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PRESIDENT'S MESSAGE

The Importance of Your Voice

Bruce F. Chorpita, *UCLA*

VOTING IS ARGUABLY one of the most important rights that we exercise. It is the determinant of many, if not all, of our other rights. It is also a measure of civic engagement and the health of the organizations, systems, and communities in which we are embedded, that influence us as we influence them, that foster us as we develop as people and as professionals (cf. Bronfenbrenner, 1977). The community of ABCT is a thriving, vibrant organization, curating some of the field's best work in high-impact journals and hosting a well-attended Annual Convention. Its members are some of the most accomplished scientists, practitioners, and educators in the area of evidence-based practice, the vast majority of whom renew their membership year after year. We have 40 thriving special interest groups. But on the single indicator of its rate of member participation in voting, ABCT could stand to improve. A lot.

The average participation rate for ABCT elections over the past 8 years is 27.5%. That is about half of the participation rate in U.S. national elections, which are widely considered to be low for a mature democracy. The trend is concerning, with a slope of -2.43% per year. For the past 2 years in a row, only 19% of eligible members voted, meaning that elected Board members, including the President, needed the endorsement of only 10% of ABCT's members. Although these statistics resolve the great mystery of my current appointment, the outlook is

[continued on p. 63]

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erratum

An incorrect version of Hoffman & McKay's (2019) Lighter Side article appears in the print edition of the February issue of *tBT* ("Schrodinger's Rat: Psychophysics Explains a Paradox in the Curricula of Clinical Programs," pp. 54-56; Vol. 42, Issue 2). The correct version can be found in the online article ("From Our Mailbag: Why Do Some Clinical Programs Teach Both CBT and Psychodynamic Models? Schrödinger's Rat") at http://www.abct.org/docs/PastIssue/42n2.pdf

Having trouble receiving list serve emails?

ABCT has recently undergone a change in service provider for our list serve. As a result of this change, there may have been some list serve records that were lost or changed in the past few months. If you have been having any issues with your list serve access, please reach out to membership@abct.org and we will be able to resolve any issue as soon as possible!

INSTRUCTIONS *for* AUTHORS

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

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

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

troubling, with a predicted value of less than 17% participation in the 2019 election if the trend were to continue. Although our members are highly engaged in individual and team pursuits, producing exceptional individual achievements in science and practice, this is a worrisome indicator of our larger collective engagement and organizational health.

There is a vast literature on voting behavior, but we can even look within the mental health literature for good ideas. Families and clients often drop out of treatment prematurely, struggle to attend treatment sessions, or face challenges with participating actively in practice exercises or completing therapeutic homework—all indicators of low treatment engagement. Multiple interventions to address treatment engagement have good empirical support, and at least two of them may be relevant here. First, research supports the importance of addressing barriers to treatment (McKay, McCadam, & Gonzales, 1996), many of which can be practical matters like scheduling and accessibility. Second, there are compelling findings that treatment expectancy plays a role in engagement—that is, the belief that participation matters, makes a difference, and will produce meaningful change (e.g., Nock & Kazdin, 2001).

Although there are at least a dozen evidence-based strategies in the engagement literature, if one were to plan an intervention to improve engagement in ABCT elections, these two practices are already reasonable candidates, so let us begin by addressing barriers. Voting is possibly inconvenient for members, requiring some navigation on the website. Although reminders are issued in various places, including an email sent to you directly with the information you need to log into the voting system, it is admittedly challenging to remember exactly when ABCT voting occurs (if you are one of the many who does not remember, it is the month of April). Because voting stretches over an entire month, the prompt to inspire immediate action is somewhat diffuse. No one walks up to you and asks you to vote *right now*. You also do not see your peers modeling voting behavior, because it is covert, and also because most of your peers do not vote. So, clearly there are barriers.

This year will represent an empirical test (admittedly poorly controlled) of whether addressing barriers helps, in that the 2019 April election will be the last one held in April. Why? The answer is because after that, the voting month will move to November, the month of our Annual Convention. At convention check-in, those who have already voted online can be rewarded with an "I voted" sticker (ABCT's token economy has a long and successful history!). Eligible convention attendees who have not voted by then will encounter many prompts and reminders to do so on site, so they can proudly display their stickers as well, celebrating our collective civic engagement, and model positive behavior to their peers.

Our second intervention involves managing expectancy. It might be that members have a sense that their vote does not matter or will not sway the results. Or that candidates' platforms and position statements generally don't matter—the organization has been around so long it can, and does, more or less appear to run on autopilot. A good CBT therapist would look for some evidence to counter such beliefs, so consider the following evidence. The Board recently changed its mission statement to be more inclusive of biological approaches and then again to acknowledge global populations explicitly. ABCT has accelerated its focus on technology and digital interventions specifically, almost entirely due to a presidential and Board-supported initiative. And I had only been in office for a few days when I brought a friend's suggestion to the ABCT Board about moving the election to the convention month. The plan was implemented almost immediately, thanks to a nimble and dedicated Leadership and Elections Committee run by David Pantalone (Chair), Patricia DiBartolo, and Kristen Lindgren. The point is that change happens, even in big organizations, leadership can do a lot in a short time, and elections ultimately do influence the size, focus, relevance, and impact of ABCT, so your vote really truly matters. Oh, and there is no electoral college.

If you are reading closely, you may also realize that this means that in 2019 you can actually vote twice. That's right. Our final April election is just around the corner, required to continue to fill rotating Board vacancies on schedule, and then our first ever November election will follow—also in 2019. Aside from allowing you to vote twice, this change also means if you had been considering running for an elected position but opted out of a winter nomination, there is now plenty of time to seek nominations to be on the November 2019 ballot—an even better way to get engaged in ABCT. Moving the voting to November for all future years could enable still more possibilities to improve member participation in elections, such as structured events to interact with candidates in person or to make position statements more salient to voters. As with any quality intervention, ABCT will continue to monitor outcomes, and make strategic adjustments to reach its goal. Can we at least match U.S. national election rates? It is an empirical question, and I hope to share positive outcomes with you in a future column.

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From Your Executive Director: What Your Leadership and Staff Are Working on to Serve You Better

Mary Jane Eimer, *Executive Director*

PREPARATIONS ARE WELL under way for the Atlanta convention. The first call for CE ticketed sessions ended February 2 and the Call for Papers begins on Thursday, February 14. The Program Committee has been assembled—thank you to the 380 members who have volunteered. Stephen Crane, your Convention Manager, and I walked through the Marriott Marquis and the Hyatt Regency Hotel in Atlanta in mid-January to review how space will be used. Both hotels have recently been renovated and it is an easy 5-minute walk between hotels with a food court in the middle. We also met with members Ed and Linda Craighead and Jeri Breiner to give us insights into local groups and continuing education needs in the greater Atlanta area.

