find your book). Most authors do not have these advantages.

Also, bear in mind that a commercial publisher is motivated to sell your book, and so they will bring their marketing and sales force to work on the book's behalf. There are real time and work considerations in marketing and sales, so think carefully if this is work you want to do.

The other major consideration about self-publishing is financial. If you self-publish then you have to pay the production costs before any books are sold, as well as all of the indirect costs associated with obtaining an International Standard Book Number (ISBN), a unique code assigned to each registered book. You also have to undertake all of the work associated with book distribution, such as managing inventory, marketing, labeling, mailing, bad checks or credit cards, and managing returns. You need to know how many books you must sell before you make any profit, and be honest with yourself about the market potential.

My proposal was rejected. What next?

Usually, if you have an initial expression of interest and the publisher has accepted a formal prospectus, they will send this prospectus to other authors who can advise them about the need for the book, the proposed content, and you as an author. These may well be your colleagues, so make sure the proposal is well done. They will take this information and put it in the context of the marketplace and their ability to sell the book. A good book idea may not be right for a specific publisher. A good publisher will be honest with you about the feedback they received about your proposal and their level of interest. Take the feedback to heart and consider if the idea needs to be adjusted. The publisher may request or demand changes to the idea before they will accept it, so consider your options. Do you negotiate, or take it to another publisher? If this is your first rejection, you may wish to take it elsewhere, but if this is your third or fourth rejection, you may wish to negotiate.

Once my proposal is accepted, how do I stay on track to complete the project by the deadline? How much daily/weekly writing time should I allot for timely completion?

If your proposal is accepted, the publisher will insist on a production schedule. This agreement will include the date by which you will supply the first draft of the book to the publisher. Once you have this agreement, you need to put the time

ESSENTIAL RESOURCES
for YOUR PRACTICE
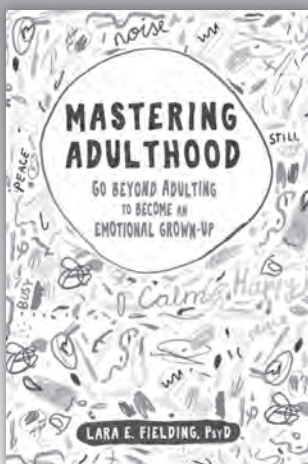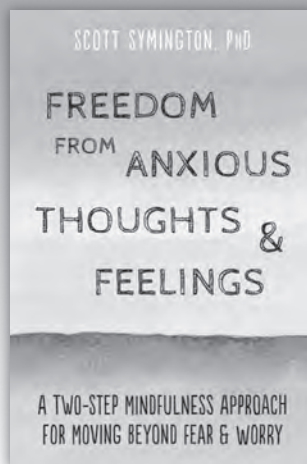
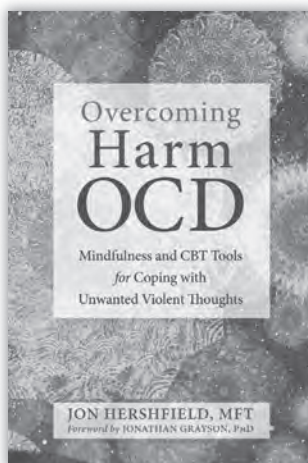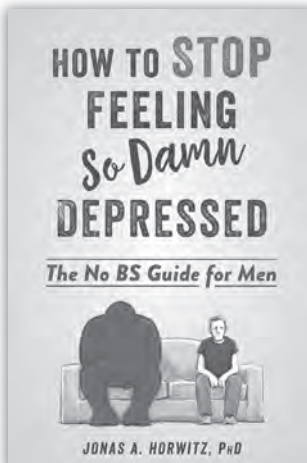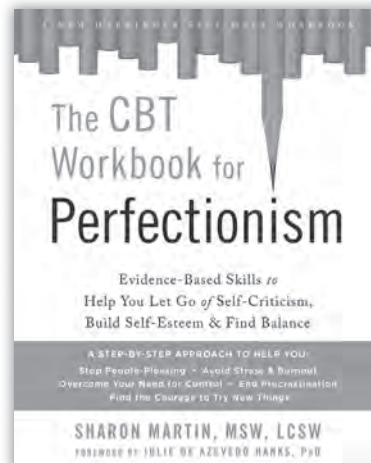needed to do the writing into your schedule. Will you try to complete the book part-time over the longer term, or will you try to dedicate a focused time period to get it done more quickly? Will your book require a fair bit of library work to get references organized, or is it more of a straightforward writing project? Are you using a lot of other people's work (e.g., figures; tables; quotes) so that you need to plan to get copyright permission to use their material? Are you writing the book, or is it edited (paradoxically, the production of edited books, in good measure, is out of the editor's control, and can only be as fast as the slowest contributor)? Is it a sole author work, or do you have collaborators? Again, a co-authored book can only be completed as fast as the slowest contributor.

Whatever the plan for the book, the best idea is to be extremely honest with yourself about your life, your existing time commitments, and your ability to carve out the large amount of time needed to complete a book. I suggest making both a best-case and a worst-case estimate of the time the book might take and then settle somewhere between on a realistic estimate. Then, add 50% to that estimate (seriously). Whether it comes in the form of smaller time blocks or a few larger writing periods, put that time on your calendar. Then, protect that time—you will need it!

What kind of assistance can I expect from my publisher (and editor) at different stages of the process?

Once a book contract is signed, the book is passed from the acquisitions editor to the production editor (in smaller companies this may be the same person). This person will want to hear from you regularly and may contact you when you are nearing a production deadline, or if you are late. They cannot help you to write the book, but they can provide the "encouragement" to move along more quickly, which you can share with co-authors or contributors to an edited book.

Once you have a complete draft and you send it to the publisher, the production team gets active. They will likely send the book out to review again and get the opinion of some experts in the field. They may come back and ask you to clarify, adjust, or move some unclear sections, or even rewrite parts of the book if they are truly problematic. They will usually expect a fairly quick turnaround on such requests. Once they are happy with the content, they will assign a copy editor to the book. The

copy editor reads the entire book line by line, and just as happens with a journal article, they will catch typos, grammatical errors, confusing wording, reference omissions or errors, any other issues that will affect the quality of the book. After the copy editor sends their edits to you, there is usually a very short time line in which to respond, as the publisher will by now have put the book into a production and marketing schedule.

Another important part of the production cycle, especially for more academic works, is indexing. Some books will provide an index of keywords and concepts, some will index authors and some will index both. Publishers may invite you to do the indices, or they will offer to do the work and subtract the cost against your royalties. My suggestion is that unless you have "extra" time, let them do it. They have the experience, and your time would likely be better spent writing the next book prospectus, since by then you will be an almost published author.

How do royalties work and can they be negotiated with the publisher? Will I make much money?

Royalties are usually computed as a percentage of net profits. Net profits are the money that the book makes after all expenses are accounted for. The publisher will compute all of the editing time the book has required, the indexing costs, the marketing costs, the production costs, the distribution costs, the storage costs, and other costs, and then estimate the potential sales to generate a per-book cost that will hopefully generate a profit. That profit is returned in part to the publishing company and in part to the author. Typical royalties are in the range of 13% to 15% of net profits, but you can negotiate these rates if the publisher thinks the book is especially marketable, if you are a "hot author" or if the book goes into extra printing (e.g., you might accept a royalty of 13% for sales of up to 2,000 copies, and request 15% afterwards).

It is sometimes possible to request advances against sales. This circumstance is more possible if you are a known author, or if the publisher is confident about strong sales numbers. In some cases, and especially for edited books, you might negotiate a flat fee with each contributor to the volume, which the publisher will pay as an advance to the authors and then charge back to you against the royalties. It is typical that publishers will provide some free

copies of the final work to the authors (usually about 5 copies), and to contributors to edited books (usually one copy per contributor). You should ensure that these copies are part of the contract, and you can ask for these numbers to be adjusted.

It is very uncommon that academic books make much money, so don't plan your retirement based on a book you have in mind! Trade books (e.g., those intended for the public at large) can be profitable, but even in this market there are few real "winners." To my mind, the best incentives to write or edit a given book is that you see it as a contribution to the field, that you have made a real effort to produce the book (i.e., you have "left something of yourself" in the book), and that you are proud of the effort and result. If you can write a book with these ideals in mind, then any financial emolument is a true bonus.

How much marketing of my book should my publisher be doing? Anything I can do to help market?

Every publisher has certain scripted marketing that they will undertake. This work will likely involve some combination of electronic marketing (e.g., listservs that they pay to send notices to; association newsletters), paper marketing (e.g., brochures, flyers), and conference marketing. Paper marketing is becoming less common as it is relatively expensive, and e-marketing is becoming commensurately more common. Marketing tends to follow certain cycles. For example, more academic works or books that can be potentially sold to universities and colleges tend to be marketed in time for the academic year. Trade books can be marketed anytime, but late summer to early fall is a common time to release new books, as summer "fun" reading makes way for more serious works. Sometimes books that are released late in a calendar year will be dated to the next, to increase their marketability.

There is not too much you can do to help market your book. If you happen to be someone who provides workshops or training, you can contact the publisher and ask that they sell your book at the venue where you are doing training. Even if they will not do so directly (it is often expensive for them to try to do sales for a single event), they might send you some copies based on an agreement that you will do the sales and return the funds and unsold books. Bigger publishers that attend conferences such as ABCT will often look at the program and bring some of the books

from their presenting authors. If you know you are going to be at a specific conference, you can let the publisher know (give them fair lead time), and they may be able to make books available for sales there, either directly or through a third-party book sales company. If you belong to an association or a listserv that permits marketing (many do not!), you can take advantage of that fact.

Any final advice?

The last advice I would offer is to make efforts to establish a long-term relationship with your publisher. If your book has met expectations, and you have fulfilled your contract well, you will have more latitude to propose the next book idea. Stay in touch with your acquisitions editor. Meet them at the next conference. They are often quite sociable people, they often develop a genuine interest in the field, and if they work in the field for a while they often have very good ideas that you can solicit. There is almost always a good idea for the next book in a conversation with an acquisitions editor!

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Drs. DiLillo and Dobson do not have any conflicts of interest or funding to disclose pertaining to this article.

