

# the Behavior Therapist

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### Research-Training Link

## Graduate Training of the Scientist- Practitioner: Issues in Translational Research and Statistical Analysis

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In 1949 representatives from various aspects of the mental health profession and government agencies concluded that clinical psychology graduate students should be trained as both scientists and practitioners (Barlow, Hayes, & Nelson, 1984). The scientist-practitioner (S-P) model was designed to train students to be proficient in the application of psychological theory, research methodology, and clinical skills to complex and diverse societal problems (Kazdin, 2000). Consistent with the S-P model, Addis and Jacob (2000) suggested that the evaluation of graduate training should be based on the degree to which science and practice are effectively integrated. Belar (2000) argued that the S-P model does not represent the midpoint on a continuum anchored by research and practice, but rather aims for excellence in the integration of clinical and research training, as well as the promotion of a science-based practice of clinical psychology. In a survey sent to directors of 138 American Psychological Association (APA) approved doctoral programs in clinical psychology and 96 master's programs, the overwhelming majority reported following the S-P model (O'Sullivan & Quevillon, 1992). Furthermore, 97.6% of the doctoral programs and 81.8% of the master's programs reported that the S-P model reflects the correct type of clinical training to meet the needs of today's society.

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Table 1. APA Required Course Content in Science and Clinical Competency for  
Accreditation in Clinical Psychology

Science	Practice
Biological psychology	Individual differences in behavior
Cognitive psychology	Human development
Affective psychology	Psychopathology
Social aspects of behavior	Professional ethics
History and systems	Theories and methods of assessment and diagnosis
Psychological measurement	Effective intervention
Research methods	Consultation and supervision
Data analysis	Evaluating the efficacy/effectiveness of interventions

Note: Adapted from the APA (1997) *Guidelines and Principles for Accreditation of Programs in Professional Psychology*.

Although criticisms have been levied  
against the model (e.g., Stricker, 2002), the  
overwhelming adoption of the S-P model  
suggests that it is the standard for graduate  
training.

After the creation of the S-P model, ac-  
creditation guidelines were established to  
ensure that graduate programs provide a  
curriculum for quality preparation of gradu-  
ate students (Beidel, 2000; Kazdin, 2000).  
*The Guidelines and Principles for Accreditation of  
Programs in Professional Psychology* requires  
that graduate programs articulate their phi-  
losophy of training, goals, and objectives,  
and the extent to which those goals and ob-  
jectives are actualized (APA, 1997).  
Although the accreditation system provides  
graduate programs with a great deal of flex-  
ibility, it has not been particularly effective  
in guiding graduate programs toward ade-  
quate training in the S-P model (Beidel,  
2000). Examination of the typical course re-  
quirements for accreditation (listed in Table

1) suggests that both research and clinical  
content are covered. Unfortunately, the  
typical courses do not specifically target the  
integration of the two realms (e.g., clinical  
case designs, translational research).  
Integrating science and practice is difficult  
to accomplish and graduate students often  
experience an acute tension between re-  
search and clinical activities rather than a  
natural marriage of the two domains  
(Addis, 2000). Despite initiatives aimed at  
improving the quality of S-P training (e.g.,  
Belar & Perry, 1992), many graduate pro-  
grams do not provide integrative courses.  
For instance, a review of courses offered by a  
randomly selected 17% of APA-accredited  
Ph.D. programs in clinical psychology  
(Table 2) revealed that only 50% offered  
courses combining research and practice.<sup>1</sup>  
In this article we discuss how contemporary  
graduate training in translational research  
and statistical analysis can help to meet the  
goals of the S-P model.

<sup>1</sup> We randomly selected 17% of APA-accredited Ph.D. programs in clinical psychology and reviewed their publicly posted lists of course offerings. We then coded listed courses according to the headings in Table 2. Courses that did not fall into these categories were coded as "other" and were not included.

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## Translational Research and the S-P Model

A goal of the S-P model is to train students to use research to inform their practice and practice to inform their research. This goal extends beyond simply training people as effective researchers or clinicians. It implies training people to "translate" basic research findings into clinical work and to conduct basic research in a clinically relevant fashion. We believe that these issues are exactly those addressed by training in translational research. Translational research focuses on bridging the gap between basic and applied research (National Advisory Mental Health Council Behavioral Science Workgroup, 2000). Specifically, translational research is intended to transport knowledge from the laboratory into practice, with practice in turn influencing laboratory research. Such work can include research that investigates basic principles of behavior in relation to situations with greater complexity (e.g., human responses to emotion-eliciting events), the application of techniques investigated in the laboratory to clinical contexts (e.g., systematic desensitization), and the laboratory investigation of processes functioning in clinical work (e.g., mechanisms of change involved in breathing retraining).

The need for such integrative research frequently has been voiced within psychology (e.g., Abramson & Seligman, 1977; Eifert & Plaud, 1998; Forsyth & Zvolensky, in press; Onken & Bootzin, 1998). Indeed, the National Institute of Mental Health recently formed the National Advisory Mental Health Council Behavioral Science Workgroup (2000) to explore and articulate the utility of translational research. Of particular interest to the current discussion, the report issued by the workgroup recommended that researchers at all career levels be trained to conduct translational research. Our review of course offerings at APA-accredited programs for clinical psychologists revealed that no program in the sample offered courses directly targeting translational issues (Table 2). Even adopting very lenient criteria (i.e., any course that we could conceive of as maybe including training in the translation between basic and applied areas) resulted in only 50% of the offering courses that might address translational issues. Given the paucity of coursework targeting the recommended training, as well as our own experiences, it appears that graduate students infrequently receive structured classroom training about how to translate basic research into applied do-

main or training in the use of clinical practice to inform their basic research.

## Recommendations for Improving Training in Translational Issues

Although the onus for training in translational research falls at least partially on the graduate student advisors, course work may offer a promising approach toward systematic training in translational research. Broadly, a course could target education about the history, relevance, and unique contributions of translational research. The

course could also illustrate and apply translational approaches. For example, at the University of Vermont there are current investigations into processes that affect fearful and anxious responding at the level of neurobiology (e.g., Falls et al., 2000), basic learning (see Bouton, 1993, for a review), experimental psychopathology (e.g., Leenfeldner, Zvolensky, Feldner, & Lejuez, in press), and applied clinical work (e.g., Compas & Oppedisano, 2000). A course could involve research presentations focused on different levels of analysis to stim-

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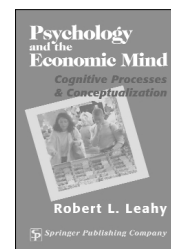
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ulate discussions of how translational work could be conducted and highlight the potential benefits of such an approach.

An alternative might be to present a broad-based understanding of translational research via lectures on the history and importance of such an approach (e.g., Abramson & Seligman, 1977; Forsyth & Zvolensky, in press) and subsequently assign articles in a given area that introduce students to the different levels of analysis. Class discussions could then explore how the research presented at each level can be translated to more basic or more applied levels of analysis. For instance, a lecture delivered on the role of context in conditioning (see Bouton, 1993, for a discussion) could be followed by a discussion of the experimental psychopathology research necessary to determine if the same principles apply to conditioning accounts of panic disorder. Finally, the seminar could include writing a review paper that follows one area of research (e.g., variables effecting fear responding) across various levels of analytic complexity (e.g., basic to applied) to foster application of translational principles.

The above recommendations offer only a rough sketch. We believe the development of such course work would provide graduate students with a greater understanding of the importance of translational research. Programs that support a multilevel approach to the investigation of psychopathological phenomena would seem particularly suited to the development of translational courses. Such training could enhance the ability of future scientist-practitioners to truly integrate science and practice.

Our discussion thus far has focused on training persons to be able to integrate research and practice. An equally important

element in training effective scientist-practitioners is providing the tools necessary to (a) carry out research in various settings and (b) be knowledgeable consumers of research that can inform their clinical work. Therefore, the training of statistical knowledge in a fashion conducive to the goals of the S-P model is instrumental in preparing students to effectively use current research to enhance clinical practice, and vice versa.

### Statistical Training for Scientist-Practitioners

It is vital that scientist-practitioners have the skills necessary to understand and produce research. Effective consumption and production of research requires adequate training in research methods and statistical analysis. Practitioners seem increasingly unlikely to produce research and many seem unlikely to incorporate research findings into their clinical practice (Drabick & Goldfried, 2000). Undoubtedly there are many factors that account for a practitioner not living up to the ideals of the S-P model (e.g., lack of time, lack of incentive, etc.); however, an absence of research in clinical work may partially be accounted for by inadequate skill development. We believe current graduate training in statistical analysis may be insufficient.

### Current Status of Statistical Training in Graduate Programs

A survey of 186 Ph.D. programs in psychology (identified by APA) revealed that 95% offered a required statistics sequence, but 75% of the required sequences were only 1 year long (Aiken et al., 1990). The survey also revealed that the content of statistics courses has remained relatively static

over time and might fail to incorporate new developments. As an example, basic statistical training (e.g., analysis of variance, regression, multivariate analyses) is offered in a majority of the surveyed psychology departments; however, advanced statistical analyses (e.g., time series, causal modeling) were rarely taught (18%, 24%, respectively; Aiken et al., 1990). Consistent with the findings of Aiken and colleagues, our review of courses offered at accredited graduate programs indicated that programs generally offer training in basic statistical analysis, yet only 29% offered courses that provide training in advanced statistics (see Table 2). Furthermore, training was typically conducted using either a mathematical or cookbook method. The mathematical approach consists of training in formula derivations whereas the cookbook method emphasizes statistical computations. Cone and Foster (1993) argue that neither method addresses the significance of matching statistical procedures to research designs, which, incidentally, may help explain why many graduate students struggle in applying past statistical training to independent research projects.

In addition to course content, thesis and dissertation requirements are perceived as providing graduate students with the opportunity to become more competent in statistical analyses (Bootzin, in press). However, students often are ill-prepared to complete this research requirement (Cone & Foster, 1993). Aiken et al. (1990) assessed student competency in applying statistical knowledge to their own research. More than 74% of students reported competence in multifactor analysis of variance (MANOVA), contrast/comparisons, and repeated measures analysis of variance (ANOVA). However, only 58% reported competency in regression techniques. The percentages of student competency in data management (e.g., detection and treatment of influential data), commonly occurring statistics (e.g., ANCOVA), and advanced statistics (e.g., path analysis) were 8%, 38%, and 2%, respectively (Aiken et al., 1990).