We are investigating the need for child care at the Atlanta convention. A survey was posted in early February with notice sent to all members to determine need, hours of operation, and cost considerations. If you have an opinion on this, share it, please. Future columns will provide an update. Stephen and I are learning there is a lot to know and do to enable us to offer this service.

ABCT begins its annual audit in February, as required by the State of New York for 501 (C)3 organizations that accept donations. It is important that ABCT is in compliance with state and federal laws. The accounting firm visits our office, reviews our books and procedures, and reports to the Audit Committee, who, in turn, reports to the Board of Directors.

Speaking of donations, ABCT's Development Committee is in the process of developing a plan for 2019. Monies raised are to support our student members in their research (Abela, Albano, Krasner, and Roswell named awards, the Student Travel Award, the Student Research Grant). President Bruce Chorpita just created the Impact Fund to launch ideas and activities that will help CBT and evidence-based therapies have a bigger impact on communities. It is ABCT's first purely unrestricted, strategic fund. It has the potential to transform ABCT's pursuit of its mission of improving the health and well-being of all people.

A new award is coming in 2020! ABCT's 2018 Lifetime Achievement recipients, Linda C. Sobell and Mark B. Sobell, have created the Sobell Innovative Addictions Research Award. This is the first award restricted to addiction research. It will be offered alternate years and comes with a $1,500 cash prize and a plaque. On behalf of the ABCT Board of Directors, a very hearty and appreciative thank you for making this award possible. It fills an important need for our organization and its members.

February 1 ended the Call for Officer nominations. David Pantalone, Chair of the Leadership and Elections Committee, is contacting those who received the most nominations to confirm they are interested in running. And, this year, we will be holding the 2020 elections in November of 2019. This means two elections in one calendar year. We are changing things up and Patricia DiBartolo will be overseeing the November election as our incoming Leadership and Elections Chair.

We switched to a new list serve company in late January. Hopefully you did not notice. It has more capability than our former system, but comes with a learning curve. You are sure to hear more from Jamie Micco, our List Serve Committee Chair, as we aim for more member content and add new features. This leads me to the proper use of the term: is it "list serve" or "listserv"? We in the Central Office are sticklers for good grammar and following trademark conventions. "Listserv" refers to the product offered by a specific company (L-Soft, if you must know); the company has filed a trademark for the name. ABCT uses a "list serve": mystery solved!

Have you checked our Self-Help Book Recommendations listing lately? Thanks to Erin Ward-Ciesielski and her committee, we just added eight new titles that were approved by the Board of Directors. For a full listing, take a look: **http://www.abct.org/SHBooks/**. New titles welcomed.

Happy spring!

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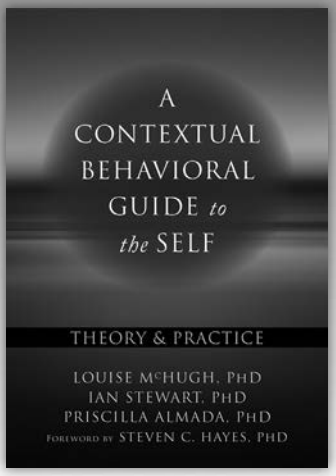

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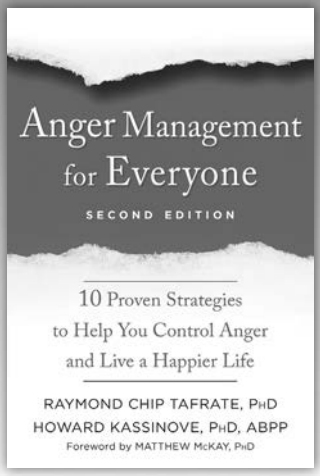

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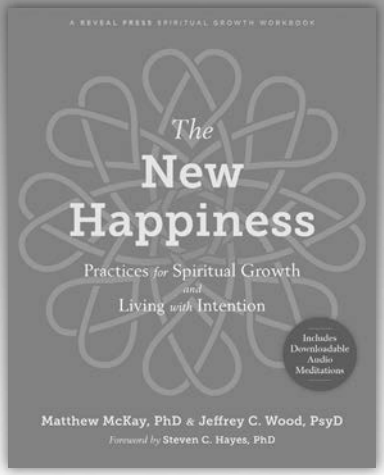

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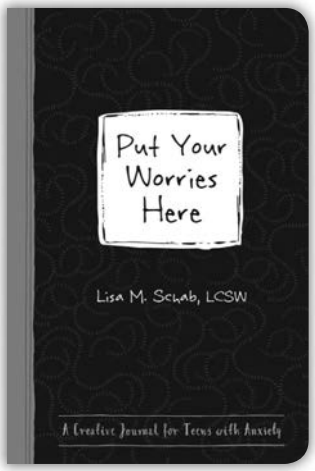

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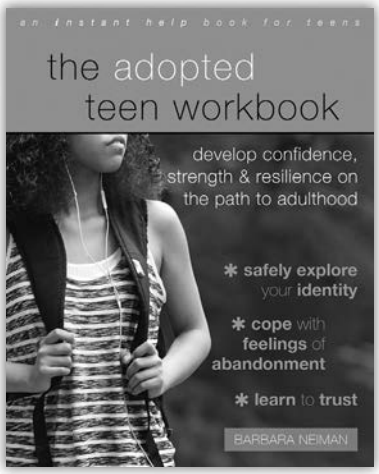

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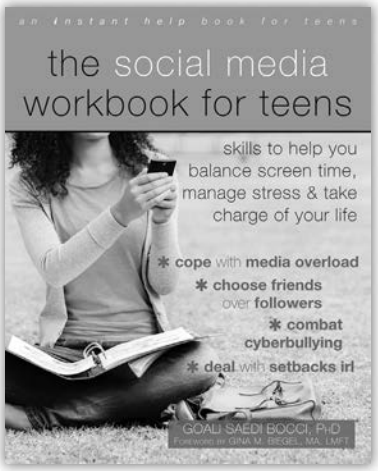

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Multiculturalism in Clinical Psychology Journals: A 20-Year Content and Trend Analysis

Gabriela A. Nagy, *Duke University Medical Center*

Rachael L. Wandrey, *University of Wisconsin–Milwaukee*

Sylvanna Vargas, *University of Southern California and UCLA*

Shawn Cahill, *University of Wisconsin–Milwaukee*

Multiculturalism Matters in Psychology

The zeitgeist of psychology in the past five decades has increasingly centered on multiculturalism; accordingly, issues related to multiculturalism should constitute a central consideration in the work of psychologists as they engage in research, clinical work, and educational activities (Pedersen, 2013). Indeed, it is a generally well-accepted premise within our field that multiculturalism matters. As it relates to research specifically, an increased focus on multiculturalism may bolster scientific rigor, validity, generalizability, and acceptability of research findings (Kagawa-Singer, 2000). Moreover, as the U.S. continues to become an increasingly multicultural society (Colby & Ortman, 2015; Passel & Cohn, 2008), our field is tasked with solving complex public health challenges for which it is imperative to bring a multicultural perspective to develop, disseminate, and implement effective and sustainable solutions.