Correspondence to Keith Dobson, Ph.D., The University of Calgary, 2500 University Dr. N.W., Calgary, AB, T2N 1N4, Canada; ksdobson@ucalgary.ca

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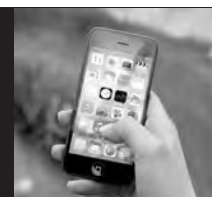
ABCT is delighted to announce a new partnership with **PsyberGuide**, a nonprofit website reviewing smartphone applications and other digital mental health tools. This partnership was established with the aim of disseminating reviews of digital mental health tools to a broad audience of researchers, psychologists, psychiatrists and other mental-health practitioners.

App reviews from both PsyberGuide and *Cognitive and Behavioral Practice* will be integrated on both sites to expand the reach of information on available apps. ABCT will be developing a dedicated app review page which will host a sample of relevant PsyberGuide reviews. PsyberGuide will also link to *C&BP* reviews on their site, where relevant. For full listings, visit:

http://www.abct.org/Resources/ ?m=mResources&fa=ABCT_APPS

Stoic Philosophy as a Cognitive-Behavioral Therapy

Donald Robertson, *Donald Robertson Training, learn.donaldrobertson.name*

R. Trent Codd, III, *Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.*

SOCRATES CONSIDERED PHILOSOPHY to be, among other things, a form of talking therapy, a sort of medicine for the mind. Within a few generations of his death, this idea of philosophy as psychotherapy had become commonplace among the various schools of Hellenistic philosophy. However, it was the Stoics who placed most emphasis on this therapeutic dimension of philosophy. For example, the Roman Stoic teacher Epictetus wrote, "It is more necessary for the soul to be cured than the body, for it is better to die than to live badly" (*Fragments*, 32), and he stated bluntly, "the philosopher's school is a doctor's clinic" (*Discourses*, 3.23.30). Today, though, most people are unaware of the extent to which ancient Greeks and Romans conceived of philosophy as a type of psychological therapy.

Stoicism survived for 500 years but its therapeutic concepts and practices were largely neglected until the start of the 20th century when a rational approach to psychotherapy began emerging, which held that many emotional and psychosomatic problems were caused by negative self-talk or autosuggestions, which could be amenable to rational disputation. Its leading proponent, the Swiss psychiatrist Paul Dubois, employed Socratic questioning with his patients and taught them the basic principles of a Stoic philosophy of life. Indeed, he declared:

> If we eliminate from ancient writings a few allusions that gave them local colour, we shall find the ideas of Socrates, Epictetus, Seneca, and Marcus Aurelius absolutely modern and applicable to our times. (Dubois, 1909, pp. 108–109)

Dubois also noticed that, paradoxically, the Stoic words of advice he read in the letters of the philosopher Seneca "seem to be drawn from a modern treatise on psychotherapy," although written in the first century A.D.

Dubois placed more emphasis than subsequent psychotherapists on the fundamental distinction Stoics make between what is up to us and what is not. We should, the Stoics believed, learn to assume more responsibility for our own voluntary actions while also becoming more tolerant and accepting of things that merely happen to us. Or as Epictetus put it:

> What, then, is to be done? To make the best of what is in our power, and take the rest as it naturally happens. (*Discourses*, 1.1.17)

This central teaching of Stoicism found perhaps its best-known expression in the Serenity Prayer, written by Reinhold Niebuhr in the 1930s, but made popular by Alcoholics Anonymous: "God, give me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference." However, by the middle of the 20th century Stoicism and rational psychotherapy, based on relatively down-to-earth philosophical principles, were temporarily eclipsed in popularity by a more idiosyncratic theory that was to be very short-lived by comparison: Freudian psychoanalysis.

Indeed, psychotherapists began to rediscover Stoicism from the 1950s onward through the writings of Albert Ellis and what would become known as Rational Emotive Behavior Therapy (REBT). Despite the similarity of his approach to that of early rational psychotherapists such as Dubois, Ellis was initially unaware of their writings. However, as far back as his youth, before training as a psychotherapist, Ellis had "read the later Stoics, Epictetus, Seneca, and Marcus Aurelius" (Still & Dryden, 2012, pp. xii–xiii). Indeed, Ellis refers to the Stoics, particularly Epictetus, throughout his writings. Even when he doesn't mention the Stoics by name, though, Ellis often describes concepts and techniques that seem to demonstrate their influence.

In Ellis' first major publication on REBT, he explained the central premise of this emerging cognitive approach to psychotherapy: Emotional disturbances, and associated symptoms, are not due to external events, as people tend to assume, but mainly to our irrational beliefs about such events. However, he also admitted that it was far from being a new idea:

> This principle, which I have inducted from many psychotherapeutic sessions with scores of patients during the last several years, was originally discovered and stated by the ancient Stoic philosophers, especially Zeno of Citium (the founder of the school), Chrysippus, Panaetius of Rhodes (who introduced Stoicism into Rome), Cicero [sic.], Seneca, Epictetus, and Marcus Aurelius. The truths of Stoicism were perhaps best set forth by Epictetus, who in the first century A.D. wrote in the Enchiridion: "Men are disturbed not by things, but by the views which they take of them." (Ellis, 1962, p. 54)[1]

Indeed, Ellis taught this famous quote from Epictetus to many of his clients during the initial socialization phase of treatment. Following Ellis, this saying became extremely well known to subsequent generations of cognitive-behavioral therapists. Although, for some reason, surprisingly few of them chose to explore the writings of Epictetus or other Stoics any further.

Mainly through Ellis' writings, Stoicism continued to influence Aaron T. Beck, the founder of cognitive therapy, and his colleagues. Beck opened his first book on cognitive therapy by describing how his new style of therapy was founded upon the emerging consensus among researchers that cognitions play a central role in deter-

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[1]Cicero was an Academic philosopher, not a Stoic, although he was sympathetic to Stoicism and wrote extensively about it, making him one of our main sources for information on the philosophy. Beck et al., under the influence of Ellis, reproduce this error in their own account.

mining our emotions. Then, like Ellis, he added:

> Nevertheless, the philosophical underpinnings go back thousands of years, certainly to the time of the Stoics, who considered man's conceptions (or misconceptions) of events rather than the events themselves as the key to his emotional upsets. (Beck, 1976, p. 3)

Nearly two decades after Ellis had first brought it up, Beck et al. (1979) restated this claim that the doctrines of Stoicism constitute the "philosophical origins" of cognitive therapy in their groundbreaking treatment manual for clinical depression:

> The philosophical origins of cognitive therapy can be traced back to the Stoic philosophers, particularly Zeno of Citium (fourth century B.C.), Chrysippus, Cicero [sic.], Seneca, Epictetus, and Marcus Aurelius. (Beck, Rush, Shaw, & Emery, 1979, p. 8).

Like Ellis, they quote the famous passage from Epictetus above, which they hailed as a forerunner of the modern cognitive theory of emotion. Moreover, if the causes of emotional disturbance are mainly cognitive, this implies the possibility of a cognitive cure. They realized, therefore, that this shared premise had led Stoics and cognitive therapists to the same conclusion: "Control of most intense feelings may be achieved by changing one's ideas."

Ellis was only exaggerating slightly when he later claimed: "I am happy to say that in the 1950's I managed to bring Epictetus out of near-obscurity and make him famous all over again" (Ellis & MacLaren, 2005, p. 10). Indeed, in recent decades, partly as a consequence of CBT's growing popularity, Stoicism has continued to undergo a wider resurgence in popularity. In the 1980s, Vice Admiral James Stockdale helped popularize Stoic philosophy in the U.S. military. Stockdale documented his reliance on the Stoicism of Epictetus as a means of coping with torture and incarceration during the Vietnam War in *Thoughts of a Philosophical Fighter Pilot* (1995). The Tom Wolfe novel about the Stoicism of Epictetus, *A Man in Full* (1998) reignited popular interest in Stoicism as did director Ridley Scott's movie *Gladiator* (2000), which featured Richard Harris as Roman emperor Marcus Aurelius. Since then, an increasing number of self-help books influenced by Stoicism have appeared, such as Robertson's CBT-influenced *Stoicism and the Art of Happiness* (2013) and Ryan Holiday's *The Obstacle is the Way* (2014). Likewise, a growing number of blog articles and podcasts on the Internet testify to public interest in Stoicism as an approach to self-help and self-improvement. However, Stoic ideas were ridiculed by Freud's followers and they would never have resurfaced to this extent if CBT had not effectively replaced the psychodynamic tradition, paving the way for Stoic philosophy to be taken seriously once again.

Ironically, though, just as Stoicism was reaching a wider audience, through self-help literature and the Internet, the field of CBT was changing once again with the emergence of the third wave. Third-wave therapy introduced greater emphasis on themes like mindfulness, acceptance, and valued living, often turning to Buddhist literature and practices for inspiration. Interestingly, these themes were already emphasized in the Stoic "philosophical origins" of cognitive therapy. Ellis, and subsequently

Beck, had largely overlooked those aspects of Stoicism. So the next generation of therapists remained largely unaware of the extent to which mindfulness and acceptance were already practices native to ancient Stoicism. Practitioners and researchers began to lose interest in Western philosophy as they turned to Buddhism and Eastern thought instead.

Many Western clients, and therapists, find Stoicism more congruent with their existing cultural concepts and values. When they learn about the Stoics, they often report a sense of déjà vu as they "join the dots" and realize how it connects countless philosophical themes already familiar to them. From Aesop's Fables to Hamlet's "There's nothing good or bad but thinking makes it so" (also quoted by Ellis), to the Roman poet Horace's carpe diem (made famous by Robin Williams in *Dead Poets' Society*), or the memento mori tradition in the arts (e.g., Damien Hirst's shark in formaldehyde), Stoic concepts permeate Western culture and literature to this day. It's as though we're living among the rubble of a once magnificent temple, without realizing. Then someone shows us a sketch of what it used to look like and suddenly the landscape is transformed before our eyes as we begin to understand how all the pieces were long ago organized into a whole system of ancient philosophy and psychotherapy.

Unfortunately, the popularity of Stoicism, the Greek philosophy, among therapists has also been hampered because of the tendency to confuse it with (lower-case) stoicism, the "stiff upper-lip" personality trait or coping style. The word "stoicism" is often taken to mean crudely suppressing feelings of distress—something potentially quite unhealthy. However, Stoic philosophy teaches a far more nuanced approach to emotional self-regulation, which is more consistent with the aims of modern psychotherapy. This article addresses this and other misconceptions about Stoicism and makes the case that it can contribute in important ways to the contemporary field of cognitive-behavioral therapy. We begin by introducing readers to the Stoics, describing their beliefs and interventions, and elucidating parallels between Stoicism and contemporary cognitive-behavioral therapy. Finally, resources for further study are offered.