More recently, Kahler, Stuart, and Lejuez (2001), sampling from three respected peer-reviewed journals in clinical psychology (*Behavior Therapy*, *Journal of Consulting and Clinical Psychology*, and *Journal of Abnormal Psychology*), reported that graduate students trained in basic statistics (which is the case in many graduate programs) would be unfamiliar with 67.3% of the statistics used in these journals. Because the S-P model aims for graduate training

**Table 2.** A Sampling of Courses Offered at S-P Graduate Programs  
(*n* = 28)

Courses	<i>n</i>	%
Scientist-Practitioner	1	3.6
Clinical	28	100
Research	28	100
Clinical + Research*	14	50
Translational	0	0
Basic Statistics	28	100
Advanced Statistics	8	28.6
Psychopharmacology	15	53.6

\*Courses in clinical research, clinical research methods, empirically supported treatments, and treatment outcome research.

that provides students with the skills necessary to consume and conduct meaningful research (Drabick & Goldfried, 2000), the findings of Kahler and colleagues (2001) question whether current training in research design and data analysis is adequate to meet the goals of S-P training.

Clinical psychology has begun to adopt a variety of advanced statistical procedures (Smith, Best, Cylke, & Stubbs, 2000). However, the lack of training in advanced statistical methods likely is contributing to the inability of graduate programs to consistently produce high-quality scientist-practitioners (Beidel, 2000). Furthermore, insufficient training in statistical procedures might deter many students from conducting clinically meaningful research that requires advanced statistical procedures, thereby contributing to the increasing gap between research and practice (Goldfried, 2000).

### ***Recommendations for Improving Graduate Training in Statistical Analysis***

Statistical training for the scientist-practitioner should at least provide a statistical course sequence that includes methods currently employed by clinical researchers (Aiken et al., 1990). Ideally, the courses would cover advanced statistical procedures (e.g., advanced measures of reliability, regression methods, methods of factor analysis, advanced longitudinal/repeated measures methods, causal modeling) that are commonly employed (Kahler et al., 2001). If necessary, students should be encouraged to seek additional statistical training outside of their home departments.

Ideally, statistical training also should incorporate clinical research methods (Cone & Foster, 1993). Consistent with the S-P model, graduate students must receive training in the application of statistical procedures to various research designs (e.g., small *n* designs used clinically). In this context, statistical training may cover specific content related to clinical research (e.g., clinical significance, effect size, attrition). Because much of graduate training is provided outside of the classroom, faculty may consider seeking statistical training themselves so they can successfully provide formal and informal training for graduate students. Aiken and colleagues (1990) reported that one-third of the programs they sampled did not have faculty primarily trained in statistics.

The development of the S-P model of training was based on the fact that research is vital to the very existence of the profession

of clinical psychology (Barlow et al., 1984). Given the integral role of statistical analysis in research methods, it is safe to assume that training in statistical procedures is vital in the existence of the S-P model. By providing students with additional opportunities to apply their statistical training within the context of their training (i.e., treatment outcome research), graduate programs may facilitate the training of quality scientist-practitioners.

### **Conclusion**

The current trend toward the empirical evaluation of graduate training is very important in contemporary clinical psychology and should be a focus of future research (Beidel, 2000; Fox, 1994). Kazdin (2000) suggests that efforts to evaluate clinical training in graduate education should connect program characteristics to program goals. Most program goals are consistent with the S-P model of training (O'Sullivan & Quevillon, 1992). However, if the S-P model is to continue to be the vehicle for training, then it is vital that the profession identifies and addresses challenges faced in training scientist-practitioners. Whereas translational research and statistics training represents a current challenge facing S-P

programs, future challenges, such as the movement to allow psychologists prescription privileges, must also be addressed (e.g., Beutler, 2002; Hayes, Walser, & Bach, 2002). In principle, expanding the grounds where the S-P model is used to allow prescription privileges may not necessarily be detrimental to the model's overall integrity. However, expanding the applications of the model to prescription privileges before we have improved current practices (e.g., translational research) could add to current problems in graduate training.

According to Tsoi-Hoshman and Polkinghorne (1992), the current application of the S-P model to graduate training has bifurcated science and practice into separate domains. As shown in Table 1, this argument is supported by the APA course requirements for accreditation, which is based primarily on proving competency in science and practice without emphasis on courses that explicitly serve as an integration of the two domains. Although our recommendations for improving S-P training in translational research and statistical methods may appear to call for additional course requirements, resulting in either the loss of other course work or the extension of graduate training, we do not believe this is



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necessarily the case. Courses targeting the integration of science and practice may be developed to replace currently required courses. For example, a course targeting the empirical examination of behavior therapy techniques could focus on translational research examining the efficacy of such techniques as well as the teaching of the techniques themselves, possibly replacing a behavior therapy course. Furthermore, if graduate programs were to develop courses integrating science (e.g., research methods, data analysis) and clinical courses (e.g., psychopathology, effective interventions), more time would be available to seek advanced training in statistical methods, applied research, or other aspects of S-P training.

Graduate students must also embrace the strengths of the S-P model. Specifically, graduate students must begin to appreciate the importance of training opportunities that allow for the integration of theory, research, and clinical skills. One of the strengths of the S-P model is its compatibility with societal demands (Barlow et al., 1984; Belar, 2000). However, as societal demands change, the nature of training according to the S-P model also must change. If graduate programs are to continue to produce students who can operate independently in multiple domains, then they must prepare themselves to accommodate to the ever-changing demands of the scientist-practitioner.

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## On Hellenistic Philosophy and Its Relevance to Contemporary CBT: A Response to Reiss (2003)

Joseph B. McGlinchey, *Brown University*

It was with great interest and enthusiasm that I read the article on Epicurus by Dr. Reiss (2003) in *the Behavior Therapist*. However, I was surprised at the lack of mention of Stoicism, another Hellenistic school that also has exerted a significant influence on modern cognitive behavioral therapies (CBT), acknowledged by both the founders of rational-emotive therapy (Ellis, 1994) and cognitive therapy (Beck, Rush, Shaw, & Emery, 1979). The relationship between Stoicism and these therapies has been described in greater detail by Montgomery (1993). The main tenet of Stoicism was that man should devote his concerns only to that which was in his power: his own thoughts and actions. Anything falling outside of his power was not under his control, and thus, not of concern. The Stoics believed that man would cultivate a worthy life through his capacity for reason in assessing his own actions and thoughts.

Two of the most enduring Stoic philosophers were Epictetus (A.D. 55–135), a freed slave, and Marcus Aurelius (A.D. 121–180), a Roman emperor. A read through Epictetus' *Enchiridion* (culled from a larger work of teachings, *Discourses*) and Marcus Aurelius' *Meditations* reveals many ideas that are precursors of CBT. Like the Epicureans, they recognized the importance of interpreting events on the influence of behavior: "Remember that it is not he who reviles you or strikes you, who insults you, but it is your opinion about these things as being insulting" (Epictetus, 1991, p. 22). Stoics warned against making assumptions about others based on appearance: "Take care, then, when you observe a man honored before others or possessed of great power or highly esteemed for any reason, not to suppose him happy, and be not carried away by the appearance" (Epictetus, p. 21). They also advocated that our own actions should not be influenced by how we think others will perceive or judge us. Marcus Aurelius (1964) stated, "Man has but one life; already thine is nearing its

close, yet still hast thou no eye to thine own honour, but art staking thy happiness in the souls of other men" and also "[c]an it matter to you how the tongues of posterity may wag, or what views of yourself it may entertain?" (pp. 47, 131). The Stoics recommended a present-based focus, discouraging future catastrophizing: "Never confuse yourself by visions of an entire lifetime at once . . . do not let your thoughts range over the whole multitude and variety of the misfortunes that befall you, but rather, as you encounter each one, ask yourself: 'What is there unendurable, so insupportable, in this?' You will find that you are ashamed to admit defeat" (Marcus Aurelius, p. 129).

The Stoics and the Epicureans had much in common, particularly in their recognition of the role of dysfunctional thinking; however, there were also differences between them. In her book *The Therapy of Desire* (1994), Martha Nussbaum provided a comprehensive critique and contrast between these Hellenistic schools in terms of their "therapeutic arguments." Among the differences noted by Nussbaum, the Epicureans viewed reason in a strictly instrumental role, a means of achieving *ataraxia* (i.e., freedom from disturbance). To the Stoics, reason was likewise an instrument toward achieving their desired aim of *apatheia* (i.e., absence of passion). However, unlike the Epicureans, the Stoics also assigned to reasoning a more intrinsic quality; that is, reason was something of worth in and of itself, and something to be respected as sovereign within each individual. As a result, the Stoics provided a greater emphasis than Epicureans on communal development, with an eye toward using reason to enact social and political change. Stoic leaders engaged freely in debate with non-Stoics. Stoic teachers fostered a "symmetrical" (i.e., collaborative) relationship with their students and encouraged a greater degree of autonomy with the belief that the student was ultimately his or her own teacher, due to the student's own capacity for reason. By comparison, the

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Epicureans were more separatist from non-Epicurean thought and apolitical, emphasizing the development of individuals. This was achieved through a one-to-one teacher-student relationship that was more hierarchical in nature. The authoritative teaching style of the Epicureans allowed for less student autonomy and often involved instruction through memorization and repetition of accepted teachings.

Perhaps because of their exhortations away from appearance, external judgment, and worldly pursuits (i.e., fame, power, wealth), coupled with their attitude of ready acceptance of life's misfortunes, an emphasis on change and impermanence, and a promotion of an autonomous path of discovery, Gowans (2003) suggests that of all the Hellenistic schools, it was Stoicism that shared the most similarities with the principles of Buddhism. David (2003), however, points to parallels between Epicurean and Buddhist philosophies. Regardless, these comparisons are interesting, particularly in light of the field's increasing attention to approaches grounded in the Buddhist tradition (e.g., mindfulness meditation), and suggest a greater affinity between Eastern and Western systems of thought than one might initially realize.

On a broader note, as a postdoctoral fellow fresh out of graduate school and reflecting on my own recent clinical training, I would ask: What degree of relevance, if any, should these philosophies play in the training and understanding of contemporary psychotherapy models and practice? As psychology is a discipline born out of philosophy, to what extent should these philosophies be integrated within current training

curricula of clinical psychology students or novice therapists, if at all? Two thousand years ago, what unified all the main Hellenistic schools was that they saw their role as philosophers, much in the way that psychotherapists see themselves today, even using the repeated analogy that philosophy was to the soul what medicine was to the body. Through the formation of their schools, progressive in their acceptance of both men and women, people of high authority and servants, the Epicureans and Stoics believed their worldviews could help others in coping with life and attaining *eudaimonia*, a word often translated as "happiness" but implying a sense of activity and flourishing rather than merely a passive state of satisfaction. David (2003) argues that the major schools of CBT have unique underlying philosophies that substantively differentiate them from the Hellenistic schools of old. This makes sense, especially since we live in an age with a sociopolitical, technological, and spiritual context that is very different than that of pantheistic, ancient Rome. However, while I do not think the study of these philosophies is a requirement for being a successful psychotherapist, I do believe that promoting an increased exposure to these rich philosophical traditions, whether Hellenistic, Buddhist, or other, may augment our professional growth by offering a renewed appreciation for where current psychotherapy theory and practices arose. These may also mirror and inform current dialogues regarding where our current work as clinicians fits in with meeting man's drives, needs, and capacities—for example, the recent debates of Kohlenberg (2003) and Lazarus (2003) re-

garding CBT's positions on the inevitability and acceptance of suffering and the alleviation of unpleasant emotions.