Historical Account of the Multicultural Movement in Psychology

Although providing a complete historical account of the multicultural movement in U.S. psychology is beyond the scope of the present study (see American Psychological Association [APA], 2003; Arredondo & Perez, 2006); we point, however, to several key events in the last few decades. In 2001, the Surgeon General argued that the most pressing challenge in mental health was the high rates of mental health concerns disproportionately affecting low-income, racial, and ethnic communities (U.S. Department of Health and Human Services, 2001). In recent decades, the APA has published numerous guidelines for multicultural best practices (e.g., APA, 2003, 2017), including multiculturalism training requirements for accreditation of professional psychology programs (APA, 2006).

Additionally, the National Institutes of Health (NIH) and private foundations have developed training programs to widen the pipeline of underrepresented individuals in psychology; there has been an increase in professional networks for underrepresented members within the psychology workforce (e.g., APA, n.d.); recent professional organization conference themes have centered on multiculturalism; and there have been many special issues on multiculturalism in various APA journals. These key events point to the conclusion that our field recognizes the critical role embodying a multicultural perspective plays in developing a full understanding of psychological phenomena. Given the proliferation of multicultural efforts across numerous domains, including education, training, and clinical practice, an important question remains concerning the extent to which there has also been increased attention to multiculturalism in the published scientific literature.

Prior Content and Trend Analyses

Independent research teams have conducted numerous content and trend analyses to rigorously evaluate a range of multicultural topics in the published scientific literature. Content and trend analyses facilitate evaluation of the extent to which published research reflects the broader interests and values of a profession (Lee, Rosen, & Burns, 2013) and zeitgeist of the field (Iwamasa, Sorocco, & Koonce, 2002). Our review of prior content and trend analyses generally indicates that multicultural scientific literature within psychology has been alarmingly understudied, as reviewed below. This finding highlights the continued need for our field to increase its focus on multicultural research.

Racial and ethnic groups are underrepresented in psychology research. A large subset of published content and trend analyses have focused on identifying the proportion of studies that report on sociodemographic characteristics (primarily racial and ethnic identity) of samples and estimating their representation in research, with the goal of evaluating the extent to which psychological research reflects the composition of the U.S. The results indicate that while most psychology articles report on sociodemographic characteristics, such as race and ethnicity, of their samples (Delgado-Romero, Galván, Maschino, & Rowland, 2005), Black/African American, Hispanic/Latinx, and American Indian/Alaska Native groups are underrepresented in research (e.g., Cundiff, 2012; Delgado-Romero et al., 2005; Mendoza, Williams, Chapman, & Powers, 2012; Michaels, Purdon, Collins, & Williams, 2018; Wetterneck et al., 2012; Williams, Powers, Yun, & Foa, 2010). These findings are concerning given the steadily increasing proportions of racial and ethnic minority groups in the U.S. over recent decades (Colby & Ortman, 2015; Passel & Cohn, 2008). For example, it is projected that by 2044, more than half of the total population in the U.S. will comprise minority individuals (i.e., any group other than non-Hispanic White), and that by 2060, one in five individuals will be foreign-born (Colby & Ortman). Resolving underrepresentation of racial and ethnic minority individuals in research represents a pressing need (Gilliland, 2016), as not doing so may lead to an overgeneralization of research findings from nonrepresentative samples and therefore generate inappropriate assumptions and biases (Cundiff; Mendoza et al., 2012; Michaels et al., 2018; Wetterneck et al.; Williams et al., 2010). Representative inclusion of all groups is imperative for the legitimacy, relevance, and progress of psychological science (Cundiff).

Research focused on racial and ethnic groups is comparatively understudied in psychology. Merely reporting on sociodemographic characteristics of research samples does not constitute multicultural research, per se; therefore, some prior content and trend analyses have sought to capture the prevalence of research pertaining to racial and ethnic minority groups. Con-

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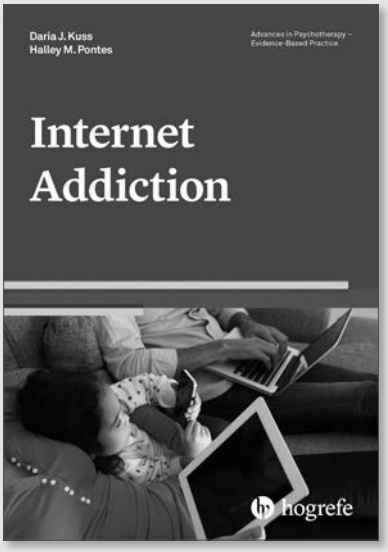

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sistently these analyses have found that research with a focus on specific racial and ethnic minority groups is understudied for Black/African American, Hispanic/Latinx, Asians, and American Indian/Alaska Native groups (e.g., Graham, 1992; Imada & Schiavo, 2005; Ponterotto, 1988). Furthermore, research focused on racial and ethnic minority groups has been found to be more prevalent in non-APA journals (Imada & Schiavo) and in specialty journals (Hall & Maramba, 2001). An additional concerning finding is that the existing research focused on racial and ethnic minority groups has not included rigorous methodology and designs which may reflect challenges with conducting tightly controlled empirical studies in this area (e.g., Graham; Ponterotto; Arredondo et al., 2005).