Who Were the Stoics?

The Stoic school was founded in 301 B.C. by a Phoenician merchant called Zeno of Citium, who had been shipwrecked near Athens. Inspired by the example of Socrates, Zeno became a philosopher. He trained for 10 years in the Cynic tradition and studied at the Platonic Academy and the Megarian school, started by another of Socrates' followers, before founding his own school of philosophy combining these and other influences. He was succeeded as head (scholarch) of the school by Cleanthes of Assos, and then by Chrysippus of Soli, one of the most highly regarded intellectuals of the ancient world. Between them, these three men formulated the original doctrines of Stoicism.

Moreover, the Athenian school had an unbroken succession of teachers lasting over 200 years, until Panaetius of Rhodes, who died at the end of the second century B.C. By that time the philosophy had already gained popularity among the Romans, whose traditional values it complemented, and it continued as an important, albeit more fragmented, tradition right down to the time of the last famous Stoic, the Roman emperor Marcus Aurelius, who died in 180 A.D. In other words, Stoicism survived as a living tradition, in ancient Greece and Rome, for over 5 centuries.

However, at a rough estimate, less than one percent of the ancient Stoic writings survive today. We have about a book's worth of fragments from early Greek Stoics but no complete texts of theirs. Most of our knowledge comes from commentators and from three famous Roman Stoics of the Imperial period: Seneca the Younger, Epictetus, and Marcus Aurelius.

Stoicism was eventually assimilated into Neoplatonism but it also left an impression on early Christianity. The Stoics are even featured in the New Testament, where St. Paul addresses an audience of Stoic and Epicurean philosophers at the Areopagus in Athens, quoting a line from the Stoic poet Aratus to them. Stoicism and Christianity shared similar ethical values in many respects, so modern followers of Stoicism often describe Stoicism as providing them with a secular alternative to Christianity, based upon philosophical reasoning rather than religious faith.

Following the Renaissance there was a revival of interest in the Stoics, known as Neostoicism. The influence of ancient Stoicism can particularly be seen therefore in the writings of early modern philosophers such as Justus Lipsius and Anthony Ashley-Cooper (Earl of Shaftesbury), and to some extent also in those of Descartes, Spinoza, Kant, and Montaigne. In addition to its direct influence on Ellis and others, Stoicism also indirectly influenced modern CBT through the writings of these and other important Western thinkers. For instance, as well as citing the Stoics directly, Beck illustrated the cognitive theory of emotion by quoting Spinoza: "I saw that all the things I feared, and which feared me had nothing good or bad in them save insofar as the mind was affected by them" (quoted in Beck, 1976, p. 156). Through the writings of these early modern authors, Stoic ideas had spread throughout Western culture and literature once again, although often not recognized as such.

What Did the Stoics Believe?

Ancient schools of philosophy were typically distinguished from one another in terms of their definition of the goal of life. The Stoics rejected the popular notion that the goal of life was pleasure (*hedone*, hence "hedonism"), and the more philosophical Epicurean version that equated pleasure with freedom from pain and other unpleasant feelings (*ataraxia*). The Stoics also rejected the Platonic and Aristotelian view that the goal was comprised of a combination of virtue and external goods that lie partially outside of our control, such as health, wealth, and reputation. Instead, the Stoics insisted on the hard line that the supreme goal of life is synonymous with *arete*, which is conventionally translated "virtue," although most scholars feel that "excellence" (of character) is a better translation. Put crudely, the Stoics believed that the most important thing in life is to cultivate the sort of character traits we would justifiably admire others for possessing. To those who objected that it's not within everyone's power to be as wise as Socrates, Epictetus responded that it is nevertheless within our power to desire to be wise.

The Stoics popularized the fourfold model of virtue first mentioned by Socrates in the dialogues of Plato: Wisdom, Justice, Temperance, and Fortitude. This Stoic classification of virtue is still very popular today and, for example, was incorporated into Peterson and Seligman's (2004) classification of character strengths, employed in the field of Positive Psychology. The Stoics intended these to be broad conventional headings, which include dozens of other positive character traits. Following Socrates, they claimed that all of these other virtues consist in forms of moral wisdom applied to different areas of life. Justice can be thought of as social virtue in general or what it means to deal wisely with others,

both individually and collectively. Temperance and courage are the virtues of self-control: wisdom applied to our desires and fears respectively. So the goal of Stoicism can also be understood as a form of moral or practical wisdom, which is synonymous with living wisely and rationally. They also equate this with sanity or mental health.

The central doctrine of Stoicism was therefore sometimes expressed as "virtue is the only true good," by which they mean that wisdom and excellence of character are to be valued for their own sake rather than as a means to some other end. Virtue is its own reward, in other words. For modern therapists, an important implication of Stoic psychology is their insistence on a worldview in which doing what is under our direct control to the best of our ability, or living wisely, is valued more highly than pleasure or the avoidance of unpleasant feelings, things not entirely under our control. Even the hypothetical ideal of the perfect Stoic wise man (the "Sage") feels pain and the first flush of emotions such as anxiety. However, he views these involuntary experiences as ultimately "indifferent" with regard to the goal of living in accord with his philosophical principles and core values (the virtues).

The Stoic *Handbook* of Epictetus provides a concise summary of practical guidance about achieving this goal, based on Stoic moral and psychological doctrines. It opens with the famous sentence: "Some things are up to us and other things are not." Epictetus meant that the foundation of Stoic practice was the effort to maintain a clear distinction between what is voluntary and what is not, i.e., between our own actions and what merely happens to us. Modern Stoics call this the "dichotomy of control." As we've seen, this Stoic doctrine was stressed by Dubois and other early rational psychotherapists but not by Ellis or subsequent cognitive-behavioral therapists, although it is still well-known, having found popular expression in the Serenity Prayer.

Stoics class everything else as "indifferent" (*adiaphora*), meaning neutral or unimportant with regard to the supreme goal of life—Epictetus tends to sum this up by speaking of things such as "health, wealth, and reputation" as indifferent. These things are also called "externals," by which Stoics mean not that they're external to the body—the body itself is an indifferent—but external to our volition or sphere of control. A common misconception is that Stoics place no value whatsoever on the "external" or "indifferent" things. However, one of the central doctrines of Stoicism holds that wisdom consists precisely in our ability to distinguish between indifferent things rationally according to their relative value. Nevertheless, this inferior sort of "value" (*axia*), used in practical decision-making, is completely incommensurate with the value of *arete*, as the supreme goal of life. The wise man prefers health to sickness, wealth to poverty, having friends to having enemies, within certain limits set by reason. However, he is not overly attached to anything outside his direct control because he always remembers that his fortunes may shift and that such things are changeable and transient. Put crudely, for Stoics externals are not worth getting highly upset about, although, as we'll see, it's nevertheless still considered natural to experience some emotions toward them.

There's much confusion about Stoicism's view of emotion due partly to problems of translation and also to the tendency

to conflate Stoicism, the ancient philosophy, with stoicism, the modern concept of an unemotional or tough-minded coping style. The ancient Stoics repeatedly insisted that their ideal was not to be emotionless, like a man made of iron or stone. One of the easiest ways to dispel these misunderstandings is to highlight the distinction Stoic psychology made between good, bad, and indifferent emotions.[2]

Bad emotions are described as being unhealthy, excessive, and irrational. Crucially, they're under our direct control, at least potentially. It's perhaps easiest to compare these to perseverative cognitive processes like worrying or ruminating or to voluntary (strategic) cognitions involving strong positive or negative value judgments, of an unhealthy and irrational nature. Chrysippus, who was a long-distance runner, compared the difference between reason and the passions to the difference between a man walking slowly, who can easily stop, and a man running so fast that he would struggle to stop or avoid an obstacle, although in principle his movements are still under voluntary control. The (unhealthy) passions are irrational and excessive and, although originating in voluntary judgments, they easily sweep us along with them. The Stoic wise man is compared to someone walking barefoot: cautiously and slowly, with self-awareness.

Good emotions (*eupatheiai*) are therefore healthy, moderate, and rational, and also under our voluntary control. They supervene upon a rational worldview. Stoics classify all healthy emotions under three headings: rational joy, a healthy aversion to doing wrong, and goodwill toward oneself and others.[3] The goal of ancient Stoic therapy wasn't the suppression of unhealthy emotions but their transformation into healthy emotions by modification of the underlying beliefs from irrational to rational ones.

"Indifferent" emotion is how we might describe what the Stoics call the "propassions" (*propatheiai*), or initial involuntary stirrings of full-blown passions. The Stoics give examples such as being startled, blushing, turning pale, sweating, stammering, and the initial reactions preceding passions such as fear and anger in general. Seneca highlights their involuntary nature by comparing these emotional reactions to the eye-blink reflex. The Stoics emphasized that even a perfectly wise Stoic philosopher will experience these sorts of involuntary emotional reactions in a stressful situation. However, because such primitive emotional reactions are involuntary, they're neither good nor bad according to Stoic ethics but indifferent. Epictetus therefore said that they're to be accepted as natural, and an inevitable part of life. We're not to be afraid of them or consider them to be bad or harmful in themselves but rather to accept them with indifference. They resemble the emotional reactions of nonhuman animals, which naturally abate over time. However, we're to be careful not to be "swept along" by them by, for example, indulging in worry or rumination and thereby amplifying or perpetuating them beyond their natural bounds.

What Did the Stoics Do?

Ancient Stoicism had a more extensive and sophisticated armamentarium of therapeutic strategies than any other school of philosophy. Most of these are well-known to modern students of Stoicism, thanks largely to the scholarly work of a French historian of philosophy called Pierre Hadot, who carefully identified a variety of "spiritual exercises" in ancient philosophy, particularly Stoicism. Robertson's (2010) *The Philosophy of Cognitive-Behavioural Therapy* provides a detailed overview of these techniques, which draws extensive parallels between them and psychological strategies employed in modern cognitive-behavioral therapy. The following list is not exhaustive but includes some of the Stoic techniques of most interest to cognitive-behavioral therapists:

1. Socratic Questioning, which was used by Socrates to undermine irrational assumptions about virtue by exposing contradictions in the other person's thinking, a process compared to the cross-examination (*elenchus*) of a witness in a trial, although we're told it was done tactfully and with compassion. The Socratic

Method typically entailed strategies such as verbalizing assumptions, identifying exceptions to general definitions, distinguishing between appearances and reality, highlighting double standards, and, of course, drawing attention to contradictions.