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## Connections Between Ancient Philosophies and Modern Psychotherapies: Correlation Doesn't Necessarily Prove Causation

James D. Herbert, *Drexel University*

In 1976 an entertaining and thought-provoking series called *Connections* was first shown on public television. The show's author, producer, and host, James Burke, explored the history of science and technology by highlighting apparent connections between unlikely people and events. For example, Burke might trace how someone who invented a new technological instrument had a cousin who was the lover of the father of a scholar who used the instrument to make an important scientific discovery. To the extent that the goal of the series was to present the history of science in a highly engaging manner, it was a huge success. Burke followed the original *Connections* project with several equally successful shows and books (e.g., Burke & Ornstein, 1995). As a matter of historical scholarship, however, there is a problem. Implicit throughout the series is an important but unexplored assumption, namely, that the "connections" among the various people and events reflect a web of causal influence. Certain events are highlighted as directly or at least indirectly responsible for subsequent events, which in turn set the stage for still other events, and so on.

There is, of course, an alternative explanation. At least some of these putative connections may in fact be causally unrelated, reflecting instead the creativity of the historian. Humans are pattern-seeking animals. Characteristic features of human cognition can lead to observations of connections between phenomena that do not actually exist. Superstitious behavior is a prime example.

Both Reiss (2003) and McGlinchey (2004) recently published interesting papers in this journal in which they draw connections between ancient Hellenistic philosophies and contemporary forms of cognitive behavior therapy (CBT). Reiss argues that rational-emotive behavior therapy has its roots in the Hedonistic philosophy of Epicurus, whereas McGlinchey highlights the effect of Stoicism on contemporary CBT. Both au-

thors present interesting discussions of the parallels between these ancient philosophies and the tenets of modern CBT. And like the *Connections* series, both go a step further in suggesting that the ancient philosophies are causally related to contemporary schools of thought. For example, Reiss' article, entitled "Epicurus: The First Rational-Emotive Therapist," states that "in certain key respects, Epicurus was history's first influential rational-emotive theorist" (p. 406). In commenting on Reiss' paper, McGlinchey writes, "... I was surprised at the lack of mention of Stoicism, another Hellenistic school that also has exerted a significant influence on modern cognitive behavioral therapies..." (p. 51). He goes on to note that a reading of key Stoic works "reveals many ideas that are precursors of CBT" (p. 51).

The fact that intriguing parallels exist between Hellenistic philosophies and contemporary schools of psychotherapy is not in doubt. However, the degree to which these parallels reflect direct causal influence of the former on the latter should not be assumed. A creative scholar can find similarities between a variety of ancient philosophies and modern ideas. In terms of Hellenistic philosophies, for example, one might point to the introduction by Thales of Miletus (624–546 B.C.) of the idea of criticism as an epistemologic tool, which parallels cognitive therapists' questioning their patients' interpretations of events. Or the relativistic empiricism of the Sophists, such as Protagoras (485–410 B.C.), who held that one's reality is a function of one's unique construal of the world, again paralleling certain modern CBT ideas. And of course we cannot forget Socrates (470–399 B.C.) himself, whose very name gave rise to the method of Socratic questioning—a hallmark tool of the cognitive therapist. The point is that such parallels do not necessarily reflect direct causal links. Of course CBT is embedded within a tradition of Western thought that has been influenced by a variety of broad intellectual developments, in-

cluding the Hellenistic philosophies, the teachings of the Medieval Church, the Enlightenment, and so on. But this is a far cry from asserting that a specific historical philosophy underlies a specific modern school of psychotherapy.

One of the most difficult jobs of the historian is tracing the causal impact of historical phenomena on later developments. This exercise is hard enough with great historical persons or events, but it is much harder in the domain of ideas. The task is somewhat less daunting if the historical ideas are relatively temporally contiguous. For example, McNally (2003) persuasively argues that the notion of recovered memories that has recently captured the attention of psychotherapists was directly influenced by Freud's theories of repression. Herbert and Sageman (in press) trace the effect of various historical developments beginning in the 19th century on current conceptualizations of and treatments for PTSD. It is much more difficult, however, to trace the specific influence of a particular idea over more than two millennia. Humans have wrestled with fundamental psychological questions since the beginning of recorded history, and it is not surprising that many solutions have been proposed, subsequently forgotten, only to reemerge independently later.

The idea that parallels among schools of thought necessarily reflect causal links is not limited to the effect of the classical Greeks. Ironically, one of the most striking examples of this fallacious reasoning involves Afrocentric claims that Greek civilization itself was "stolen" from North Africa, and that scholars have conspired to hide this fact for racist motives (Bernal, 1987; James, 1954). Similarities in Egyptian and Greek scholarship are thought by certain Afrocentric scholars to reveal the influence of the former on the latter. Classical historians have convincingly demonstrated the many problems with these claims (Lefkowitz, 1996; Lefkowitz & Rogers, 1996). Once again, we see that correlation does not necessarily reveal causation.

This is not to minimize the importance of an appreciation of history and philosophy among psychologists and psychotherapists; quite the contrary. In this age of increasing specialization, an historical perspective highlights the fundamental questions that have long occupied humankind. Moreover, the study of history and philosophy has the humbling effect of revealing that these questions, as well as our modern proposed solutions to them, are almost always far

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from novel. Insights from great thinkers of the past can sometimes shed new light on contemporary problems. However, the value in the historical study of psychological questions does not depend on the causal status of apparent connections between distant schools of thought, and scholars must be cautious to avoid excessive inferential leaps about causation. Parallels between ancient philosophies and contemporary schools of psychotherapy are interesting enough in their own right.

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### Clinical Forum

## Assessing Secondary Trauma

Robert W. Motta, Dawn M. Chirichella, Margaret K. Maus, and Maria T. Lombardo, *Hofstra University*

Secondary trauma, also referred to as secondary traumatic stress disorder (STSD), refers to the acquisition and experiencing of trauma symptoms as a result of close and extended contact with traumatized individuals. Those with secondary trauma have not directly experienced a traumatic event, but rather have acquired characteristic trauma symptoms resulting from exposure to a traumatized person. While the symptoms of STSD are similar to those of posttraumatic stress disorder (PTSD), they are less severe (Motta, Kefer, Hertz, & Hafeez, 1999; Suozzi, 1998). The symptoms of STSD include unwanted thoughts and memories of traumatic events, detachment and withdrawal, difficulty concentrating, and sleep disturbances. Given that STSD is not included in the psychiatric nomenclature, the term "secondary trauma" will be used from this point on. Secondary trauma symptoms can evolve from scenarios such as living with a traumatized family member (Catherall, 1992), being a young child brought up by traumatized parents (Rosenheck & Nathan, 1985), or being a child of a war veteran with PTSD (Motta, Joseph, Rose, Suozzi, &

Leiderman, 1997). Secondary trauma has been used globally to encompass "vicarious trauma" and "compassion fatigue" (McCann & Pearlman, 1990). Vicarious traumatization, like secondary trauma, refers to the acquisition of trauma responses due to close association with a traumatized individual. Compassion fatigue specifically refers to trauma reactions that are acquired by individuals who work in a therapeutic manner with those who have been traumatized.

Past studies have shown that therapists who work with traumatized clients are at risk for developing secondary trauma symptoms such as acute stress reactions, emotional distress, intrusive images, and phobic avoidance. Ghahamianolou and Brodbeck (2000), for example, studied secondary trauma reactions in 89 trauma counselors who worked with clients who had been sexually assaulted. Using the Global Severity Index of the SCL-90 R (Derogatis, 1977) and the Penn Inventory of PTSD (Hammarberg, 1992), they found that many sexual assault trauma counselors developed intrusive and unwanted images similar to those of their clients. Similarly,

Brady, Guy, Poelstra, and Brokaw (1999) conducted a study on the effects of compassion fatigue on psychotherapists who work with trauma survivors, including those who had been raped. Their results indicated that female psychotherapists are more likely to exhibit trauma symptoms when they see large numbers of sexual abuse cases or when they see a high number of sexual abuse victims over the course of their careers compared to those who see fewer sexual abuse cases.

It is important to note that the impairment seen in those who are exposed to traumatized individuals could be due to factors other than secondary trauma. For example, family members or therapists who have regular contact with others who are traumatized may develop difficulties owing to their own trauma history. Therefore, the linking of emotional impairment specifically to exposure to traumatized persons should be done with caution. It may be that intervening influences exist. On the other hand, the fact that intrusive and unwanted images seen in therapists suspected of having secondary trauma are often similar to those of their clients suggests a secondary traumatic effect.

If therapists are likely to acquire the trauma symptoms of their clients, it may be that partners who have extensive contact with a traumatized partner are even more likely to acquire the trauma reactions. Nelson and Wampler (2000) attempted to address the issue of how a history of trauma,

## APPENDIX

### Secondary Trauma Scale

Consider a negative experience or experiences that happened to someone close to you. The person could be a family member, close friend, or anyone else with whom you have had a close relationship.

What relationship was that person to you? \_\_\_\_\_

What was the negative experience? \_\_\_\_\_

If you can't think of anyone close to you who had a highly negative experience, please put a check here: ☐

For the items below, write in the number that best describes how you think and feel about the events above. Complete the items even if you could not think of a close relationship that had a negative experience. If you were unable to identify someone above, you may use your own experience (Describe) \_\_\_\_\_

**1 = rarely/never; 2 = at times; 3 = not sure; 4 = often; 5 = very often**

(Put number in spaces below).