The dearth of research focused on racial and ethnic minority groups has been consistently identified across several subdisciplines in journals pertaining to counseling psychology (e.g., Cundiff, 2012), family and marriage therapy (e.g., Bean & Crane, 1996; Gilliland, 2016), child maltreatment (e.g., Behl, Crouch, May, Valente, & Conyngham, 2001; Miller, & Cross, 2006), and clinical psychology (e.g., Crosby et al., 2010; Iwamasa et al., 2002). Additionally, the gap in the literature pertaining to racial and ethnic minority groups is present in broad content and trend analyses that incorporate a range of psychology journals (Bell & Williamson, 2002; Hall & Maramba, 2001). These results signify that research specifically focused on racial and ethnic minority groups is underrepresented when considering topic- and discipline-specific journals as well as in psychology overall.

Inadequate representation of other important aspects of diversity. A most important area to highlight concerns the prevalence of broad multicultural literature (extending beyond race and ethnicity) identified by prior content and trend analyses. Numerous studies point to the conclusion that other aspects of diversity such as disability status (Foley-Nicpon & Lee, 2012), LGBTQ identity (Buhrke et al., 1992; Huang et al., 2010; Phillips et al., 2003; Ryan, 2006), and social class (Liu et al., 2004) have not been adequately represented in psychology either. Additionally, some scholars have examined the extent to which research has focused on the multicultural competencies (i.e., attitudes, knowledge, and skills pertinent to minority groups) pioneered by Sue et al. (1982) and found that there is a paucity of research in this area as well (e.g., Worthington, Soth-McNett, & Moreno, 2007). Thus, in line with our field's increased attention on intersectionality (e.g., APA, 2017), it is of paramount importance that psychology research comprehensively encompasses multiple dimensions of diversity and the intersections of identity such as race, ethnicity, gender identity, sexual orientation, age, disability, religion, and social class, among others (Lee, Rosen, & Burns, 2013).

The prevalence of broad multicultural research in clinical psychology is unknown. To date, the vast majority of prior content and trend analyses has been published in counseling journals (e.g., Arredondo et al., 2005; Buboltz, Miller, & Williams, 1999; Buboltz, Deemer, & Hoffmann, 2010; Delgado-Romero et al., 2005; Lee et al., 2013; Perez, Constantine, & Gerard, 2000; Ponterotto, 1998), which is not surprising as more multicultural research resides in counseling journals compared to other subdisciplines (Imada & Schiavo, 2005). Few studies have examined clinical psychology journals specifically (e.g., Crosby et al., 2010; Iwamasa, Sorocco, & Koonce, 2002). These analyses are limited in scope, by determining only the frequency and percentage of studies that reported demographic characteristics (e.g., Crosby et al., 2010) or the extent to which studies included a primary focus on racial and ethnic groups (e.g., Iwamasa et al., 2002). No prior content and trend analyses appear to have examined the construct of

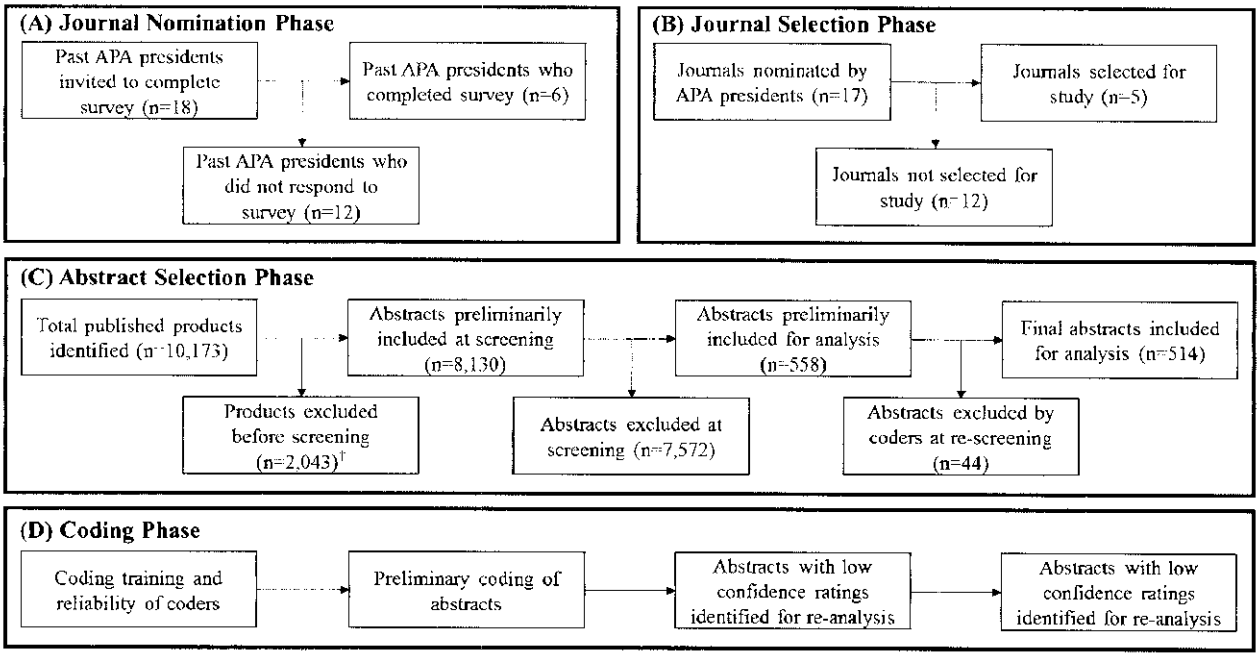

Figure 1. Study methodology. † = Products excluded at this stage comprised obituaries (n = 609), awards (n = 826), "other" (*n* = 608). Products in the "other" category comprised acknowledgements, editor address lists, listing of graduate programs, list of foundation contributors, and book reviews.

multiculturalism broadly or identified specific content areas under this larger umbrella term. This limited conceptualization of multiculturalism focuses only on some aspects of diversity, thus precluding a formal and comprehensive evaluation of multicultural scholarship in clinical psychology journals.

Aims of the Present Study

To guide efforts in multicultural research within clinical psychology, it is imperative to characterize content of published research, identify areas of growth in recent decades, and to demarcate areas in need of development. One form of such field characterization is an encyclopedia, which authorizes a vocabulary and codifies the content area in a particular field. One germane example is the *Encyclopedia of Cross-Cultural Psychology* (Keith, & Allen, 2013), which demarcated and defined areas most pertinent to multicultural psychology. The current study used the publication of this encyclopedia as a critical benchmark for evaluating multicultural literature published over a 20-year time period (January 1, 1994 through December 31, 2013) in five hallmark psychology journals, four of which focus specifically on clinical psychology and the fifth providing a comparison journal that covers psychology more broadly. This study extends our understanding in this area by utilizing a deliberately broad definition of multiculturalism to encompass many areas beyond race and ethnicity and focusing the scope of the analyses primarily on clinical psychology journals. The aims of the present study were as follows: (a) to determine the prevalence of multicultural literature, (b) to evaluate content areas that comprised multicultural literature during this time period, (c) to examine trends across time, and (d) to elucidate understudied areas in the literature. We had two a priori hypotheses. First, we hypothesized that the prevalence of multicultural literature would steadily increase over time. Second, given the broad scope of this study, we anticipated there would be comparatively understudied areas.