2. The Dichotomy of Control, the foundation of Epictetus' *Handbook*, which requires maintaining a clear distinction between what is up to us and what is not, i.e., taking more responsibility for our own actions while accepting what merely happens to us.

3. Separating Judgments From Events, which Shaftesbury called the "sovereign principle" of Stoicism, and Ellis introduced to the CBT field through the saying "It's not things that upset us but our judgements about them"—comparable to the process called "cognitive distancing" in Beck's approach.

4. Stoic Mindfulness, or *prosoche* (attention), through which Stoics maintain continual attention to their own voluntary thoughts and actions and particularly the distinction between these and external events or automatic thoughts, as in the two preceding techniques.

5. Stoic Acceptance and Indifference, or *apatheia* (not apathy but freedom from irrational passions), i.e., external events are viewed dispassionately without attaching strong values or emotions to them.

6. Contrasting Consequences, through which Stoics imagine beforehand steps required in and likely consequences of different courses of action, typically the contrast between actions guided by unhealthy passions and those in accord with wisdom and virtue—comparable to functional assessment or cost-benefit analysis in CBT.

7. Postponement of Responses, through which Stoics would wait until strong emotions such as anger or unhealthy desires had naturally abated before deciding what action to take in response to them—comparable to time-out in anger management.

8. Contemplation of the Sage, considering the virtues of real or imaginary role models or how they would behave in specific situations—comparable to modelling techniques in CBT.

9. Contemplation of Death, which takes a variety of forms but was considered to be of fundamental importance to the Stoics, who sought to adopt a more philosophical atti-

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[2] The Stoics used the term "passion" to refer to what we would call emotions but also to desires.

[3] The English word "compassion" sits awkwardly with Stoics because it implies "sharing a passion," an unhealthy emotion, but Stoics refer to something similar as the virtue of kindness.

tude toward the existential problem of their own mortality.

10. The View From Above, which also takes various forms but typically involves picturing events from high overhead or in cosmological terms in order to place them within a broader context in terms both of space and time, something the Stoics and other philosophers found valuable as a way of moderating strong desires and emotions.

11. Contemplating Transience, this theme is encapsulated in the "View from Above" but the Stoics generally encouraged themselves to contemplate the temporary nature of all things, including their own lives and the lives of others, as a way of regulating strong emotions.

12. Contemplation of the Here and Now, a theme particularly emphasized throughout *The Meditations* of Marcus Aurelius, which involves grounding attention in the present moment, partly because this constitutes our locus of control.

13. Objective Representation, or *phantasia kataleptike*, the description or mental representation of events in objective terms without strong value judgments or emotive rhetoric—similar to decatastrophizing in CBT.

14. Premeditation of Adversity, praemeditatio malorum, another famous Stoic exercise, which involves regularly imagining (visualizing) a variety of feared situations as if they're already befalling you, such as exile, poverty, sickness, dying, etc., in order to mentally rehearse a more philosophical attitude toward them (*apatheia*) through the use of some of the strategies mentioned above. This clearly resembles various imaginal exposure strategies used in CBT but perhaps a better analogy would be the covert rehearsal of cognitive and behavioral coping strategies in approaches such as Stress Inoculation Training (SIT).

15. Memorization of Sayings, of which there are many examples in the Stoic texts, which Stoics would learn until they were "ready to hand" in challenging situations—comparable to the use of coping statements in CBT. For example, Marcus Aurelius summed up his philosophy concisely in six Greek words translated as "the universe is change; life is opinion"—meaning that material things are changeable and transient, and that our value judgments shape the quality of our life.

16. Empathic Understanding, trying to understand the perspective, values, and assumptions of others in a rational and balanced manner rather than jumping to hasty conclusions about them because the Stoics were influenced by the famous Socratic paradox that "no man does evil willingly" (or knowingly)—Epictetus, for example, taught his students to tell themselves, "It seemed right to him" when offended by someone's actions in order to moderate anger and cultivate a more philosophical attitude toward the perceived wrongdoing of others.

17. Contemplating Determinism, which Dubois had originally assimilated into rational psychotherapy, the Stoics frequently remind themselves to depersonalize upsetting events and view them as an inevitable part of life. For example, there are people who behave honestly and dishonestly in the world, dishonest people do dishonest things, therefore the wise man is not surprised when he sometimes encounters these things in life.

Some of these general strategies are overlapping and not entirely conceptually distinct. "The View From Above," for example, inevitably entails the contemplation of the finitude and transience of material things, and even one's own mortality. Most of these general strategies are also employed in the form of various specific techniques—that is, the Stoics often employ a shorthand version of contrasting consequences by reminding themselves of maxims such as that fear of pain does us more harm than the pain itself (also, anger often does us more harm than the thing we're angry about). Indeed, there are a very wide range of cognitive (both imaginal and verbal) and behavioral therapy techniques found in the Stoic literature, which go beyond this list. Many of these are found in other philosophical traditions, especially during the Hellenistic period, and in the writings of poets such as Horace and Ovid, who were influenced by philosophy. It's the Stoics themselves, though, who place most emphasis on these techniques.

We might also ask where and with whom the Stoics used these techniques. Conveniently, the three major surviving sources of Stoic literature provide some good examples:

- The *Discourses* of Epictetus are transcripts of his discussions with groups of students at his philosophical school, where he can be seen answering questions and employing Socratic questioning, in a way that could be compared to group therapy or a self-help workshop. As we've seen, Epictetus himself compared the philosopher's school to a doctor's clinic, albeit one for treating the mind or soul.

- The *Meditations* of Marcus Aurelius are a private record of his own contemplative practices, like a Stoic self-help or therapy journal.

- The letters of Seneca show him offering advice and support to others. Many are addressed to a novice Stoic (Lucilius). Here Seneca is acting in a manner comparable to an individual therapist or perhaps a life coach.

About six of Seneca's letters fall under the heading of a genre known as *consolatio* or philosophical consolation literature. These are typically letters addressed to individuals who are struggling following bereavement or some other misfortune. They provide a particularly clear example of the way in which Stoic philosophy was administered as a form of psychotherapeutic advice. Moreover, Epictetus described a Stoic called Paconius Agrippinus having written similar consolation letters to himself, in which he describes the potential opportunities or positives to be found in seemingly catastrophic situations such as illness or exile. This might be compared to the practice of writing "decatastrophizing scripts," advocated by Beck in the treatment of certain forms of anxiety (Clark & Beck, 2011).

However, there's also some indication that novice Stoics had individual tutors who administered Stoic therapy in person. For example, Marcus Aurelius mentions that his Stoic tutor Junius Rusticus persuaded him to undergo *therapeia* to improve his character, perhaps to deal in particular with feelings of anger that he mentions. The early Greek Stoics actually wrote several books on psychological therapy, which are sadly lost, such as the *Therapeutics of Chrysippus*, the third head of the Stoic school. However, we do have a surviving book called *On the Diagnosis and Cure of the Soul's Passions,* by Galen, Marcus Aurelius' court physician. Galen wasn't a Stoic, he was something of an eclectic. However, he'd studied Stoicism and this book appears to be influenced by earlier Stoic writings on psychotherapy. Galen notes that we tend to have a blind spot for our own errors and so he recom-

mends obtaining the help of a wiser and more experienced mentor who can question us about our character and actions, perhaps the role that Rusticus played for Marcus Aurelius.

REBT and Stoicism

The extent of REBT's indebtedness to ancient Stoicism, both in terms of theory and practice, has been the focus of two recent books (Robertson, 2010; Still & Dryden, 2012). As REBT is the form of psychotherapy most closely related to Stoicism, it's worth highlighting some of the similarities between them:

1. As we've seen, REBT practitioners often orient clients to their role in therapy by teaching them the quotation from Epictetus above ("Men are disturbed not by things . . ."); this was a frequently cited strategy in ancient Stoicism, which involved gaining cognitive distance by reminding ourselves that our distressing emotions are due primarily to our own beliefs.

2. Both REBT and Stoicism therefore agree that our emotions are primarily determined by our beliefs or thinking (cognition) and that beliefs and emotions may be two aspects of a single process rather than, as Plato believed, two fundamentally separate psychological processes.

3. REBT trains clients to closely monitor the relationship between their thoughts, actions, and feelings, when becoming upset, which is similar to the Stoic emphasis on continual attention (*prosoche*) to one's faculty of judgment.

4. REBT's main technique is the rational or "Socratic" disputation of irrational demands, sometimes referred to as the client's underlying "philosophy" of life; this is comparable to the philosophical disputation of our fundamental value-judgments in Stoicism.

5. REBT's central claim, that irrational and absolutistic demands (rigid "must" statements) lie at the root of emotional disturbance, resembles the Stoic emphasis on the centrality of irrational value-judgments concerning what is unconditionally "good" or "bad" in life.

6. REBT encourages a threefold attitude of tolerance, and acceptance of imperfections, toward oneself, other people, and the world, comparable to the threefold emphasis on accepting our own body, other people, and external events as "indifferent" in Stoicism.

7. Ellis' notion that there are rational and healthy emotions, which we should aspire to cultivate instead of our irrational ones, clearly resembles the Stoic notion of "healthy passions" (*eupatheiai*).

8. REBT's concept of replacing absolutistic demands with flexible "desires" or "preferences" resembles the Stoic concept of the "reserve clause," which attributes "selective value" to external events, for the purpose of making plans, while accepting that they may not turn out as we would like—the Stoics likewise distinguish between light "preferences," which adapt to setbacks, and rigid desires that are irrational, excessive, and of a demanding nature.

9. REBT's opposition to "awfulizing," or judging events to be absolutely catastrophic, resembles the Stoic opposition to judging external events to be unconditionally "bad" or "evil" in an irrational and excessive manner.

10. The "shame-attacking" exposure exercises, which Ellis called a "trademark" REBT technique, clearly resemble the Cynic and Stoic practice of shamelessness (*anaideia*), which we're even told included walking through the streets of the potter's district in Athens dragging a bottle by a rope, as though walking a dog on a leash, much like the "banana on a string" exercise used in REBT.