1. \_\_\_\_\_ I force myself to avoid certain thoughts or feelings that remind me of (person above's) difficulties.
2. \_\_\_\_\_ I find myself avoiding certain activities or situations because they remind me of their problems.
3. \_\_\_\_\_ I have difficulty falling or staying asleep.
4. \_\_\_\_\_ I startle easily.
5. \_\_\_\_\_ I have flashbacks (vivid unwanted images or memories) related to their problems.
6. \_\_\_\_\_ I am frightened by things that he or she said or did to me.
7. \_\_\_\_\_ I experience troubling dreams similar to their problems.
8. \_\_\_\_\_ I experience intrusive, unwanted thoughts about their problems.
9. \_\_\_\_\_ I am losing sleep over thoughts of their experiences.
10. \_\_\_\_\_ I have thought that I might have been negatively affected by their experience.
11. \_\_\_\_\_ I have felt "on edge" and distressed and this may be related to thoughts about their problem.
12. \_\_\_\_\_ I have wished that I could avoid dealing with the person or persons named above.
13. \_\_\_\_\_ I have difficulty recalling specific aspects and details of their difficulties.
14. \_\_\_\_\_ I find myself losing interest in activities that used to bring me pleasure.
15. \_\_\_\_\_ I find it increasingly difficult to have warm and positive feelings for others.
16. \_\_\_\_\_ I find that I am less clear and optimistic about my future life than I once was.
17. \_\_\_\_\_ I have had some difficulty concentrating.
18. \_\_\_\_\_ I would feel threatened and vulnerable if I went through what the person above went through.

specifically childhood physical and sexual abuse, might affect individual and couple functioning. They found that when one partner reported a history of abuse, the other partner also reported significant symptoms of psychological distress.

One of the problems in secondary trauma research is the relative lack of psychometrically sound instruments available for measuring this form of traumatization compared to the number of instruments for measuring PTSD. There is also a lack of availability of established cutoff scores for existing measures of secondary trauma. The scales that do exist are either designed for a specific pop-

ulation, lack cutoff scores, or both. Figley (1995), for example, developed a scale called the Compassion Fatigue Self-Test for Psychotherapists. This scale is used specifically for mental health workers and does not have reliable cutoff scores that would be indicative of emotionally troubled or pathological reactions. In addition to such paper-and-pencil measures, a modified Stroop procedure has also been used to assess secondary trauma. Motta et al. (1997) used a modified Stroop procedure to assess secondary trauma in adult children of Vietnam veterans who had been diagnosed with PTSD. It was found that children of veterans displayed signifi-

cantly longer response latencies to Vietnam-related stimuli than children of nonveterans. This measure, like that of Figley, lacks cutoff scores.

While the modified Stroop has been shown to be an effective assessment tool for assessing PTSD and secondary trauma in adults and children, the development of appropriate stimuli for specific forms of trauma is time consuming. There is a reliable and valid paper-and-pencil measure that is easily administered, has established cutoff scores, and can be used for various types of secondary traumatic experiences. The Secondary Trauma Questionnaire (Motta et al., 1999) was developed to

meet this need. Following factor analyses, the original 20-item scale was reduced to an easily scored 18-item measure, the Secondary Trauma Scale (STS; Motta, Hafeez, Sciancalepore, & Diaz, 2001). The psychometric properties of the STS, which were developed using clinical, student, and therapist samples, revealed strong internal consistency, concurrent validity, content validity, and discriminant validity. The scale correlated well with other measures of trauma, was found not to correlate with measures that were unrelated to trauma, and was applicable across diverse populations. The STS, however, lacked established cutoff scores that can be useful in clinical practice.

The purpose of the present study was to establish cutoff scores for the STS. This was done by determining the levels at which the STS would be associated with clinically meaningful levels of anxiety and depression. The availability of STS cutoff scores facilitates clinical decision-making in that it allows one to judge whether secondary trauma symptoms may be associated with significant emotional difficulties or whether the secondary trauma reactions are of a transient nature.

## Method

### Participants

One hundred eighteen adults (48 male, 70 female) volunteered to participate in a study designed to assess "common emotional reactions" to stressful events. Participants were undergraduate students at Hofstra University who were fulfilling a requirement of research participation (mean age = 23.37,  $SD = 8.7$ ). While data on ethnic origin and SES were not obtained, the sample was overwhelmingly Caucasian and middle class. Although the use of a university-based sample might be critiqued, it

should be noted that the data and analysis reported below are based upon only those participants who had significant levels of depression and anxiety and also had problematic levels of cognitive intrusion and avoidance.

### Measures

Participants were administered the STS, which includes 18 items relevant to secondary traumatization (see Appendix, p. 55). The scale asks participants to "consider a negative experience or experiences that happened to someone close to you. The person could be a family member, close friend, or anyone else with whom you have had a close relationship." Participants described the nature of the relationship as well as the particular negative experience or experiences. Items are rated on a 1-to-5 scale, which ranges from *rarely/never* to *very often*. The possible range of scores is therefore 18 to 90. The reliability and validity of the STS have been reported in a series of prior studies (Motta et al., 1999, 2001). In a sample of 261 mental health professionals who treat HIV/AIDS patients and 157 college students, alpha reliabilities of .8 to .9 have been reported. Additionally, strong convergent and discriminant validity have also been found for the STS (Motta et al., 2001).

In addition to the STS, participants completed the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996); the Beck Anxiety Inventory (BAI; Beck, Epstein, & Steer, 1988); the Impact of Events Scale (IES; Horowitz, Wilner, & Alvarez, 1979), a 15-item measure of intrusive, unwanted cognitions and efforts to avoid thoughts or images of troubling events; and the Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar, Weiss, Metzler, & Delucchi,

1996), a 10-item measure of dissociative phenomena.

### Results

Overall alpha reliability for the STS in this sample was  $r = .89$ , consistent with prior studies showing reliability estimates from .8 to .9 for college students and mental health workers (Motta et al., 1999, 2001).

**Anxiety.** In the current sample, 39 participants scored within the mild to moderate range on the BAI ( $M = 15.21$ ,  $SD = 4.07$ ). The score on the STS corresponding to this level of anxiety was  $M = 37.67$ ,  $SD = 13.46$ . (The published norms for the BAI show the mild to moderate range is from 10 to 18.) There were nine participants who scored in the moderate to severe range of anxiety and obtained a mean BAI score of 21.11 ( $SD = 2.8$ ). The corresponding STS score for this group was  $M = 44.67$ ,  $SD = 19.5$ . The published norms for the moderate to severe range on this measure are from 19 to 29.

**Depression.** For the 52 participants scoring in the mild to moderate range, their mean BDI-II score was 15.86 ( $SD = 5.09$ ). The corresponding STS score for those in the mild to moderate range of depression was 38.44 ( $SD = 11.25$ ). (The published norms on the BDI for this range are from 10 to 29.) There were 12 participants who scored in the moderate to severe range of depression ( $M = 23.25$ ,  $SD = 4.6$ ). The corresponding mean score on the STS was 49.42 ( $SD = 14.69$ ). (The normative range is 19 to 63.)

**IES.** The IES assesses intrusions, or the degree to which individuals experience unwanted intrusive thoughts or images (IES-I), and avoidance, which is the extent to which individuals avoid troubling thoughts and memories (IES-A). The cutoff for individuals experiencing problematic intrusive and avoidance symptoms related to traumatic experiences is 20 for each scale. The 33 individuals who scored above the IES-I cutoff of 20 had a mean score of 25.67 ( $SD = 4.95$ ) and a corresponding mean STS score of 37.48 ( $SD = 13.25$ ). The 52 participants who obtained an IES-A score above 20 had a mean IES-A score of 25.28 ( $SD = 4.45$ ). Their corresponding score on the STS was 35.87 ( $SD = 11.67$ ).

**PDEQ.** While cutoffs have not been determined for the PDEQ, the current sample showed a mean score of 18.1 ( $SD = 7.1$ ). Overall, the PDEQ was found to correlate significantly with the STS,  $r = .47$ ,  $p < .01$  (see Table 1).

**Table 1.** Pearson Correlations Between Scores on the Secondary Trauma Scale and Other Measures ( $N = 118$ )

Measure	1	2	3	4	5	6
1. Secondary Trauma Scale		.47	.61	.48	.47	.47
2. Beck Anxiety Inventory			.52	.50	.38	.35
3. Beck Depression Inventory				.51	.43	.48
4. Impact of Events Scale–Intrusion					.65	.46
5. Impact of Event Scale–Avoidance						.50
6. Peritraumatic Dissociative Experiences Questionnaire						

Note. All correlation coefficients  $p < .05$ .

## Discussion

Therapists and researchers who work with those experiencing disorders such as PTSD, depression, and anxiety are well aware that comprehensive treatment often involves treating family members in addition to the referred patient. Most of the time the afflicted person has close contact with others and there is a negative emotional "spread of effect" to them. It would be highly unusual for any severe emotional disorder to exist in isolation and not have an effect on others. In the trauma literature, this spread of effect is referred to as secondary or vicarious trauma. To date we have had no empirically sound way of assessing this secondary effect. The present study reports on initial efforts in developing an empirically based approach for doing so.

None of the few secondary trauma measures that do exist report cutoff scores. Therefore, subjective judgments of secondary impact are all that we have. Despite the obvious utility of cutoff scores, it is important to note that this is an initial study and caution is advised when making decisions about the severity of secondary trauma in community samples. Further investigations are currently taking place with a variety of community samples. The results of these studies should be more able to address the issue of the generalizability of current cutoffs. At this point, a number of reliability and validity studies have been conducted using the STS with both community and student samples, and the STS has been shown to have strong psychometric properties.

The importance of studying secondary trauma is simply that traumatic experiences have a major influence. Family members, close friends, and those who engage in psychotherapy with traumatized individuals are often negatively affected. STS scores of 38 or higher appear to be indicative of mild to severe anxiety and depression and also are related to problematic intrusion and avoidance symptoms. Scores of 45 or higher on the STS should, at the very least, alert the clinician to the possibility of significant emotional concerns, as they were associated with moderate to severe anxiety and depression.

We included a measure of dissociation in this study because dissociative experiences are often related to trauma exposure. Results indicate a significant association between dissociation and secondary trauma. Little more can be said of this as the dissociation measure used here, the PDEQ, is a relatively new measure and lacks cutoff scores.

Further work relating dissociation and secondary trauma is warranted.

Another area that requires investigation has to do with better identification of the cause of secondary trauma. In this study, we asked participants to identify someone close to them who was suffering emotionally because of some traumatic experience. Study participants then completed the STS and other measures. In this format, we cannot be certain that the STS scores were caused by the close contact with the traumatized person or to some third, and unaccounted for, variable. Future studies must place greater attention to isolation of causative agents.