Methods

Research Team

The research team comprised four undergraduate research assistants (RAs), three advanced clinical psychology graduate students, and one faculty adviser. The first author coordinated completion of all study components to ensure integrity of the data. The second author oversaw research coding (e.g., training, reliability, auditing) and served as the criterion coder. Two RAs served as screeners and managed the database, and two as coders. The research team devised the codebook collaboratively. Lastly, the faculty adviser served as consultant to this project.

Journals

Figure 1 depicts the study flow. We identified hallmark journals in clinical psychology based on the recommendations of past APA Division 12 presidents who provided their impressions of hallmark journals (i.e., prestigious, influential) utilizing an anonymous survey. Six of 18 past presi-

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Table 1. Multicultural Content Areas Present in Hallmark Clinical Psychology Journals From 1994–2013

	Frequency (*n*) by 5-year time period						
	'94–'98	'99–'03	'04–'08	'09–'13	Overall *n*	Percentage from articles coded (*n* = 514)	Percentage from articles screened (*n* = 8,130)
1. Cultural competence[a]	4	3	1	5	13	2.53%	0.16%
1a. Cultural competence models	3	2	1	4	10	1.95%	0.12%
1b. Cultural competence training for mental health professionals[b]	1	1	0	1	3	0.58%	0.04%
2. Cultural differences in coping[b]	0	0	2	0	2	0.39%	0.02%
3. Cultural identity[a]	1	3	0	4	8	1.56%	0.10%
3a. Acculturation	0	3	0	4	7	1.36%	0.09%
3b. Sexual orientation identity development[b]	1	0	0	0	1	0.19%	0.01%
4. Defining multicultural terms[a]	5	1	3	1	10	1.95%	0.12%
4a. Ethnicity term definition	3	0	1	1	5	0.97%	0.06%
4b. Race term definition[b]	2	0	2	0	4	0.78%	0.05%
4c. Sexual minority definition[b]	0	1	0	0	1	0.19%	0.01%
5. Ethics	45	41	33	28	147	28.60%	1.81%
6. Idioms of distress	4	10	8	7	29	5.64%	0.36%
7. Mental health epidemiology[a]	39	35	51	29	154	29.96%	1.89%
7a. Effects of biological underpinning on a psychological process	5	2	7	0	14	2.72%	0.17%
7b. Effects of process that has psychological implications (on a specific community)	5	3	1	0	9	1.75%	0.11%
7c. Pathway to a process that has psychological implications	25	24	32	26	107	20.82%	1.32%
7d. Pathway to help-seeking[b]	0	1	2	1	4	0.78%	0.05%
7e. Subgroup difference of prevalence rates (patterns)	4	5	9	2	20	3.89%	0.25%
8. Resistance to multicultural movement[b]	3	0	0	0	3	0.58%	0.04%
9. Special methodological consideration about working with underrepresented, underserved, or historically harmed or neglected samples[a]	10	8	9	5	32	6.23%	0.39%
9a. Attrition[b]	0	0	1	1	2	0.39%	0.02%
9b. Culturally and language appropriate measurement tools	2	0	2	1	5	0.97%	0.06%
9c. Other	5	7	4	3	19	3.70%	0.23%
9d. Recruitment[b]	3	0	0	0	3	0.58%	0.04%
9e. Representative samples[b]	0	1	2	0	3	0.58%	0.04%
10. Stigma[a]	12	15	18	11	56	10.89%	0.69%
10a. Internalized stigma[b]	0	0	0	1	1	0.19%	0.01%
10b. Research on prejudice	12	14	18	9	53	10.31%	0.65%
10c. Stigma surrounding psychological disorders[b]	0	1	0	1	2	0.39%	0.02%
11. Therapist match with client[a]	1	0	1	0	2	0.39%	0.02%
11a. Preference for specific therapist characteristics[b]	1	0	0	0	1	0.19%	0.01%
11b. Race, ethnicity, or language match[b]	0	0	1	0	1	0.19%	0.01%
12. Treatment studies & theoretical discussion for underrepresented, or historically harmed or neglected samples[a]	7	10	19	22	58	11.28%	0.71%
12a. Barriers to treatment	0	0	4	1	5	0.97%	0.06%
12b. Cultural adaptation treatment study	1	4	8	10	23	4.47%	0.28%
12c. Efficacy & effectiveness treatment study	6	6	7	11	30	5.84%	0.37%
Overall content areas	131	126	145	112	514	100%	6.32%

Note. Content areas are listed in alphabetical order of parent content areas. Sub-content areas are listed under each parent content area in order of least to most prevalent. ***Bolded and italized*** categories reflect mutually exclusive content areas (n = 29) that abstracts could be assigned (i.e., when there were sub-content areas, a parent content area could not be assigned). [a] = In cases where there are both parent content areas and sub-content areas, the totals adjacent to the parent content areas reflect the sum of the sub-content areas, however, the overall content areas scores count each abstract once (i.e., abstracts totals add up to 100%). [b] = These content areas represent comparatively understudied areas (i.e., supplied 5 or fewer abstracts).

dents recommended a total of 26 journals. The five journals most frequently identified were *Journal of Consulting and Clinical Psychology* (JCCP; 6/26 = 23.1%), *Clinical Psychology: Science and Practice* (CPSP; 5/26 = 19.2%), *Journal of Abnormal Psychology* (JAbP; 3/26 = 11.5%), *Clinical Psychology Review* (CPR; 2/26 = 7.7%), and *American Psychologist* (AP; 2/26 = 7.7%). All five journals were nominated more than once. It is important to note that, despite our direct request to elicit suggestions for clinical psychology–specific journals, AP is a broad and not discipline-specific journal, thereby reflecting literature beyond clinical psychology. Nonetheless, we included it in our analysis and utilized it as an opportunity to examine how literature in clinical psychology–specific journals compares to the broader field of psychology. Additionally, we restricted our analysis to these journals versus carrying out an exhaustive literature database search to allow us to contain our analysis to clinical psychology, thereby reducing the amount of multicultural literature captured in our analysis that may have been written by scholars from other subdisciplines of psychology. This approach allowed us to restrict the scope to the aims of the present study.