11. The main imagery-technique employed in REBT, called "Rational Emotive Imagery" (REI), clearly resembles the Stoic practice of *praemeditatio malorum*; both involve repeatedly picturing future setbacks or loss, as if happening now, in order to reduce anxiety and build psychological resilience to potentially stressful events.

Indeed, overall, Ellis described REBT as a "philosophical" approach to therapy, and its fundamental goal as "rational living," which we might compare to the Stoic goal of living "in accord with reason," or prudently and wisely (Diogenes Laertius, *Lives*, 7.86). By "inducing the patient to internalize a rational philosophy of life," in other words, REBT aims to directly uproot and counteract the core irrational beliefs developed from childhood (Ellis, 1962, p. 65).

By direct statement and implication, then, modern thinkers are tending to recognize the fact that logic and reason can, and in a sense must, play a most important role in overcoming human neurosis. Eventually, they may be able to catch up with Epictetus

in this respect, who [sic., Epictetus' words were actually transcribed and edited by a student called Arrian] wrote—some nineteen centuries ago—that "the chief concern of a wise and good man is his own reason." (Ellis, 1962, p. 109)

Some of these parallels between REBT and Stoicism are probably due to the direct influence of Stoic writings read by Ellis on his thinking, some are perhaps more indirect, and some are probably due to Ellis and the Stoics arriving at similar conclusions on the basis of their shared premise that it's not things that upset us but our beliefs about them.

Stoicism also influenced Beck and his colleagues, as we've seen, although in this case the influence appears to be mainly indirect through their exposure to Ellis' writings on REBT. However, the distinction Beck makes between strategic (voluntary) and automatic thought processes in his revised cognitive model of anxiety happens to parallel a distinction the Stoics also made. They distinguished between judgments or opinions that are up to us (*dogmata*) and automatic thoughts or impressions that are not (*phantasiai*). As noted earlier, the former we should learn how to change, as they're potentially under our control, whereas the latter we should learn to accept with a relatively neutral or indifferent attitude.

Third-Wave CBT

In some ways third-wave CBT actually has even more in common with Stoicism than the earlier approaches of Ellis and Beck did. However, there's basically no longer any explicit reference to Stoicism so the connection has now been lost, ironically, just as Stoicism is going through a resurgence. Third-wave behavior therapists turned predominantly to Buddhism as an inspiration for introducing mindfulness to CBT, though similar ideas were already there in Stoicism—parallels could have been found in both Eastern and Western philosophy. Indeed, these were the main aspects of Stoicism overlooked by Ellis, Beck, and other early cognitive therapists. Third-wave practitioners today could still look deeper into Stoicism and find an ancient Western mindfulness-based psychotherapy from which both they and their clients may wish to draw inspiration.

The focus on values clarification and living in accord with our core values found in approaches such as Acceptance and Commitment Therapy (ACT) and Behav-

ioral Activation (BA) has obvious parallels with ancient Stoicism (Hayes, Strosahl, & Wilson, 2011). The Stoics made a fundamental distinction between the type of intrinsic value that belongs to our own character and voluntary actions, which they called virtue (*arete*), and the sort of extrinsic value that belongs to external events, including the outcomes of our actions, which they called selective "value" (*axia*). As we've seen, the Stoic notion of virtue can also be compared to the concept of values and "character strengths" in Positive Psychology (Peterson & Seligman, 2004).

The Stoics believed that we should accept that external outcomes are not entirely under our control and shift our focus more on the intrinsic value of our own character traits, such as exercising greater kindness, friendship, and wisdom in life. They also construe this in terms of filling our various roles in life more admirably, insofar as this is within our sphere of control, such as being a good parent or teacher. The practice of questioning and clarifying our values is integral to the ancient Socratic method and Stoic philosophy, as is the effort to live more consistently in accord with them, from moment to moment, throughout each day. The Stoics believed that this led to a greater sense of fulfilment in life, and personal flourishing, whereas overattachment to external events and the outcome of our actions tended to lead to desires and emotions of an excessive or irrational nature, which damage our mental health.

With regard to mindfulness, the Stoics placed considerable emphasis on the practice of focusing attention on the present moment. They called this simply *prosoche* ("attention"), although modern Stoics tend to describe it as "Stoic mindfulness." Whereas mindfulness practices derived from Buddhism sometimes entail greater attention to the body or breathing, Stoic mindfulness is focused specifically on the activity of our executive function or "ruling faculty" (*hegemonikon*). For the Stoics, attention should be focused on the seat of our sphere of control: our voluntary cognitive activity in the present moment. The basic principle applied in Stoic mindfulness is then to distinguish clearly between our voluntary cognition (*prohairesis*, "volition" or "moral choice") and automatic thoughts and impressions (*phantasiai*), taking more ownership for the former and adopting an attitude of greater detachment and indifference toward the latter. The Stoics, as we mentioned above, also

describe this process as the "separation" of our thoughts and beliefs from their objects as opposed to allowing them to blend or merge together—a strategy we might compare to "cognitive distancing" in Beck's cognitive therapy or "cognitive defusion" in ACT. For example, Epictetus taught his Stoic students that when a distressing thought pops into their mind they should speak to it (*apostrophize*), saying, "You are just an impression and not at all the thing you claim to be." Similar techniques, involving talking to thoughts as if to another person, are employed in ACT to aid defusion.

More detailed comparisons with third-wave approaches could be made. However, greater dialogue between Stoics and third-wave therapists is surely justified by the Stoic conceptions of value and mindfulness, and their emphasis on neutral acceptance of unpleasant feelings or events beyond our direct control. Over the past few decades a growing number of people have been drawn to Stoicism as a form of self-help as well as a philosophy of life capable of providing them with a sense of direction and purpose. People often report that they were attracted to Stoicism precisely because they see it as providing a "Western alternative to Buddhism." It just happens that neither Ellis nor Beck presented it that way, so later generations of cognitive therapists looked elsewhere for inspiration when it came to mindfulness practices, and Stoicism was unjustly neglected.

Stoicism's Benefits to CBT

Stoicism has things in common both with second- and third-wave approaches to CBT. Perhaps it can even help to unite practitioners of those approaches by expanding their common ground.

Moreover, some clients, and therapists, find Stoicism more congruent than Buddhism with their own cultural concepts and values. The classical nature of Stoic literature is also an important asset. For example, Seneca was one of the finest writers of antiquity. Many people therefore find these ancient texts more meaningful, engaging, and memorable than modern self-help or therapeutic literature. People have quotes from Marcus Aurelius tattooed on their bodies—nobody has an Albert Ellis tattoo. Some of the surviving Stoic writings are very beautiful and contain teachings people can identify with at a very profound level, as a whole philosophy of life.

Although Stoicism was used as a therapy, overall it has a more preventative orientation than CBT and in that respect it may especially hold promise as a form of training in emotional resilience. CBT is a therapy; Stoicism is a philosophy of life. That does introduce limitations because some clients may disagree with the core concepts and values of Stoicism. Therapists, of course, shouldn't indoctrinate their clients into any particular religion or philosophy of life. That said, Stoic philosophy's meta-ethic is not so far removed from some of the concepts relating to values taught in approaches such as ACT. Moreover, teaching clients about Stoicism is arguably no more problematic in this regard than teaching them about Buddhism. Indeed, there are clearly already many individuals who find Stoicism appealing as a philosophy, and broadly agree with its ethical values.

The very fact that Stoicism is bigger and deeper than CBT in its aim to provide a philosophy of life perhaps gives us reason to believe that its benefits may be more lasting than those of existing CBT-based resilience training programs. People who study Stoicism embrace it as part of their life rather than viewing it merely as a set of coping techniques, which they might later forget if they don't repeat their initial training. Stoicism offers people a permanent alternative to their existing worldview, one aligned with CBT in many regards, which might provide a framework for changes that could endure long after initial exposure to them through books and courses. Our hope, therefore, is that in the future research may be conducted on the potential applications of combined Stoicism and CBT-based training courses as a form of long-term emotional resilience-building.

Resources for Further Study

Modern Stoicism:
  https://modernstoicism.com/

Donald Robertson:
  https://learn.donaldrobertson.name/

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TRAINING

Do as I Say and as I Do: Reflections on Three Methods of Evidence-Based Clinical Supervision of Graduate-Level Trainees

Matthew W. Southward, *The Ohio State University and Duke University Medical Center*

Benjamin J. Pfeifer, *The Ohio State University and Veterans Affairs Ann Arbor Healthcare System*

THE CLINICAL TRAINING many therapists receive during graduate school ranks among the most intensive periods of direct feedback in their careers. The supervision provided during these years is a major influence on trainees' development from novices to (eventual) experts. We believe the efforts of supervisors in this pivotal developmental stage often receive too little attention. Supervisors may not know which training methods will be most effective for trainees with diverse clinical backgrounds and varying levels of prior knowledge and ability. This is in part because training in supervision remains limited or unavailable in a surprisingly large number of programs (Falender & Shafranske, 2014; Lyon, Heppler, Leavitt, & Fisher, 2008), leaving many supervisors to rely on their own experiences of supervision during clinical training (Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011).

Despite these limitations, our clinical supervisors successfully implemented developmentally appropriate supervision methods based on available research evidence and established theoretical frameworks. Here we describe and demonstrate, in order of increasing developmental demands, three methods our supervisors used to scaffold our training: deliberate practice, feedback on client progress, and embodying the spirit of the treatment. These methods are grounded in the research and theory of learning, relatively straightforward to apply in graduate practica, and flexible enough to adapt to diverse trainee backgrounds and abilities.

Deliberate Practice

Deliberate practice, defined as "individualized training activities especially designed . . . to improve specific aspects of an individual's performance through repetition and successive refinement" (Ericsson & Lehman, 1996), is an important mechanism for increasing expertise in psychotherapy (Goodyear, Wampold, Tracey, & Lichtenberg, 2017). Therapists who engage in more frequent deliberate practice to improve their therapeutic skills have shown better client outcomes (Chow et al., 2015). It may be difficult to imagine how focused, deliberate practice could apply to psychotherapy, which is complex, dynamic, and allows for substantial latitude in focus and prioritization, even in manualized treatments. In cognitive therapy (CT; Beck, Rush, Shaw, & Emery, 1979), for instance, trainees can implement a variety of interventions at any given moment: cognitive restructuring, reflective listening,

Socratic questioning, and homework review, to name just a few. For students in graduate training, this can be an overwhelming set of options! Deliberate practice is a way to provide more focus on essential therapy skills.