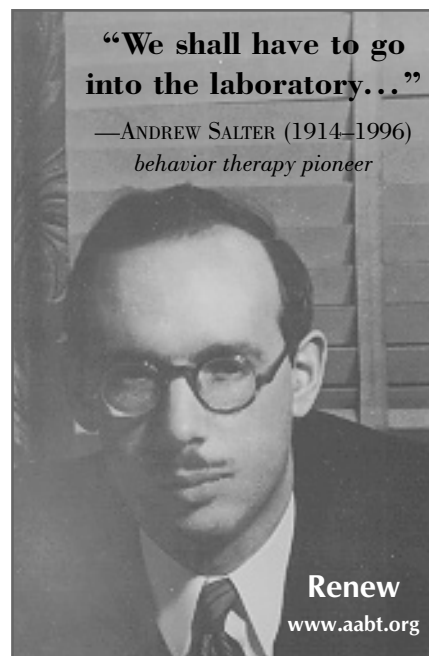
It is hoped that this initial study will lead to further investigations of the STS as a clinical and research tool. While we are aware that secondary traumatization can result from extended and close contact with those who have been traumatized, we now have a way of assessing the severity of the effect of those experiences and may now be in a better position to intervene.

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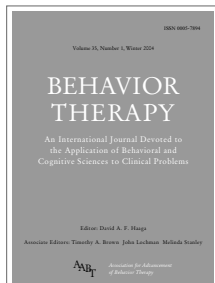
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Open Forum

## Finally, Some Interesting E-Mail in My In-Box

David A. F. Haaga, *American University*

I want to call *tBT* readers' attention to several exciting articles and series recently published or forthcoming in another AABT journal, *Behavior Therapy*. The fall 2003 issue (Volume 34, issue 4), guest edited by John Lochman and Randy Salekin, examined behavioral interventions for children with aggressive behavior and/or conduct problems. Articles in this series reported on follow-up evaluations as much as 4 years after intervention, on mediating mechanisms of intervention effects, and on dissemination and cost data.

In 2004, *Behavior Therapy* (Volume 35) will include:

- Art Nezu's AABT Presidential Address on problem solving and behavior therapy;
- a special series edited by Bill Shadel on applying personality science to behavior therapy (with closing commentary by Walter Mischel);
- an invited paper by Dave Barlow on the occasion of his winning the AABT award for outstanding research contributions, describing the rationale for and nature of his new unified treatment of emotional disorders;
- a special series edited by Tim Brown on recent advances in latent variable analysis and how they can be applied to improve clinical research;
- a series of papers, chosen through the regular editorial review process, reporting empirical research on ACT (Acceptance and Commitment Therapy). These articles on ACT will appear in conjunction with Steve Hayes' AABT Presidential Address.

Besides invited papers and series on specific themes, *BT* will continue to publish some of the best individual research reports in the field. Forthcoming articles concern

relationship enhancement, treatment of nocturnal panic, longitudinal evaluation of chronic PTSD, utility of time-out for children with attention-deficit/hyperactivity disorder, and many more issues in the assessment, etiology, prevention, and treatment of clinical problems.

One of the strengths of the *Behavior Therapy* editorial review process has always been its promptness. Thanks in large part to the Associate Editors (Tim Brown, John Lochman, Melinda Stanley) and our Editorial Board, this tradition of efficiency has been sustained in my term as Editor. The median time to an editorial decision is just under 2 months. To speed up this process further, effective immediately, manuscripts may be submitted to *Behavior Therapy* as e-mail attachment files (MS Word or Rich Text Format) to dhaaga@american.edu. (Please also send 2 hard copies of manuscript submissions by regular mail to the Editor, David A. F. Haaga, Ph.D., Department of Psychology, Asbury Building, American University, Washington, DC 20016-8062.) Complete author instructions may be found in each issue of *Behavior Therapy* and on the journal's Web page via [www.aabt.org](http://www.aabt.org).

Besides upgrading the quality of e-mail I receive, this change in submission procedure is intended to make the process of editorial review even more efficient for authors. The Associate Editors and I look forward to reviewing your manuscripts and hope you will enjoy keeping up with the latest developments in behavior therapy by reading *Behavior Therapy* on a regular basis. ✍

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Laura A. Lynch, B.A.	Kanako Otsui, M.A.	Matthew Schrock	Aisha Usmani, M.S.
Leanne Magee, B.A.	Twila S. Owens	Lisa N. Schum, M.S.	Tonita R. Vaderdue, M.S.
Shira Maguen, Ph.D.	Eugene J. Paciarelli, Jr.	Yoni Schwab	Kristin Valerius, M.A.
Tara N. Mandel, B.A.	Mark Palmieri, B.A.	Laurie A. Scott, M.A.	Laura Vangsness, B.A.
Brittany Mann, B.A.	Kimberly L. Parks	Sharon Sears, Ph.D.	Neo O. K. Vannest
Azadeh G. Masalehdan	Radhika Pasupuleti, B.A.	Cory D. Secrist, B.S.	Wanda Vargas
Joanna O. Mashunkashey, M.A.	Angie L. Pellegrin	Natasha Segool, A.B.	Andres G. Viana, B.A.
Yanique T. Matthews	Maura Pellowe, M.S.	Agnieseka K. Serwik, B.A.	Dana Villines, B.A.
Emily M. Mayfield	Rebekah R. Pender	Kathryn Sexton, B.A.	Renee C. Vincent
Elizabeth Dexter Mazza, M.S.	Solanja Perez, B.A.	Michelle Sheets, M.A.	Lisa L. Vivian, M.A.
Claudia M. McCausland, B.S.	Carlos Perez-Benitez, M.A.	Karen Sheridan, B.A.	Jason E. Vogler, B.A.
Michael S. McClosky, Ph.D.	Andrea Perry, B.S.	Doronit Shlank, B.A.	Anka A. Vujanovic
Christen McDonald, B.A.	Laura Phillips	Nicholas Sibrava, B.A.	Monique I. Vulin, B.A.
Jennifer McElroy, M.A.	Courtney Pierce, M.S.	Calvin M. Sims, B.A.	John R. Wagner, Ph.D.
Margaret McFarland, M.A.	Heather Pierson, B.A.	N. Chandler Sims, A.B.	Deborah J. Walder, Ph.D.
Alison McHenry	Aaron Pileggi	Cristian Sirbu, Ph.D.	Evan J. Waldheter
Margaret L. McKelvie, B.A.	Lauma P. Pirvics	Matthew D. Skinta, B.A.	Kristie D. Walton
Katie A. McLaughlin, B.A.	Mary Plummer, B.A.	Katherine G. Sklarsky	Michael Wanat
Carmen P. McLean, B.A.	Michele Pole, M.A.	Beverley Slome, B.A.	Abigail M. Wanghick, B.S.
Dana McMakin, M.A.	Kristin Pontoski, B.A.	Ashley Smith, B.A.	Stephanie Wasserman, B.A.
Elaine McMillan, B.A.	Carole Porcari, B.S.	Susan Smith, B.A.	Stephanie Weathersby
Jane Metrik, M.S.	Mark B. Powers, M.A.	Nicole I. Solsona, B.A.	Sarah Webb
Kara J. Meyer, B.A.	Jason M. Prenoveau, B.S.	Heath Sommer, B.S.	Mariann R. Weierich
Lauren M. Miller	Bethany J. Price-Morato, B.S.	Erica Sood, B.A.	Jennifer J. Wheat
Nathan A. Miller, B.S.	James Prisciandaro, B.A.	Jose A. Soto, M.A.	Rebeka White, B.A.
Victoria A. Miller	Nicole Pukay-Martin, B.S.	Jaime S. Spinell, M.A.	Sara White, M.A.
Sara M. Milo	Sudha R. Raminani, M.S.	Mareie-Helene St Hilaire, Ph.D.	Thom White, B.A.
Alisa R. Mintz, M.Sc.	Melissa Ramsay	Julie St Jacques, B.A.	Dorothy F. Whitehead
Regina Miranda, M.A.	Carla Rash, B.A.	Layla R. Stanek, B.A.	Rikard K. Wicksell
Nicole E. Mirarchi, M.A.	Annemarie F. Reardon, M.S.	Lisa Starr, B.A.	Carl Williams, Ph.D.
Alexandra Mitchell, M.A.	John M. Reardon, M.A.	Laurie Stern, B.S.	Sara Williams, B.A.
Shveta Mittal, M.A.	Madhavi K. Reddy	Sarah B. Stevens, B.A.	Alexis Wilson
Elena Monarch, Ph.D.	Meredith C. Reesman, B.A.	Tomika Stevens, M.A.	Katherine Wilson, B.A.
Zella E. Moore, M.A.	Cara B. Reeves, M.A.	Heather A. Stewart, M.A.	Ann E. Wingate, B.S.
Jean Morgano, MS.Ed.	Michael Reiter, B.A.	Karen Stewart, M.S.	Greta Winograd
Hiroko Motooka	Erin L. Remillard, B.A.	Jillian Stile, B.A.	Nicole Wolf, B.S.
Sarah C. Moynan	Heather L. Renfroe	Lisa R. Stines, M.A.	Kate Wolitzky, B.A.
Jennifer J. Muehlenkamp, M.A.	Michelle Resor, B.A.	Brooke A. Stipelman	Jennifer A. Wood, M.A.
Daniel J. Munoz	Lorie Ritschel, M.A.	Keith R. Stirrup, M.A.	Kelli L. Wright, Ph.D.
Jessica L. Murakami, B.A.	Michelle S. Rivera, B.S.	Marianne S. Stout	Yelena P. Wu, B.A.
Todd W. Murphy, M.Ed.	Jennifer Rosenblatt, A.B.	Adrienne R. Studaway, B.S.	Maria Yanakakis, J.D.
Andrea Nadeau	Isabelle M. Rosso, Ph.D.	Sheridan L. Stull, B.S.	Robin Yeganeh, M.A.
Suzi Naguib, M.S.	LaTanya S. Rucker, M.A.	Kristine Y. Sudol, M.S.	Peter Yeomans
Elizabeth M. Nelson, B.S.	Camilo J. Ruggero	Dawn Sugarman, B.A.	Stacey Young, B.A.
Judith Nester	Jessica Rush	Alison Sullivan, M.A.	Michael Zaborowski
Amy T. Nguyen, BA	Julie L. Ryan, B.A.	Anne K. Swenson	Talia I. Zaider, M.A.
Jenelle Nissley, M.S.	Anjali Sadhwani	Maya Tal, Ph.D.	Karen R. Zeff, B.A.
Ronald Noble, M.A.	Motohiro Sakai, M.A.	Sarah Tarquini, B.A.	Laura M. Zilli-Richardson, M.A.
	Bethany Sallinen, B.S.	Charlie T. Taylor, M.A.	Heidi M. Zinzow, B.S.
	Erica A. Sandman		

Kimberly R. Zlomke

***New Professionals***

Alexandra L. Barzvi, Ph.D.  
Alan B. Carpenter, B.A.  
Heather M. Chik, B.Sc.  
Kerry A. Collins, Ph.D.  
Kim A. Coon, Ed.D.  
Janelle Wilder Coughlin, Ph.D.  
Peter D'Elena, Psy.D.  
Mary M. Fuller  
Jacqueline A. Grimmett, M.A.  
David M. Jacobi, Ph.D.  
Serge Larouche, M.A.  
Yung Mei Leong, Ph.D.  
Richelle M. Moore, Ph.D.  
Julie Mosier, Ph.D.  
Rachel D. Moulton, M.S.  
Lisa A. Napolitano, Ph.D.  
Beth M. Phillips, Ph.D.  
Shilpa Reddy, M.A.  
Roseann Sciancalepore, Psy.D.  
Leonard Simms, Ph.D.  
Mary Beth Sivak, B.A.  
Laura Stoppelbein  
Jill T. Vaughan, M.S.N.  
Adam M. Volungis, M.A.