Screening

Abstracts reviewed were screened based on the following inclusion criteria: (a) abstracts derived from editorials, brief reports, and full-length articles (excluding test reviews, book reviews, letters to the editor, introductions to special sections, corrections, reactions, obituaries, awards, and announcements; Buboltz et al., 2010), and (b) have a main focus on multiculturalism. We sought to utilize a deliberately broad definition of multiculturalism encompassing various aspects of diversity including, but not limited to, race/ethnicity, age, gender identity, sexual orientation, social class, religion/spirituality, disability, and intersections of identity (as utilized by Lee et al., 2013), as well as other relevant multicultural areas, such as ethics and methodological considerations. Moreover, our conceptualization of constituting a main focus centered on articles that specifically sought to study a multicultural topic or identity, beyond merely mentioning ancillary results that pertain to these. Thus, we excluded abstracts that merely mentioned a multicultural topic and/or identity domain in passing and were not a focus of the study. For example, we did not include abstracts that utilized a majority female sample merely because in social ways women are disadvantaged. Instead, we included abstracts that focused on women, if they specifically made mention of women's social position and the psychological impact this may have.

Culling

The culling process comprised two stages. First, a screener read the title and abstract of each product (n = 8,130) for inclusion and exclusion criteria and passed included abstracts to coders. Second, included articles were assigned to one of two independent coders who could identify abstracts for auditing. Abstracts were selected for auditing based on the grounds of insufficiently meeting inclusion and exclusion criteria. During auditing, the research team discussed and decided whether to retain. Consensus was reached when the criterion coder and independent coders had complete agreement on whether to retain in the study.

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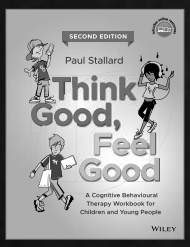

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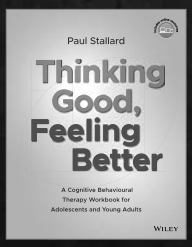

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Coder Training and Reliability

Training of coders entailed readings (e.g., Elo & Kyngas, 2008; Hsieh & Shannon, 2005) and face-to-face training. To establish reliability, coders independently assigned content areas to a set of five abstracts. Independent coders evidenced a kappa of 0.85 with each other. Compared to the criterion coder, one independent coder reached a kappa of 0.95 and the other 0.86.

Coding

At the coding stage, independent coders had two goals: (a) to determine whether the abstract was appropriate to retain in the study, and (b) to assign a content area. When coders identified an abstract that did not meet inclusion criteria, these abstracts were discussed by the research team to arrive at a decision regarding whether to retain. Consensus was reached when the criterion coder and independent coders had complete agreement on whether to retain. We utilized strategies from both inductive and deductive content and trend analysis approaches (e.g., Buboltz et al., 2010). To that end, we developed a preliminary codebook with a priori content areas derived from previously demarcated areas of multicultural research (e.g., Lee et al., 2013; Pope-Davis, 2003; Sue & Sue, 2012). We developed a coding hierarchy of "parent" and "sub" content area(s). When subcontent areas were available, abstracts were only coded into the subcontent area (compared to both the parent and subcontent area), as this provided a more nuanced description of the content and prevented abstracts from being coded more than once (resulting in an overrepresentation of abstracts). Iterative adjustments to the codebook were collaboratively made during this time to increase the specificity of content areas (e.g., DeCuir-Gunby, Marshall, & McCulloch, 2011). Our codebook is available upon request.

Auditing

During coding, independent coders rated their perceived level of confidence in their coding with either a score of 0 (*not confident*) or 1 (*very confident*). The criterion coder audited all abstracts with a rating of 0 and discussed with the independent coder to reach consensus on a final content area.

Results

Prevalence of Multicultural Literature

A total of 10,173 products were initially reviewed across the five journals, which comprised the total number of published products during this time. Of those, 2,043 were excluded because they did not contain abstracts (e.g., obituaries, awards, announcements), leaving 8,130 abstracts. Of these, we excluded 7,572 abstracts because they did not have a main multicultural focus. The remaining 558 abstracts were reviewed by one independent coder to assign a code. At the coding stage, 44 of these abstracts were excluded because the research team agreed these articles did not significantly focus on a multicultural issue or identity. Thus, the final number of abstracts retained and coded was 514, corresponding to 6.32% (= 514/8,130) of all abstracts that underwent screening.

Content Analysis

Table 1 depicts the prevalence rates for each content area. We identified a total of 37 content areas, comprised of 12 parent content areas and 25 subcontent areas. In cases where there were both parent and subcontent areas, abstracts were assigned the more specific subcontent area, thus leaving a total of 29 mutually exclusive content areas. The prevalence for each of the 29 content areas out of the total number of abstracts included in the analysis (n = 8,130) ranged from 0.02% to 1.89%, thereby highlighting the dearth of literature per topic area during this period. The prevalence for each of the 29 content areas out of the abstracts coded (n = 514) ranged from 0.39% to 29.96%. Furthermore, the overwhelming majority of abstracts coded (483/514 = 93.97%) fell into approximately half of the content areas (15 of 29). These results indicate there was a higher representation of some content areas.

The most prevalent broad parent content area was mental health epidemiology (154/514 = 29.96%). Among these abstracts, most corresponded to pathways to a process that has psychological implications (107/514 = 20.82%), a subcontent area that elucidated factors (e.g., cultural, social, environmental, etc.) that increase susceptibility to development of a psychological process (e.g., a mental health problem). An example abstract of this content area was an article that examined the role of social disadvantage in the HIV epidemic. Moreover, within this subcontent area, the majority of the abstracts were published in the JCCP (i.e., 64 out of the 107 abstracts). The second most prevalent content area was ethics (147/514 = 28.60%). An example article within this content area centered on proposing the field of psychology ought to move from merely documenting to eliminating mental health care disparities for Latinx individuals. Most of those abstracts coded into this content area were published by AP (i.e., 131 out of the 147 abstracts). The third most prevalent content area was stigma (56/514 = 10.89%). An example article within this content area concerned the implications for clinical practice of everyday microaggressions. Within this broader content area, almost the entirety of the abstracts were assigned the subcontent area of research on prejudice (i.e., 53 out of the 56 abstracts). Of those, 44 out of 53 abstracts coded into this content area were supplied by the AP.