Our supervisor used deliberate practice methods to teach cognitive restructuring during training preceding our practicum in CT for depression. He divided a white board into three columns to represent a simplified thought record: (1) a description of the situation, (2) hypothetical negatively biased automatic thoughts, and (3) alternative responses to those thoughts. Our supervisor generated content for the first two columns, and challenged us to think of plausible and helpful alternative responses for the third column.

SUPERVISOR (S)[1]: Say your client, who just lost their job, goes to the checkout counter to pay for groceries and their credit card is denied. Their automatic thoughts are, "I failed my family," "I'm so incompetent," and "Everyone at the store thinks I'm a loser." What alternative responses might you and your client generate?

TRAINEE (T): How about, "I couldn't provide for my family this time," in response to the automatic thought, "I failed my family"?

S: That's a start. Anything more?

T: "I'm resourceful—I've always found a way to provide for my family before. Maybe I can buy some of these groceries now and see if there are other community resources for food when I get home."

S: Great! Let's write that down. Okay, we've still got, "Everyone at the store thinks I'm a loser" — what can we do with that one?

After we addressed each of the automatic thoughts on the board, our supervisor erased the original content and started a new example. We viewed these exercises as a form of "lightning round" cognitive restructuring, which required quick replies to a diverse array of negative thoughts. As training progressed, we felt increasingly able to generate multiple possible alternative responses to negative automatic thoughts. By using deliberate practice to generate alternative responses quickly and
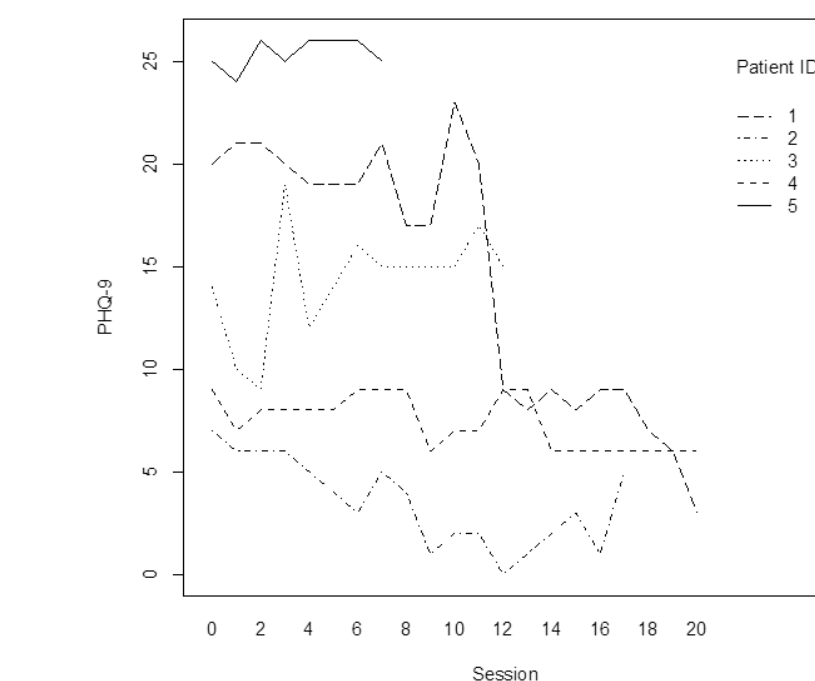

Figure 1. Example spaghetti plot of Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001) scores used to gather feedback on client progress in supervision.

repeatedly, we developed a mental roadmap of common themes in depressive thoughts (e.g., all-or-nothing thinking, discounting the positive) and the types of alternative responses that were most promising for them. This pattern reflects the development of novices, who tend to memorize lists and rules, into experts, who organize knowledge around a few core components to guide their thinking (Persky & Robinson, 2017). As a result, we could swiftly anticipate which core beliefs each negative thought might indicate and guide treatment to address those beliefs. Thus, a foundation was laid to integrate other core components of the model into our training in a natural, iterative manner.

Feedback on Client Progress

Soliciting and synthesizing feedback from one's supervisor is an essential component of supervision. One limitation of the supervisor-trainee relationship is, as our supervisor put it, "In order to ask for help, first you have to realize you need it." Trainees do not always perceive when they make errors or exhibit gaps in their knowl-

edge; similarly, supervisors will never be mind-readers, and supervision time is limited. One strategy our supervisor used to address these limitations was to examine clients' session-to-session progress in a spaghetti plot.[2] By regularly examining this graphical depiction of clients' prespecified treatment targets during supervision (Figure 1), we could determine quickly and collaboratively which trajectories indicated progress, stability, or deterioration (Swift et al., 2015)—information that facilitated effective use of limited supervision time. A substantial body of research suggests that tracking and receiving feedback on client progress may reduce the percentage of clients who ultimately deteriorate by 15% and improve the percentage of clients who ultimately recover by 30% (Lambert, 2017). By examining client progress in an easy-to-read graph, supervisors can ensure that even clients who might be overlooked by trainees will be brought to their attention. In Figure 1, we would likely identify clients 2, 3, and 5 as high-priority cases. These three clients' depression scores are either elevated and stable (i.e., clients 3 and 5) or rising (i.e., client 2).

Of course, effective supervision includes feedback on not only trainees' struggles, but trainees' strengths and progress as well. Our supervisor also used these spaghetti plots to discuss and reinforce what we did in sessions that preceded

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[1]All vignettes are combinations of clinical conversations and do not reflect any specific client, trainee, or supervisor comment.

[2]The R code to generate such plots can be found here: https://osf.io/k762d

improvements in depression scores (e.g., Sessions 10–12 for client 1). Linking in-session behaviors to graphical trends in clients' symptoms strengthened our understanding of the effects of our interventions.

SUPERVISOR (S): So what happened in Sessions 10–12 with client 1?

TRAINEE (T): My client seemed to be more active in coming up with alternative responses. They sounded more hopeful, and they reported connecting with the alternative responses at an emotional and cognitive level.

S: That all sounds good. Was that different from prior sessions?

T: I guess so! I don't think we did much differently, but maybe that was the point. Because my client was willing to practice cognitive restructuring over and over again with different aspects of the same strongly held belief, they could truly believe in the alternative responses. Before this session, they completed all their homework but it hadn't clicked yet.

Reviewing graphical data of client symptom trajectories allowed our supervisor to help us connect our in-session behaviors to clients' symptom changes empirically and consider both which interventions to implement and when to do so. This approach can be adapted to any treatment involving a target for change that can be regularly assessed. It can also be used to call attention to other factors contributing to change in the client's life, such as environmental stressors or major life events. Reviewing visual representations of clients' progress bolstered our confidence in the treatment and our growing abilities. This has functioned as an antidote to periods in training when it felt like only mistakes and shortcomings were highlighted in supervision or when we experienced "imposter syndrome." Finally, plotting this data helped us recognize that not all clients progress in a clear, linear fashion—in fact, almost no one does! However, thoughtfully reflecting on the principles that led to even small gains after certain sessions may benefit trainees and clients alike—even, or especially, in very challenging situations.

Embodying the Spirit of the Treatment

Expertise in providing evidence-based treatment involves a thorough appreciation of how the treatment's methods and strategies cohere in a theoretical model of change. Underlying these specific methods and techniques are evidence-based principles about how the therapy is hypothesized to work. These principles are grounded in research on psychopathology and human behavior, with each component of an intervention intended to address various aspects of the theoretical model. However, as trainees, it can be challenging to grasp how all the pieces fit together when we are so focused on learning the basics.

One way our dialectical behavior therapy (DBT; Linehan, 1993) supervisor fostered a deeper understanding of the treatment model was to embody the spirit of core DBT principles in supervision. She was especially skillful in embodying the spirit of dialectics. In DBT, adopting a dialectical approach means embracing and synthesizing the truth present in two opposite and seemingly contradictory ideas (e.g., acceptance of painful emotions vs. desire for change). Our supervisor frequently noted and embraced examples of dialectics that emerged in supervision:

TRAINEE (T): I'm feeling stuck with a client. One of our targets has been her tendency to show up late to events in her everyday life. We've tracked her lateness for weeks, and we keep rehashing how important timeliness is to her goals. It just feels like nothing's working—she's even started showing up late to our sessions! She says it's a big problem, and I'm feeling really frustrated, because I don't know how to help.

SUPERVISOR (S): I can hear the frustration in your voice. This sounds like a tough situation.

T: I just feel like we're never going to make any progress if she can't even show up to session on time!

S: So, to take a dialectical approach: on one hand, you're feeling frustrated because you keep addressing this one target and aren't seeing change. And, on the other hand, you're saying you can't make any progress until she stops being late. That really leaves you two in a stuck place, where you can't work on anything until she is able to do the hardest thing.

T: I see what you mean.

S: What would happen if we accepted both things—that her being late is a big challenge that you're both still working on, and that there may be other things to focus on, too? Perhaps spending less time on being late during each session, while continuing to acknowledge the lateness as a problem when it happens, is a way of dialectically honoring the truth in both parts.

By modeling a dialectical approach, our supervisor did multiple beneficial things at once. First, she addressed an issue we raised about a challenging case. Second, she modeled and explicitly labeled how a DBT technique (i.e., dialectics) could address that issue in a way we could imitate in sessions. Third, by embodying the spirit of DBT with dialectical strategies, she tacitly encouraged us to keep the core model in mind when considering how to respond to challenges in implementing DBT. Finally, the dialectical approach validated our experience that the issue was a frustrating problem with no initially obvious solution. Our supervisor openly acknowledged the apparent contradictions within the situation that contributed to us feeling stuck. As a result, we experienced the value of acknowledging those feelings, which allowed us to explore thorny issues nonjudgmentally instead of grasping for an immediate solution. Experiencing the benefits of this approach firsthand during supervision helped us envision more clearly how that process could be therapeutic for our clients during sessions.