***Members in Transition  
to New Professionals***

Wesley D. Allan, Ph.D.  
David C. Atkins, Ph.D.  
Sandra L. Baker-Morrisette,  
Ph.D.  
Kimberly F. Balsam, Ph.D.  
Mark J. Bates, Ph.D.  
JoAnn M. Berns, Psy.D.  
Madelon Y. Bolling, Ph.D.  
Maggie C. Boyer, Ph.D.  
Michael Breznysnyak, Ph.D.  
Steven E. Bruce, Ph.D.  
Colleen E. Carney, Ph.D.

Hillary L. Case, Ph.D.  
Jennifer S. Cheavens, Ph.D.  
Yi-Chuen Chen, M.A.  
Anne Chosak, Ph.D.  
Andrea M. Chronis, Ph.D.  
Brian C. Chu, Ph.D.  
Carolina P. Clancy, Ph.D.  
Susan A. Clancy, Ph.D.  
Bryan N. Cochran, Ph.D.  
Leslie G. Cohn, Ph.D.  
Kim A. Coon, Ed.D.  
Jenifer M. Cullen, Ph.D.  
Jenifer L. Culver, Ph.D.  
Jeff C. Diebold, Ph.D.  
Maria D. DiFrancisco, Ph.D.  
Deborah L. Downey  
Danae L. Drab-Hudson, Ph.D.  
Brian S. Eig  
Christianne L. Esposito-  
Smythers, Ph.D.  
Tracy Fehrenbach, Ph.D.  
Christopher Fives, Psy.D.  
Mary M. Fuller  
Brandon E. Gibb, Ph.D.  
Judith G. Glinder, Ph.D.  
Kim L. Gratz, Ph.D.  
Laurie A. Greco, Ph.D.  
Amie E. Grills, Ph.D.  
Karen B. Grothe, M.A.  
Patricia L. Haynes, Ph.D.  
Lisa J. Heaton, M.S.  
Keisha D. Henry, M.S.  
Amy D. Herschell, Ph.D.  
Thomas V. Hicks, Ph.D.  
Marjan Ghahramanlou  
Holloway  
Dana Rabois Holohan, Ph.D.  
Phan Y. Hong-Lishner, Ph.D.  
Michelle Saxen Hunt, Psy.D.  
Mark A. Ilgen  
Lydia C. Jackson, Ph.D.

Dawn M. Johnson, Ph.D.  
Sara Sytsma Jordan, Ph.D.  
Debra L. Kaysen, Ph.D.  
Sandra J. Kearns, Ph.D.  
Amy J. Keefer, Ph.D.  
Laurie A. Keefer, Ph.D.  
John F. Kelly, Ph.D.  
Karen M. King, M.S.W.  
Jenny Klein, B.S.  
Ellen Koch, Ph.D.  
Tommy Kot, Ph.D.  
Kimberly R. Kracke, B.S.  
Christina Labbate-Mandra,  
Ph.D.  
Carrie I. Leontis, Ph.D.  
Lisa M. Locke, Ph.D.  
Nicholas A. Maltby, Ph.D.  
Ryan K. May, Ph.D.  
Beth A. McConnell, Ph.D.  
Joseph B. McGlinchey, Ph.D.  
Victoria M. McKeever, Ph.D.  
Lindsay D. McLeod, Ph.D.  
Barbara T. Meehan  
Tamar Mendelson  
Lori A. Meyerson, Ph.D.  
David R. Miller, M.A.  
Todd M. Moore, Ph.D.  
Julie Mosier, Ph.D.  
Rachel D. Moulton, M.S.  
Patrick S. Mulick, Ph.D.  
Katherine L. Muller, Psy.D.  
James G. Murphy, Ph.D.  
Peter H. Musser, Ph.D.  
Valerie Harwell Myers, Ph.D.  
Susan B. Myket, Ph.D.  
Jayson L. Mystkowski, Ph.D.  
A. Rebecca Neal, Ph.D.  
Sarah J. Newth, Ph.D.  
Robert A. Nicholson, Ph.D.  
Matthew K. Nock, Ph.D.  
Peter J. Norton, Ph.D.

Shane G. Owens, Ph.D.  
Eric Ozkan, Ph.D.  
Shilpa M. Pai, Ph.D.  
Dominic J. Parrott, Ph.D.  
Chad J. Parsons, B.A.  
Michelle L. Pearlman, Ph.D.  
John E. Perez, Ph.D.  
Rachel D. Peterson, B.A.  
Suzanne Phelan, Ph.D.  
Carolyn S. Rabin, Ph.D.  
Nadine Recker Rayburn, Ph.D.  
Renae M. Reinardy, Psy.D.  
Keith D. Renshaw, Ph.D.  
Alyssa A. Rheingold, Ph.D.  
Paula C. Rhode, Ph.D.  
Thomas L. Rodebaugh  
Raphael D. Rose, Ph.D.  
M. Zachary Rosenthal, Ph.D.  
Kenneth J. Ruggiero, Ph.D.  
Sue E. Schonberg, Ph.D.  
Lisa Schreindorfer  
Stefan E. Schulenberg, Ph.D.  
Rogina L. Scott-Franklin,  
Ph.D.  
Yvette L. Segura, Ph.D.  
Josephine H. Shih, Ph.D.  
John T. Sorrell, Ph.D.  
Jane A. Stafford, Ph.D.  
Timothy A. Steenbergh, Ph.D.  
David P. Steinke, M.Ed.  
Emily Hoffman Stern, Ph.D.  
Jennifer L. Strauss, Ph.D.  
Cynthia Suveg, Ph.D.  
Bethany A. Teachman, Ph.D.  
Barbara L. Van Noppen, Ph.D.  
Rheeda L. Walker, Ph.D.  
Teresa Wandas, Ph.D.  
Heather A. Wheeler, Ph.D.  
Laura D. Wilding, Psy.D.

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## Minutes of the Annual Meeting of Members

*November 22, 2003, Boston, Massachusetts*

### CALL TO ORDER

The Annual Meeting of Members of the Association for Advancement of Behavior Therapy was called to order by President Jacqueline Persons at 7:00 P.M. at the Marriott Copley Place in Boston, Massachusetts. Notice of this meeting was sent to all Full Members in August 2003 in their 37th Annual Convention program book.

### MINUTES

The Minutes from the November 16, 2002, Annual Meeting of Members held in Reno, Nevada, were accepted as distributed.

### SERVICE TO THE ORGANIZATION

President Persons extended the gratitude of the Association to the following members who have been of service to AABT: Richard Heimberg, Past President, Victoria Follette, Ph.D., Representative-at-Large, 2000-2003; Michael R. Petronko, Ph.D., Coordinator of Membership Issues, 2000-2003; Carrie L. Winterowd., Committee on Student Members Chair, 2000-2003; Brian P. Marx, Ph.D., Committee on Clinical Directory and Referral Issues Chair, 2000-2003; Sue C. Jacobs, Ph.D., Committee on Nominations and Elections Chair, 2001-2003; Michael Otto, Ph.D., 2003 Top Membership Recruiter; Lynn A. Rankin-Esquer, Ph.D., Professional Seminars Committee Chair,

2001-2003; Susan M. Orsillo, Ph.D., Workshops Committee Chair, 2001-2003; Frank W. Weathers, Ph.D., AMASS Committee Chair, 2001-2003; Steven R. H. Beach, Ph.D., Committee on Research Agenda Chair, 2000-2002; Lata K. McGinn, Ph.D., Committee on Professional Issues Chair, 2001-2003; Arthur Freeman, Ed.D., Publications Coordinator, 2001-2003; Linda C. Sobell, Ph.D., Archives Editor, 2001-2003; Elizabeth A. Gosch, Ph.D., Publications Committee Member, 2001-2003; Heidi M. Inderbitzen-Nolan, Ph.D., Publications Committee Member, 2001-2003; Elizabeth A. Meadows, Ph.D., Publications Committee Member, 2001-2003; Debra A. Hope, Ph.D., 2003 Program Committee Chair; Michael Otto, Local Arrangements Committee Co-Chair and Donna Pincus, Local Arrangements Committee Co-Chair.

President Persons thanked the 2003 Program Chairperson, Debra A. Hope, and her committee members for putting together this year's outstanding convention program: Anne Marie Albano, Drew A. Anderson, Karla Anhalt, Sudie E. Back, Alisa Bahl-Long, Sonja V. Batten, Linda Dimeff, Debora Bell-Dolan, Joaquin Borrego, Jr., Elizabeth V. Brestan, Carolyn Brodbeck, Elissa J. Brown, Steven E. Bruce, Todd C. Buckley, Andrea Seidner Burling, Annmarie Cano, Cheryl N. Carmin, Corinne Cather, Marie B. Caulfield, Timothy A. Cavell, Andrea M. Chronis, Scott F. Coffey, Marlene J. Cohen, James V. Cordova, Christopher J. Correia, Joanne Davila, Michael A. de Arellano, Thilo Deckersbach, Lara Delmolino, Ray DiGiuseppe, David DiLillo, Laura E. Dreer, Greg Dubord, Jill T. Ehrenreich, Ellen Flannery-Schroeder, Victoria M. Follette, Sharon Morgillo Freeman, David M. Fresco, Kristina Coop Gordon, Sandra L. Harris, Trevor A. Hart, Stefan G. Hofmann, Jennifer L. Hudson, Heidi Inderbitzen-Nolan, Sue C. Jacobs, Matthew D. Johnson, Shalonda Kelly, Robert S. Kern, Jason R. Kilmer, John W. Kloczek, Matt G. Kushner, Jennifer Langhinrichsen-Rohling, Jean-Philippe Laurenceau, Erika Lawrence, Penny A. Leisring, Jennifer Block Lerner, Kenneth L. Lichstein, Ty W. Lostutter, Carrie Masia-Warner, David J. Martin, Gerald F. McKeegan, Robert J. McMahon, Daniel W. McNeil, John R. McQuaid, Elizabeth A. Meadows, Sandra Mendlowitz, Douglas S. Mennin, Terri L. Messman-Moore, Todd M. Moore, Tracy L. Morris, Susannah L. Mozley, Kim Mueser, Douglas W. Nangle, Heather M. Nash, Amy E. Naugle, Larissa N. Niec, Holly K. Orcutt, Susan M. Orsillo, Carolyn M. Pepper, Lena Perez-Nieves, Melissa A. Polusny, Adam S. Radomsky, Melisa Rempfer, Deborah Rhatigan, Rochelle A. Robbins, Lizabeth Roemer, Kelly J. Rohan, George F. Ronan, Diana M. Ronell, Frederick Rotgers, Steven A. Safren, Steven L. Sayers, Zindel V. Segal, Jillian C. Shipherd, Sandra T. Sigmon, Will Spaulding, Ann M. Steffen, Amy E. Street, Gregory L. Stuart, Paul Stuve, Maureen A. Sullivan, Steven R. Thorp, Gao Q. Tran, George Tremblay, David P. Valentiner, Amy W. Wagner, Angela E. Waldrop, Kimberly S. Walitzer, Robyn D. Walser, Robert L. Weiss, Mark A. Whisman, Maureen L. Whittal, Pamela S. Wiegartz, Nathan L. Williams, Carol A. Winett, Carrie Winterword, Lisa F. Wood, Andrea R. Zuellig, and Michael J. Zvolensky.