In sum, the aforementioned findings suggest the majority of abstracts coded were concentrated in specific areas (i.e., mental health epidemiology, ethics, and stigma), together amounting to approximately two-thirds (357/514 = 69.46%) of the multicultural research captured by this study. Importantly, most of these abstracts were supplied by a broad psychology jour-

Table 2. Representation of Multicultural Research Literature in Hallmark Clinical Psychology Journals

	n[a]	% of coded abstracts[b]	% of published products[c]	% of abstracts screened[d]
AP	254	49.42% (254/514)	6.57% (254/3867)	3.12% (254/8130)
JCCP	122	23.74% (122/514)	5.26% (122/2318)	1.50% (122/8130)
CPR	81	15.76% (81/514)	5.56% (81/1458)	1.00% (81/8130)
JAbP	39	7.59% (39/514)	2.40% (39/1628)	0.48% (39/8130)
CPSP	18	3.50% (18/514)	2.00% (18/902)	0.22% (18/8130)
Total	514	100% (514/514)	5.05% (514/10173)	6.32% (514/8130)

Note. [a] = Raw frequency of coded abstracts. [b] = Percentage of coded abstracts from total published products by journal for the specified time period. [c] = Percentage of coded abstracts from articles screened (n = 8,130).

nal (i.e., AP) versus the specific clinical psychology journals (i.e., JCCP, CPR, JAbP, and CPSP), thereby providing additional evidence that multiculturalism in clinical psychology is comparatively understudied.

Table 2 represents the frequency of coded abstracts by journals. These results indicate that approximately half of coded abstracts were supplied by AP (254/514 = 49.42%), followed by JCCP (122/514 = 23.74%), CPR (81/514 = 15.76%), JAbP (39/514 = 7.59%), and CPSP (18/514 = 3.50%), respectively. These findings suggest multicultural literature was more prevalent in a broad psychology journal compared to specific clinical psychology journals.

Comparatively Understudied Areas

In this study, we were interested in characterizing gaps in the multicultural literature within clinical psychology. First, we focused on identifying comparatively understudied areas in our analysis. As there are no published cutoff points for defining comparatively understudied areas, we developed a low prevalence cutoff point of less than 5 abstracts per each of the 29 mutually exclusive content area. Approximately half of content areas (14 out of 29) met this cutoff point. These 14 content areas supplied 6.03% (=31/514) of abstracts coded. These 14 comparatively understudied areas included: sexual orientation identity development (1/514 = 0.19%); sexual minority definition (1/514 = 0.19%); internalized stigma (1/514 = 0.19%); preference for specific therapist characteristics (1/514 = 0.19%); race, ethnicity, or language match (1/514 = 0.19%); cultural differences in coping (2/514 = 0.39%); attrition (2/514 = 0.39%); stigma surrounding psychological disorders (2/514 = 0.39%); cultural competence training for mental health professionals (3/514 = 0.58%); resistance to multicultural movement (3/514 = 0.58%); recruitment (3/514 = 0.58%); representative samples (3/514 = 0.58%); race term definition (4/514 = 0.78%); and pathway to help-seeking (4/514 = 0.78%). In sum, we conclude there are numerous areas within the scope of multiculturalism that are comparatively understudied, and therefore may represent gaps in scientific knowledge.

Trend Analysis

Figure 2 presents the frequency of coded abstracts (panel A) and the proportion of coded abstracts out of the total published products (panel B) across journals by 5-year time periods. We identified that the number of articles that focused on multiculturalism remained relatively stable across time. Specifically, our results indicate that the time period from 1994 through 1998 provided 25.49% (= 131/514) of the total abstracts, 24.51% (= 126/514) were published in 1999 through 2003, 28.21% (= 145/514) in 2004 through 2008, and 21.79% (= 112/514) in 2009 through 2013. Of note, there was a small bump in the number of multicultural abstracts from 2004 through 2008, but in the next time period it dipped even lower than any of the other three time periods evaluated. It is difficult to know what to make of this finding, especially as the increase in articles during this time were primarily supplied by one journal (i.e., CPR). A post-hoc review for special issues indicates there were no special issues focused on multiculturalism in this journal in this particular time period. Nonetheless, it does temporally coincide with the publication of the APA *Multicultural Guidelines* (APA, 2003).

As each journal published differing total number of products per year, we sought to

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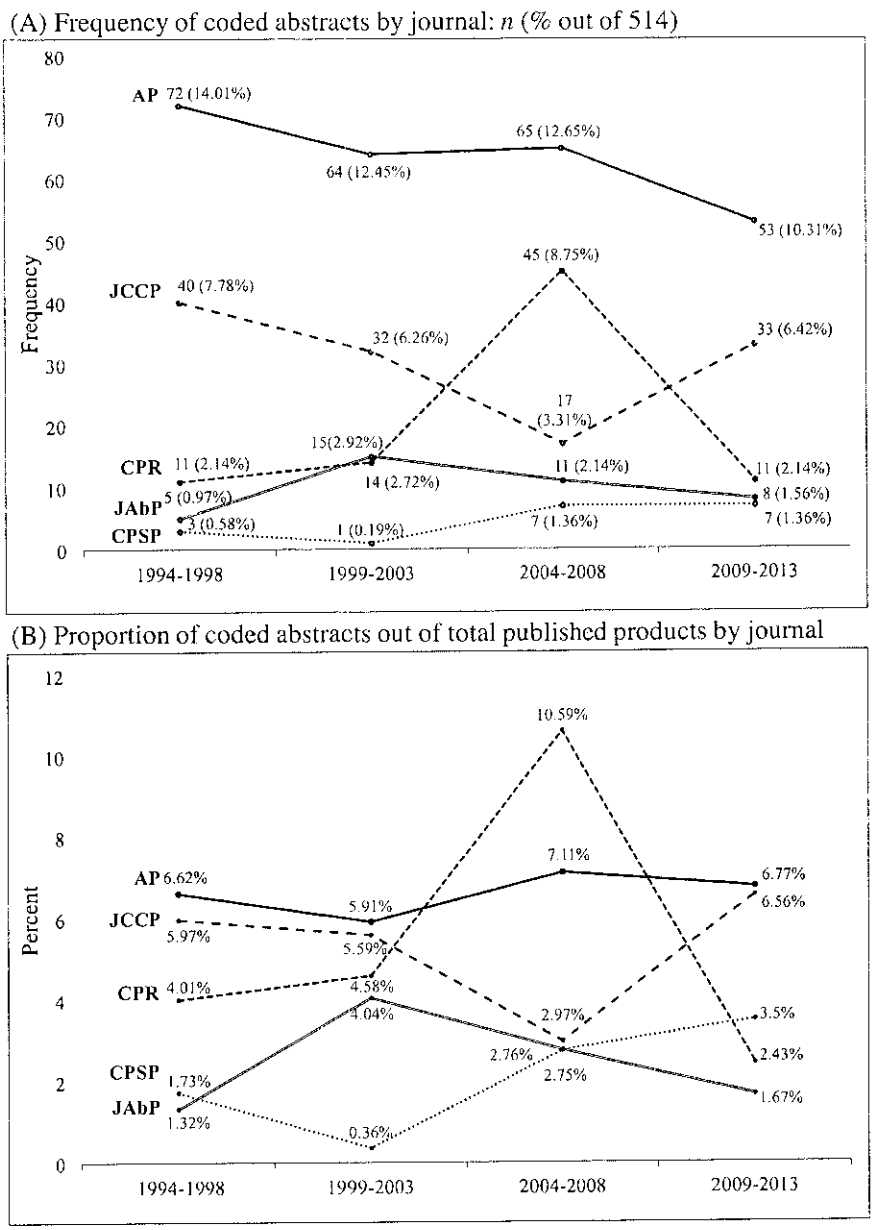