By engaging us in dialectics in supervision, our supervisor relied on observational learning principles (Bandura & Jeffery, 1973) to guide our clinical development. We learned to model our in-session thought processes and behaviors off these demonstrations to the point that we could almost hear our supervisor's voice coaching us during sessions. Although we cannot say for sure whether this learning resulted in better outcomes for our clients, some research suggests that such downstream benefits may be possible. For example, clients of therapists who engage in relatively more intensive mindfulness practice may have better overall outcomes (Grepmair et al., 2007; cf. Swift, Callahan, Dunn, Brecht, & Ivanovic, 2017), raising the possibility that clients benefit from therapists' modeling of a mindful stance in treatment. Similarly, trainees may benefit from supervisors' effective modeling of treatment techniques and principles. As available evidence is quite limited, we look forward to more direct tests of the role of supervisory modeling in future studies.

Conclusion

Taken together and in the order described here, each of the preceding examples demonstrates how supervisors

may scaffold graduate clinical training to meet the developmental needs of trainees using theory-informed and evidence-based training methods. Supervisors may incorporate deliberate practice of fundamental therapeutic skills in training sessions starting before trainees see their first clients. This ensures that trainees grasp the fundamentals of the treatment, upon which they can build during the practicum year. When trainees begin seeing clients, supervisors and trainees may use graphical printouts of client progress toward agreed-upon goals to identify collaboratively which clients need the most attention and discuss which strategies are most effective for whom. Finally, as trainees become more comfortable with these aspects of supervision, supervisors may more strongly emphasize and embody the spirit of the treatment. This expert-level approach can help trainees navigate unexpected therapeutic moments by following the principles their supervisors model. Thus, each aspect discussed here coheres in a developmental model of clinical training in which supervisors respond dynamically to the needs and strengths of their trainees during graduate school.

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Correspondence to Matthew W. Southward, 181 Psychology Building, 1835 Neil Avenue, Columbus, OH 43210; southward.6@osu.edu

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ABCT PIONEERS SERIES

From Our Mailbag:

Why Do Some Clinical Programs Teach Both CBT and Psychodynamic Models?

Schrödinger's Rat

Jonathan Hoffman, *Neurobehavioral Institute*

Dean McKay, *Fordham University*

AS HABITUAL CONTRIBUTORS—some might derisively call us *offenders*—to *tBT*'s "Lighter Side" column, we long ago became desensitized to fielding endless questions from our devoted readers. Although we've done our level best to answer each and every one of you, it has exacted a tremendous toll on our professional and personal lives, which we only recently became aware of after being ambushed by an intervention arranged by our colleagues and families. We now realize that spending day and night responding to our legion of fans leaves little room for research or clinical work, not to mention upholding the dress code and hygiene standards[1] for clinical scientists and scientist-practitioners. We also have belatedly come to the conclusion that the fairest policy going forward regarding our bottomless mailbag is to respond to one question from a randomly selected fan whenever the mood to do so strikes, beginning with the following:

Dear Drs. Hoffman and McKay,

How can some clinical programs teach both Cognitive-Behavior Therapy and Psychodynamic models in the same curricula, given that they each promulgate completely contradictory theoretical and practice frameworks?

Sincerely,

—Anonymous, Ph.D., ABPP (Behavioral & Cognitive Psychology) Licensed Psychologist

P.S. I loved your "K. Ong" articles, I don't care what anyone else says.[2]

Dear Dr. Anonymous,

First, thank you for your kind words regarding our "K. Ong" pieces. If you liked that, check out our early work on the CBT Action Team.[3] But on a more serious note, unless your surname is actually "Anonymous," we are very sorry that this question is presently so politically incorrect that you feel compelled to hide your identity. By virtue of the powers conferred by "Lighter Side" authorship, we apologize on behalf of our revered but obviously befuddled profession.

Thank you for posing such a great question to the "Lighter Side," where it can do the most good. We totally see your point, Dr. Anonymous. It *should* go without saying that CBT and Psychodynamic orientations cannot both be true and therefore cannot be taught as equals, any more than astrology and astrophysics, neurology and phrenology—but yet this fact seems to be lost on some of our clinical programs.

Why *any* of our clinical programs are educating students in such a patently confusing, downright intellectually indefensible way is indeed a puzzlement. The usual rationalizations such as "it's important to expose students to different perspectives" just shouldn't pass the science smell test anymore. Seriously, it's not like our programs are teaching literature or art, but rather how to psychologically assess and treat real-life, suffering people. (Just imagine if medical training included placing the four humors of the ancient Greeks on equal footing with modern endocrinology.)

Exposing our clinical students to CBT and Psychodynamic models simultaneously places them in a state of cognitive dissonance, which they will likely resolve by eschewing one or the other of CBT or Psychodynamics completely, adopting the position of their favored professor, or reconciling them in a way that might forever skew the way they think about and treat psychological disorders. We have observed that the websites of some clinicians say they will craft a CBT or Psychodynamic treatment plan according to the presentation of the client. This sounds more like a great idea for a revival of the theater of the absurd[4] than a credible clinical approach.

How can clinical programs that teach both CBT and Psychodynamic models remain accredited? Frankly, it beats us. We asked some of our colleagues, but they were just as stumped. Leaving no stone unturned, and holding our noses all the way, we even took the unprecedented step of reaching out across disciplines.

Well, Dr. Anonymous, that was a waste of time. Our counterparts in philosophy asked increasingly inscrutable questions about the curricula of our field's clinical programs, referencing the word "problematic" so many times that it lost any sense of meaning. The lawyers we consulted pushed hard for a class action lawsuit against said programs. And the few biologically oriented psychiatrists we were able to get a response from could barely restrain schadenfreude, many quickly switching the topic to why we should refer all of our clients to their new TMS (Transcranial Magnetic Stimulation) or ketamine centers.

Suddenly, it dawned on us that we had not taken our cross-disciplinary efforts far enough. We needed to talk to the reclusive

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[1] We've been to the conferences. The minimum hygiene requirements appear to be showering at least every third day, and only picking slightly wrinkled clothing from the hamper to wear to presentations.

[2] A two-parter about a gargantuan, immortal ape's foray into becoming a clinician, which was featured in *the Behavior Therapist*'s Lighter Side in September and December 2017.

[3] A four-part series that appeared in *the Behavior Therapist* in 2014. We had some pull with the editor back then.

[4] A term referring to plays that use conventional dramatic forms, but undermine them with nonsensical dialog and futile attempts to make sense in a senseless world.

founder of Psycho-physics,[5] B. F. Schrödinger. This intellectual giant was renowned for not only thinking out of the box, but for refusing to use a box altogether or even patronize a big box store on principle. The only problem was that the great man refused to meet with anyone these days. We were left with no choice but to play the surefire "Lighter Side" author card.

Schrödinger immediately made an exception and agreed to see us. When we shared the question posed by you with Dr. Schrödinger, we discovered that he had a special interest in the curricula of clinical programs that provided education in both CBT and Psychodynamic models. What a coincidence, we said. He said, "A simple Psycho-physics thought experiment will elucidate why CBT and Psychodynamic models are taught with equal fervor in some of your clinical programs. I call it 'Schrödinger's Rat,'[6] and my interest in this subject cannot possibly be a coincidence."

He continued, "Rat is shorthand for 'rational.' Let's say I place an otherwise rational student in a bunker with poison gas…Sorry, meant to say that we place an otherwise rational student in a clinical program that provides instruction in both CBT and Psychodynamic models." (We overheard him muttering under his breath, "Really, who can tell the difference between poison gas and a clinical program anyway?")

He went on, "Then I shut the door to the bunker. But until I open it and discover what model they have chosen the student is in a superposition in which both CBT and Psychodynamic frameworks make sense to them. In the instant of my observation,

however, this superposition collapses into a singular reality."

"And, there it is …" said Schrödinger.

Perplexed, we inquired, "There *what* is?"

Schrödinger replied, "I thought it was obvious. Not only are the students in a theoretical superposition, but so are the program director, the faculty, and the accreditation body. Even when some students leave the bunker, uh, the clinical program that has instructed them in both CBT and Psychodynamic models, the way they will practice remains in an indeterminate state. In this state, all theoretical models, no matter how antithetical, appear valid. Thus, the model that will inform their clinical work henceforth could be based in science or from the much deeper well of discerning meaning in coincidences."

We said to Schrödinger, "it sounds like you are also implying that our students who do not resolve this superposition successfully might potentially suffer from post-traumatic superposition trauma. Weird, this can be abbreviated as PTSD." To which B.F. retorted, "Don't you two jokers get it? There are no coincidences!"

Schrödinger was not done. He informed us that we needed to bone up on Jungian models of intervention. "After all," he said, "what is the so-called collective unconscious if not just a poetic way to describe superpositions?"

He then said, "If you think you understand clinical programs, you don't understand clinical programs."

We said, "Isn't that more or less what the physicist Richard Feynman famously stated regarding quantum mechanics?"

Schrödinger responded, "Don't know who that is but I have an O. Hobart Feynman on my staff. That also is not a coincidence."

With this final remark, Schrödinger illuminated the important issue raised in your question, albeit "coincidentally." Clinical programs should not be theaters of the absurd. And without their students' informed consent, no less.

Until this problem is rectified, our advice to any student in a theoretical "superposition" is: Be a "rat" no matter what anyone is teaching you. And if you are suffering with post-traumatic superposition trauma, seek therapy immediately. We think you know what kind of therapy we recommend.

Keep those questions coming, Dr. Anonymous! (Although in all candor we must say that the odds against one of yours ever being selected again under our new policy are, shall we say, rather daunting.)

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Correspondence to Jonathan Hoffman, Ph.D., Neurobehavioral Institute, 2233 Commerce Pkwy #3, Weston, FL 33326; drhoffman@nbiweston.com

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[5] Psycho-physics integrates classical psychological theoretical models with quantum mechanics, e.g. examining the applicability of classical and operant conditioning to the behavior of subatomic particles. It is often confused with Fechner's psychophysics (sans hyphen) of the late 19th Century, which examined the relationship between stimulus and sensation.

[6] When we asked, B.F. said that any resemblance of his thought experiment to Irwin Schrödinger's famous 1935 one, Schrödinger's Cat, was coincidence, since it couldn't possibly be plagiarism.

[7] We will be proposing this new diagnosis for the next edition of the *International Classification of Diseases* (ICD). The folks over at the *DSM* would likely be disinclined to consider it because this would be the one condition for which they could not possibly fathom a biological basis.

[8] Just for fun, Google the famous 1946 photograph of Irwin Schrodinger conversing with Carl Jung.