#### NEW APPOINTMENTS

President Persons announced the new members to AABT's governing structure: Gayle Iwamasa, 2003-2006 Membership Issues Coordinator; Judy Favell, 2003-2006 Publications Committee Coordinator; Carrie Winterowd, 2003-2005 Nominations and Elections Committee Chair; Doreen DiDomenico, 2003-2006 Clinical Directory and Referral Issues Committee Chair; Curtis

Hsia, 2003-2006 Committee on Student Members Chair; Patricia J. "Trish" Long, 2004 New Orleans Program Chair; Joanne Davila, 2005 Washington, DC, Program Chair; Lizabeth Roemer, 2003-2006 Workshops Committee Chair; Christopher J. Correia, 2003-2006 AMASS Committee Chair; and Kevin Arnold, 2003-2006, Academic Training Committee Chair.

#### COORDINATORS' REPORTS

##### *Convention and Education Issues*

Ann Steffen, Coordinator, reported that the total number of attendees, so far, was 3,101, the highest number ever. She commended Deb Hope for putting together such a marvelous program, having excellent science with clinical applications and a nod to many smaller areas. She thanked Deb Hope and David DiLillo for their efforts to implement the on-line abstract submission system. She indicated that the system will be expanded for the coming Annual Convention in New Orleans. She thanked Mary Ellen Brown for organizing and running such a wonderfully professional convention. She also thanked Mary Jane Eimer and David Teisler for implementing the electronic registration process for this convention, and thanked Rosemary Park, Tonya Childers, and David Teisler for handling all the electronic registration questions. She noted that there were an unprecedented number of pre-registrants this year: 2,469, which was not only a record but exceeds many conventions' total attendance.

She noted that Reno had AABT's highest attendance for a western city. She believes that something is happening on which we want to build. She noted also that lots of sessions were just bursting at the seams, and that we were turning away people from the World Rounds sessions. She also applauded the new policy that allowed attendees to receive CEs for most sessions, and was happy to see LCDs in all the sessions.

Dr. Steffen said she is happy to have Trish Long as Program Chair next year, and they are looking forward to working with ISTSS (International Society for Traumatic Stress Studies) to create a bridge between stellar programs. And she reminded members that there is a Call for Papers, along with an invitation to suggest workshops, for the New Orleans convention on the inside back cover of the Convention Program book.

##### *Membership Issues*

Michael Petronko said that the Association has more than 4,000 members, but he'd like to be 10,000 strong, because evidence-based treatments need to be placed into the community, and this is the organization to do it. He thanked all those who brought in new members, and said they are easily identified by their gold, silver, or bronze ribbons.

Dr. Petronko said that the quality of membership benefits has greatly improved over the past year with an expanded electronic membership directory, plus a fully searchable list of therapists for the general public (Find a Therapist), not to mention the online registration and online submissions for this convention.

He also said that he thinks of AABT as the finest university in the land specializing in empirically supported treatments. Its journals and convention are, together, unparalleled in breadth and quality. He requested that every member encourage his/her colleagues and students to join AABT, read the publications, and attend the annual convention.

He reminded the membership that the Call for Nominations for our 2004-2005 President-Elect and 2006-2009 Representative-at-Large is now in progress. The nomination form can

be found in *the Behavior Therapist* (October, Winter, and January issues) and ends February 2, 2004. He encouraged all members to vote in the April election when the ballots traditionally arrive.

#### *Publications*

Reporting for Coordinator Art Freeman, Coordinator-designate Judy Favell reported that *Behavior Therapy* will be changing its format, beginning in 2005, moving from its current 6 × 9 to an 8.5 × 11 format, similar to *Cognitive and Behavioral Practice's* format. She thanked Dave Haaga, editor of *Behavior Therapy*, for his work on the journal. She also thanked Anne Marie Albano, editor of *Cognitive and Behavioral Practice*, who has already filled all of next year's issues. All new manuscripts are being sent to Stefan Hofmann, editor-elect. She also complimented George Ronan, editor of *the Behavior Therapist*, for his continued quality and innovation in the newsletter, citing as especially important and noteworthy the recent special issue on the Association's past presidents.

Dr. Favell noted the Association's recent growth in its electronics offerings, highlighting the new online registration for the convention, the online membership directory, and the expanded Find a Therapist sections on the Web. She said that we would be working to expand and improve these offerings and add more.

Dr. Favell thanked Art Freeman for his contributions as Publications Coordinator. She also thanked Linda Sobell for her contributions to the expanding Archives and World Rounds video series. She noted that Drs. Freeman and Sobell have been intricately linked for years, serving as President, Archives Editor, and Publications Coordinator, but in different order. Dr. Favell said that, all told, the two had just completed nine years of distinguished service to Publications and the Association. She also thanked Elizabeth Meadows, Elizabeth Gosch, and Heidi Inderbitzen-Nolan, each of whom was completing her term on the Committee.

#### *Academic and Professional Issues*

Reporting for Coordinator Michael Pantalon, Executive Director Mary Jane Eimer thanked John Guthman and the Awards and Recognition Committee for the excellent work they had done in putting together the slate honored at the Awards Ceremony Friday evening. Staff has been working on an awards page for our Web site that lists former recipients. She reminded the membership that it's not too early to nominate worthy candidates for consideration next year.

She reminded the membership that the World Congress of Behavioral and Cognitive Therapies will be held in Kobe, Japan, July 20-24, 2004. Members are encouraged to submit to the program.

Both the Committee on Research Agenda and Professional Issues have been working on collecting resources for researchers and practitioners, respectively, that can easily be accessed on our Web site.

#### **EXECUTIVE DIRECTOR'S REPORT**

Ms. Eimer reported that technology had been the staff priority in 2003. New technology helped make possible the huge numbers of submissions that led to the largest number of offerings at a convention, which had a direct effect on our attendance—the largest in AABT's history. Our technological advancements will make communication among members easier, allow the Central Office to update members on timely issues in a matter of hours, and expand AABT's outreach, making the behavioral therapies more

accessible to the general public. She noted that the list-serve was up and running again, and thanked Lynn Marcinko, the member who makes the AABT list-serve possible. She noted that even if you were a member of the list-serve before, you'll need to rejoin, which is easy, via AABT's web site ([www.aabt.org](http://www.aabt.org)). Ms. Eimer thanked Mary Ellen Brown, David Teisler, Tonya Childers, Rosemary Park (who just received an award from AABT for her long years of service to the Association), Teresa Wimmer, and Patience Newman, all of whom are here helping to make the Convention run smoothly. She also thanked Stephanie Schwartz and Kim Speights, staffing the Central Office during the convention.

Ms. Eimer said that she is very encouraged that the Board of Directors is working to prioritize all the many tasks it has set for itself and the many tasks it undertakes. She believes that there will be even greater synergy among the Board, committees, staff, and members as the Board reviews its own approach to governance. She said that as she attends the various committees, she sees how healthy the organization is with all the creativity and dedication of new members and seasoned members. She looks forward to continued electronic offerings, further improvements on the Web, and new responsiveness by the Public Education and Media Dissemination Committee. And, as always, she extends an invitation to all members to visit the Central Office if their travels bring them to New York City.

#### **FINANCE COMMITTEE REPORT**

Alan Gross reported that the Association will end the year showing \$70,000 income above expenses. He said that over the last three years, the Association has shown more than \$300,000 more income than expenses, and has reserves of \$1.5 million. He said we are very healthy. He thanked Pat Friman, Frank Andrasik, and Patti Resick for their hard work on the Finance Committee. He noted that we have been refining the budget process, making it easier to read. He described the revisions as making it easier to identify staff time in each project and to see the real dollars committed to each project.

He said that he spent time this year, as he does every year, at the Central Office, and he can't say enough good things about the staff. He said that Kim Speights, our bookkeeper, has been terrific.

#### **PRESIDENT'S REPORT**

Jacqueline Persons noted that the Board's clarity in setting goals allowed staff to implement all the technology that helped make this convention the best ever, and to improve the Association's ability to serve its many constituencies. She also hoped that the Board's work in attempting to refine governance will improve continuity from one year to the next within the Board.

#### **TRANSITION OF OFFICERS**

Dr. Persons announced the new officers: J. Gayle Beck is the President-Elect; Anne Marie Albano is the Representative-at-Large; Frank Andrasik is the Secretary-Treasurer-Elect; and Patricia Resick is the President. Dr. Persons then handed the gavel over to Dr. Resick.

#### *Adjournment*

Dr. Resick asked if there were any comments from the membership. There being none, the meeting was adjourned at 7:30 P.M.

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## Classifieds

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

### positions available

**POST-DOCTORAL FELLOWSHIPS.** The Institute for Children at Risk at the NYU Child Study Center invites applications for two post-doctoral research fellowships beginning July 2004. A two-year commitment is required. The successful candidates will work with a team of investigators directed by Laurie Miller Brotman, Ph.D. on one of two federally-funded prevention trials with parents and preschoolers. Please send your curriculum vitae and letter describing relevant experience and education to: Kathleen Kiely Gouley, Ph.D., Associate Director, Institute for Children at Risk, NYU Child Study Center, 577 First Avenue, CSC 207, New York, New York 10016. [Kathleen.Gouley@med.nyu.edu](mailto:Kathleen.Gouley@med.nyu.edu) [www.aboutourkids.org](http://www.aboutourkids.org)

**CLINICAL FELLOWSHIPS IN COGNITIVE BEHAVIOR THERAPY AND REBT:** A limited number of part-time two year post-graduate Fellowships are being offered at The Albert Ellis Institute beginning July 2004. Intensive supervision of individual, couples, and group therapy will be given by Albert Ellis, Ph.D., Ray DiGiuseppe, Ph.D., Michael Broder, Ph.D., and Kristene Doyle, Ph.D. Candidates carry a diverse caseload of clients, co-lead therapy groups, participate in special seminars and ongoing clinical research, and co-lead public workshops. Stipend is given for 16 hours per week of involvement in a wide variety of professional activities. Send requests for applications to: Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th St., New York, NY 10021. Deadline for applications is March 15, 2004.