[9] Orval Hobart Mowrer was the President of the American Psychological Association in 1954. He was well known for behavioral research as well as for creating Integrity Therapy, a concept which has had a lasting influence upon drug and alcohol rehabilitation.

[10] According to Carl Jung, coincidences that have meaning despite the absence of any apparent causal relationship, what he termed *synchronicity*, "is an ever-present reality for those who have eyes to see." This point of view is utterly inimical to science.

Call for Papers ABCT's 53rd Annual Convention

November 21–24, 2019 • Atlanta, GA

Preparing to **Submit** an **Abstract**

The ABCT Convention is designed for scientists, practitioners, students, and scholars who come from a broad range of disciplines. The central goal is to provide educational experiences related to behavioral and cognitive therapies that meet the needs of attendees across experience levels, interest areas, and behavioral and cognitive theoretical orientations. Some presentations offer the chance to learn what is new and exciting in behavioral and cognitive assessment and treatment. Other presentations address the clinical-scientific issues of how we develop empirical support for our work. The convention also provides opportunities for professional networking. The ABCT Convention consists of General Sessions, Targeted and Special Programming, and Ticketed Events.

ABCT uses the Cadmium Scorecard system for the submission of general session events. The step-by-step instructions are easily accessed from the Abstract Submission Portal, and the ABCT home page. Attendees are limited to speaking (e.g., presenter, panelist, discussant) during no more than FOUR events. As you prepare your submission, please keep in mind:

• **Presentation type:** For descriptions of the various presentation types, please visit http://www.abct.org/Conventions/?fa=Understanding_The_ABCT_Convention

• **Number of presenters/papers:** For Symposia please have a minimum of four presenters, including one or two chairs, only one discussant, and 3 to 5 papers. The total number of speakers may not exceed 6. Symposia are either 60 or 90 minutes in length. The chair may present a paper, but the discussant may not. Symposia are presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols. For Panel Discussions and Clinical Round tables, please have one moderator and between three to five panelists.

• **Title:** Be succinct.

• **Authors/Presenters:** Be sure to indicate the appropriate order. Please ask all authors whether they prefer their middle initial used or not. Please ask all authors their degree, ABCT category (if they are ABCT members), and their email address. (Possibilities for "ABCT category" are current member; lapsed member or nonmember; postbaccalaureate; student member; student nonmember; new professional; emeritus.)

• **Institutions:** The system requires that you enter institutions before entering authors. This allows you to enter an affiliation one time for multiple authors. DO NOT LIST DEPARTMENTS. In the following step you will be asked to attach affiliations with appropriate authors.

• **Key Words:** Please read carefully through the pull-down menu of defined keywords and use one of the keywords on the list. Keywords help ABCT have adequate programming representation across all topic areas.

• **Objectives:** For Symposia, Panel Discussions, and Clinical Round Tables, write three statements of no more than 125 characters each, describing the objectives of the event. Sample statements are: "Described a variety of dissemination strategies pertaining to the treatment of insomnia"; "Presented data on novel direction in the dissemination of mindfulness-based clinical interventions."

Overall: Ask a colleague to proof your abstract for inconsistencies or typos.

QUESTIONS?

FAQs are at **http://www.abct.org/Conventions/** > **Abstract Submission FAQs**

For an in-depth explanation of ABCT's convention program, including the differences among ticketed, general, and special programming, visit us at:

www.abct.org
> Conventions & CE
> Understanding the ABCT Convention

Thinking about submitting an abstract for the ABCT 53rd Annual Convention in Atlanta? The submission portal will be opened from February 14–March 16. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 53rd Annual Convention. The **deadline for submissions** will be 3:00 a.m. (EST), Saturday, March 16, 2019. We look forward to seeing you in Atlanta, GA!

Wisdom of Purpose and Perspective: Extending the Social Impact of Cognitive Behavioral Science

ABCT

53rd Annual Convention
November 21–24, 2019 | Atlanta, GA

general sessions

Theme:

WISDOM OF
PURPOSE AND
PERSPECTIVE:
EXTENDING THE
SOCIAL IMPACT
OF COGNITIVE
BEHAVIORAL
SCIENCE

Portal opens
February 14, 2019

*Deadline
for submissions:*

March 16, 2019
(3:00 A.M. EST)

With ABCT now in its sixth decade, it is more important than ever to reflect on how well we are achieving our core mission of enhancing health and well-being. What can we do together to extend the reach and social impact of our vast accumulation of scientific knowledge? How can we produce healthy, therapeutic behavior on a grand scale? The purpose of this call is to engage us in ongoing reflection, commitment, and the effortful habit of evaluating our accomplishments in terms of this high-level goal of reducing mental health burden and improving lives; in other words, to measure our work against our mission.

We encourage submissions that investigate novel ways to extend the reach of our current therapeutic processes and products, and especially the scientific knowledge behind them. Thematic examples include:

● Reaching and partnering with new and diverse populations (e.g., global mental health, underutilized behavioral health audiences, underserved communities, intersecting interests among two or more Special Interest Groups);

● Leveraging or developing new workforces or stakeholders (e.g., paraprofessional health workers, instructional models for professional training and development, supervision models for training and/or distributing expertise in health systems, scientific/mental health literacy of the general population);

● Improving knowledge delivery and the efficiency to guide behavioral health decisions (e.g., innovative protocol designs; decision support or feedback systems to inform treatment or implementation; models to better connect theory or emergent scientific findings to impending therapeutic action, personalized treatments, translation across problem or practice ontologies, such as DSM and RDoC; use of research evidence);

● Interacting with industry (e.g., the role of emerging technology; the relationship between science and entrepreneurship, between human helpers and machines; models for scaling our most effective solutions);

● Striving to solve problems that are meaningful to stakeholders (e.g., clients, therapists, mental health system administrators); dissecting our failures or the unintended consequences of our prior successes; developing extensible resources today that anticipate the world of tomorrow.

Submissions may be in the form of Symposia, Clinical Round Tables, Panel Discussions, and Posters. Submissions that are judged to be especially thematic will be recognized in the online program for the 2019 Convention.

*Submission deadline: **March 16, 2019** | 3:00 A.M. EST*
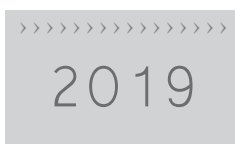
Call *for* Award Nominations

to be presented at the 53rd Annual Convention in Atlanta, GA

The ABCT Awards and Recognition Committee, chaired by Cassidy Gutner, Ph.D., of Boston University School of Medicine, is pleased to announce the 2019 awards program. Nominations are requested in all categories listed below. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.

Career/Lifetime Achievement

Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell, and Mark B. Sobell. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2019ABCTAwards@abct.org. Include "Career/Lifetime Achievement" in the subject line.
Nomination deadline: March 1, 2019

Outstanding Training Program

This award will be given to a training program that has made a significant contribution to training behavior therapists and/or promoting behavior therapy. Training programs can include graduate (doctoral or master's), predoctoral internship, postdoctoral programs, institutes, or continuing education initiatives. Recent recipients of this award include the Doctoral Program in Clinical Psychology at SUNY Albany, Massachusetts General Hospital/Harvard Medical School Predoctoral Internship in Clinical Psychology, the University of Nebraska-Lincoln Clinical Psychology Training Program, the Charleston Consortium Psychology Internship Training Program, and the Clinical Science Ph.D. Program at Virginia Polytechnic Institute & State University. Please complete the on-line nomination form at www.abct.org/awards. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Training Program" in your subject heading. **Nomination deadline:** March 1, 2019

Distinguished Friend to Behavior Therapy

Eligible candidates for this award should NOT be members of 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. Recent recipients of this award include Mark S. Bauer, Vikram Patel, Benedict Carey, Patrick J. Kennedy, and Joel Sherrill. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2019ABCTAwards@abct.org. Include "Distinguished Friend to BT" in the subject line.
Nomination deadline: March 1, 2019

Outstanding Clinician

Awarded to members of ABCT in good standing who have provided significant contributions to clinical work in cognitive and/or behavioral modalities. Past recipients of this award include Albert Ellis, Marsha Linehan, Marvin Goldfried, Frank Datillio, Jacqueline Persons, Judith Beck, and Anne Marie Albano. Please complete the nomination form found online at www.abct.org. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Clinician" in the subject line.
Nomination deadline: March 1, 2019

Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice

Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. This award includes a cash prize of $1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 5 years of receiving his or her doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applicants should submit: nominating cover letter, CV, personal statement up to three pages (statements exceeding 3 pages will not be reviewed), and 2 to 3 supporting letters. Application materials should be emailed as one pdf document to 2019ABCTAwards@abct.org. Include candidate's last name and "Albano Award" in the subject line.
Nomination deadline: March 1, 2019

Student Dissertation Awards

- **Virginia A. Roswell Student Dissertation Award ($1,000)** • **Leonard Krasner Student Dissertation Award ($1,000)**
- **John R. Z. Abela Student Dissertation Award ($500)**

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2018. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to 2019ABCTAwards@abct.org. Include candidate's last name and "Student Dissertation Award" in the subject line. **Nomination deadline:** March 1, 2019

President's New Researcher Award

ABCT's 2018-19 President, Bruce Chorpita Ph.D., invites submissions for the 41st Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of $500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field.
Requirements: must have had terminal degree (Ph.D., M.D., etc) for at least 1 year but no longer than 6 years; must submit an article for which they are the first author; 2 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline:** March 1, 2019

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

Outstanding Service to ABCT

Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Service" in the subject line.
Nomination deadline: March 1, 2019

ADDRESS SERVICE REQUESTED

call for submissions

Graduate Student Research Grant

The ABCT Research Facilitation Committee is sponsoring a grant of up to $1000 to support graduate student research. Eligible candidates are graduate student members of ABCT seeking funding for a currently unfunded (including internal sources of funding) thesis or dissertation research project that has been approved by either the faculty advisor or the student's full committee. The grant will be awarded based on a combination of merit and need.

For full information on what to submit, please go to:

http://www.abct.org/Resources/?m=mResources&fa= GraduateStudentGrant

To submit:

Please e-mail the required documents to Shannon Sauer-Zavala, Ph.D., at **ssauer@bu.edu**. Include "Graduate Student Research Grant" in your subject heading.

▶ **Applications are due March 1, 2019**