**SUMMER FELLOWSHIPS IN COGNITIVE BEHAVIOR THERAPY AND REBT FOR FULL-TIME UNIVERSITY FACULTY:** A limited number of 3 week fellowships for university and college faculty in psychology, psychiatry, counseling or social work are being offered at the Albert Ellis Institute in July 2004. The program will feature intensive practica in REBT, direct supervision of therapy sessions, special seminars, and the opportunity to co-lead a therapy group with Dr. Albert Ellis and other Institute faculty. Send statement of objectives for your participation along with a vita to Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th Street, New York, NY 10021; or fax at 212-249-3582; or e-mail at [krisdoyle@msn.com](mailto:krisdoyle@msn.com). Proficiency in English is required. Stipend provided. Deadline is April 1, 2004.

**PSYCHOLOGIST AND CLINICAL DIRECTOR, DEVELOPMENTAL DISORDERS PROGRAM.** Spring Harbor Hospital, of Maine Health, is an acute care psychiatric hospital, whose mission is to provide care, services and education to enhance the quality of life and mental health in the communities across Maine. In association with our affiliate, Maine Medical Center, we offer an academic set-

ting, opportunities for advancement and a chance to work with Maine's leaders in psychiatric care. MMC is the area's major tertiary and academic medical center, offering adult and child psychiatric residency training, as well as several intensive outpatient and day treatment programs. The entire system is the basis for an integrated, not-for-profit PHO/MCO.

Spring Harbor Hospital is presently recruiting for a full-time behavioral psychologist to lead a new program for children and adolescents with mental retardation or pervasive developmental disorder who have significant behavioral or emotional disabilities. We are seeking a doctorate-level (Ph.D., Psy.D., or Ed.D.) psychologist who has experience in evaluating and treating children and adolescents with mental retardation and pervasive developmental disorder. Experience and skill in behavioral treatment, such as Applied Behavioral Analysis, in this population is required. Board certification in behavioral psychology by the American Board of Professional Psychology is preferred. Candidates must be eligible for a license as a psychologist in Maine. The clinical director will lead a multidisciplinary team, which will include a psychiatrist, social workers, nurses, special educators, occupational and physical therapists, speech and language therapists, and milieu therapists, in collaboration with pediatric specialists and other health care professionals.

The Spring Harbor Hospital Developmental Disorders Program offers intensive, empirically-based inpatient and outpatient treatment for patients ages 4 to 21. The program focuses on helping the individual, the family, and other

healthcare providers develop the skills and resources necessary to allow the patient to function optimally within his or her family and community.

Spring Harbor Hospital is affiliated with Maine Medical Center, a major clinical training component of the University of Vermont School of Medicine. The psychologist will participate in training residents in psychiatry and trainees of other disciplines, and the Developmental Disorders Program will present opportunities for clinical research.

Spring Harbor Hospital is located in Greater Portland and situated just minutes from the rugged Maine coast in the state's urban center. With its rich cultural atmosphere, low crime rate, and excellent schools, Portland was recently named to the nation's Top Ten Cities list. The State of Maine also recently won praise as the best state in the nation in which to raise children.

We are very fortunate and excited to be able to offer this outstanding opportunity at a time when we are in the process of relocating to our new, state of the art, 100-bed facility in March 2004. Our brand new facility is located in an idyllic setting near the coast in southern Maine just minutes from Portland, close to both the oceans and mountains, and only 90 miles north of Boston.

To learn more about Spring Harbor Hospital, please visit our web site [www.springharbor.org](http://www.springharbor.org). For consideration please forward your CV to: Human Resource Department, Spring Harbor Hospital, 123 Andover Road, Westbrook, Maine 04092; Fax: (207) 761-2388; E-mail: [Recruitment@Springharbor.org](mailto:Recruitment@Springharbor.org) EEO



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## Clinical Psychologist/Researcher

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The **Department of Psychiatry** and the **Calgary Health Region** invite applications for a full-time academic position at the Assistant Professor level or higher. An adjunct appointment in the Clinical Psychology Program of the Department of Psychology, Faculty of Social Sciences, may be negotiated. Duties include undergraduate and graduate teaching and research, including collaboration in the Psychosis Research Unit. Clinical responsibilities will be with the Early Psychosis Treatment and Prevention Program, a program delivered in collaboration with the Calgary Health Region.

The Department of Psychiatry is part of the innovative and growing Faculty of Medicine. The Calgary Health Region comprises four teaching hospitals in the city of Calgary and serves residents of Southern Alberta, British Columbia and Saskatchewan. Calgary is a vibrant, multicultural city of ~1,000,000 near the Rocky Mountains, Banff National Park and Lake Louise.

Qualifications include a PhD in Clinical Psychology, an established record of publications, and an ability to perform applied research, preferably with individuals with psychosis.

Please submit a curriculum vitae, a statement of research interests and arrange for three letters of reference to be sent directly by **April 30, 2004**, to: **Dr. Donald Addington**, Professor and Head, Department of Psychiatry, University of Calgary, 1403 - 29 Street N.W., Calgary, Alberta, Canada T2N 2T9.

*In accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada.*

*The University of Calgary respects, appreciates and encourages diversity.*

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### *Practitioner's Guide to Empirically Based Measures of School Behavior*

EDITED BY Mary Lou Kelley, David Reitman, and George H. Noell

This book provides clinicians and researchers with reviews of a wide range of empirically validated instruments for assessing children's and adolescents' behavior, social, or attentional problems in the school setting. Although the primary focus is school behavior, many of the instruments reviewed are multi-informant and are important tools for evaluating children across settings. A special chapter is included on functional assessment. Also included is a chapter on curriculum-based assessment methods for evaluating academic skill deficits that so often accompany behavior or attentional problems.

### *Practitioner's Guide to Empirically Based Measures of Anxiety*

EDITED BY Martin M. Antony, Susan M. Orsillo, and Lizabeth Roemer

This remarkable compendium includes reviews of more than 200 instruments for measuring anxiety-related constructs in adults. These measures are summarized in "quick view grids," which clinicians will find invaluable. Seventy-five of the most popular instruments are reprinted, and a glossary of frequently used terms is provided.

### *Practitioner's Guide to Empirically Based Measures of Depression*

EDITED BY Arthur M. Nezu, George F. Ronan, Elizabeth A. Meadows, and Kelly S. McClure

This volume provides summary tables comparing and contrasting different instruments in terms of their time requirements, suitability, costs, administration, reliability, and validity. These "quick view grids" provide a rapid method of identifying and comparing potentially useful measures.

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# Call

## for Award Nominations

## 10th Annual AABT Awards

*This is an open call to the AABT membership to  
provide nominations for the following awards,  
to be presented at the 2004 Convention in  
New Orleans.*

### **Distinguished/Outstanding Contribution by an Individual for Research Activities**

On a rotating annual basis, one of the following three types of distinguished contributions by an individual member of AABT will be recognized at the Annual Convention: research, clinical, or educational/training. For 2004, we seek nominations from AABT members concerning outstanding research contributions. Eligible candidates for this award should be members of AABT in good standing who have provided significant contributions to the literature advancing our knowledge of behavior therapy. Applications should include a letter of nomination, at least three letters of support, and a curriculum vitae of the nominee. Please send an e-mail version as well as a hard copy of all nomination material to the program chair at the address below, plus, send 1 duplicate copy of your submission to AABT, Outstanding Research Award, 305 Seventh Ave., New York, NY 10001. Past recipients of this award are Alan E. Kazdin in 1998 and David H. Barlow in 2001.

### **Outstanding Training Program**

This award will be given to a training program (not an individual) 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. Nominations for outstanding educational/training programs should be accompanied by a brief summary of information in support of the nomination, as well as any other supporting materials deemed essential for review of the program.

Please send an e-mail version as well as a hard copy of all nomination material to the program chair at the address below, plus, send 1 duplicate copy of your submission to AABT, Outstanding Training Program Award, 305 Seventh Ave., New York, NY 10001. Past recipients of this award include University of Georgia's Clinical Psychology program; the Clinical Psychology Training Programs at Rutgers, the State University of New Jersey; the Clinical Psychology Training Program at West Virginia University; the Psychology Internship and Postdoctoral Programs at Wilford Hall Medical Center; and University of Washington Clinical Ph.D. Program.

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

This award will be given to a student based upon his or her approved doctoral dissertation proposal. The research should be relevant to behavior therapy. Accompanying this honor will

be a \$1,000 award to be used in support of research (e.g., pay participants, purchase testing equipment) and/or to facilitate travel to the AABT convention. Eligible candidates for this award should be student members, have already had their dissertation proposal approved, and be investigating an area of direct relevance to behavior therapy, broadly defined. A student's dissertation mentor should send a letter of nomination and provide a 3- to 5-page summary of the proposal. Anything longer than 3 to 5 pages will not be considered. The summary should minimally include a brief introduction to the area of research, methodological design, and a description of the participants. Please send an e-mail version as well as a hard copy of all materials to the program chair at the address below, plus, send 1 duplicate copy of your submission to AABT, Student Dissertation Award, 305 Seventh Ave., New York, NY 10001.

Three additional awards will be presented annually.

### **Career/Lifetime Achievement Distinguished Friend to Behavior Therapy Outstanding Service to AABT**

Nominations for these awards are solicited from the members of AABT governance. (This award program does not replace those awards offered by certain segments within AABT such as the President's New Researcher Award, Elsie Ramos Student Poster Award, or those awards offered by individual SIGs. Attempts are made to avoid duplication in a given year.)

To make this a successful program, we need your help. Please e-mail and regular mail nominations to:

**John C. Guthman, Ph.D., Chair**  
**AABT Awards and Recognition Committee**  
**131 Hofstra University**  
**Hempstead, NY 11549**  
**Tel.: 516-463-6791**  
**e-mail: [cccjcg@hofstra.edu](mailto:cccjcg@hofstra.edu)**

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

**DEADLINE FOR ALL NOMINATIONS:**

**THURSDAY, APRIL 1, 2004**

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## ***the Behavior Therapist***

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