Figure 2. Trends across time of multicultural literature present in hallmark psychology journals from 1994-2013.

capture the proportion of multicultural research in each journal. Thus, we computed the percentage of abstracts included in our analysis out of the total number of products published (inclusive of awards, obituaries, announcements, etc.) by each journal in each of the 5-year increments and overall. Approximately 6.57% (= 254/3,867) of products published in AP qualified as multicultural research, followed by 5.56% (= 81/1,458) in CPR, 5.26% (= 122/2,318) in JCCP, 2.40% (= 39/1,628) in JAbP, and 2.00% (= 18/902) in CPSP. Moreover, our analysis yielded the same pattern when we calculated percentages of multicultural literature by journal out of total screened abstracts, which ranged from 0.22% to 3.12%. Results highlight that the proportion of multicultural literature per journal was low.

With regards to changes across time for the most prevalent content areas, we found that for the content area of mental health epidemiology (i.e., first most prevalent), the 5-year period frequency remained relatively stable, with a relative spike from 2004 through 2008 (range = 29–51). The frequency of abstracts assigned the ethics content area (i.e., second most prevalent) steadily decreased across 5-year time periods (range = 45–28). Within the content area of stigma (i.e., third most prevalent), the frequency was variable across 5-year time periods (range = 9–18), also with a relative increase in the 2004 through 2008 time period. Thus, these results contradict our original hypothesis that multicultural research in general and in specific content areas would steadily increase.

Prevalence of Multicultural Research in Clinical Psychology Versus Psychology Broadly Defined

Incorporating AP into our analysis afforded us a unique opportunity to compare how hallmark clinical psychology journals (i.e., JCCP, CPR, JAbP, and CPSP) fared compared to arguably the broadest journal in the field of psychology (i.e., AP). Stated another way, we are utilizing AP in this analysis as a proxy for psychology in general, inclusive of many subdisciplines. In order of highest contribution of multicultural literature, our results indicate the AP supplied approximately half of all coded abstracts (49.42%), followed by JCCP (23.74%), CPR (15.76%), JAbP (7.59%), and CPSP (3.50%), respectively. These results point to the conclusion that clinical psychology journals lag behind the broader field of psychology with regards to multiculturalism represented in its scholarship.

Discussion

Content and trend analyses allow us to see a motion picture through a series of snapshots in time concerning how much attention published literature has devoted to particular areas. In the present study, we extended knowledge regarding the prevalence of multicultural literature in clinical psychology by examining literature published specifically in five psychology journals across 20 years (1994 through 2013), intentionally employing a broad definition of multiculturalism extending beyond race and ethnicity.

Our results indicate overall that the prevalence of multicultural literature in these journals was comparatively low during this period. For example, our analysis concluded a mere 6.32% of articles centered on multicultural psychology, which is roughly half the rate (15%) of multicultural literature published in a prominent counseling journal (Buboltz et al., 2010). Furthermore, most of the articles we retained (61.67%) fell into these three content areas

and approximately half of content areas constituted comparatively understudied areas per our cut-off point of less than five abstracts within a content area, consistent with our hypothesis that there would be an unequal distribution across content areas.

Additionally, our results indicate the proportion of multicultural literature remained relatively stable across the two decades examined, with the percentage of total published products ranging from 4.63% to 5.65% across 5-year periods. The years with the greatest prevalence of articles addressing multicultural issues were between 2004 and 2008, directly following the publication of the APA *Multicultural Guidelines* (APA, 2003). With the seeming increase in attention to multiculturalism in our field (and related subdisciplines), this finding contradicts our original hypothesis that the number of studies focused on multiculturalism would steadily increase over time. We highlight, however, that the increase between 2004 and 2008 was not very high and decreased in the subsequent 5-year period, thus suggesting it was small and short-lived. Thus, it is possible the spike in multicultural literature was reactionary.

The changing demographics of the U.S. (Colby, & Ortman, 2015; Passel & Cohn, 2008) and rapid sociopolitical shifts occurring across the past several decades have led to increasing discrimination and stress, deportation and detention, and policies that limit health resources of minority populations specifically (Morey, 2018). As a result, there have been numerous calls to action for psychology to increase its focus on multiculturalism (e.g., APA, 2017), to increase diversity within the psychology workforce (e.g., Stewart et al., 2017), and to recruit representative research samples (e.g., Mendoza et al., 2012; Michaels et al., 2018; Wetterneck et al., 2012; Williams et al., 2010; Williams et al., 2013). It is within this context that our study's findings are concerning. We offer several explanations that may partly contribute to these results. The most straightforward explanation of our findings is that our field has largely ignored these calls to action or has responded in ways other than through scholarship. Indeed, most multicultural literature identified in prior content and trend analyses has traditionally resided within counseling psychology journals (e.g., Imada & Schiavo, 2005), which may partly reflect disciplinary differences on emphases placed on multiculturalism. Despite significant overlap between clinical and counseling psychology, there are also notable differences. For example, clinical

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- Streamlines the credentialing process for licensing boards, insurance companies, and medical staff
- Some hospitals and academic medical settings now require board certification for approval of privileges

Three Steps: (1) Review of education and training materials; (2) Evaluation of a practice sample; and (3) Collegial, in-vivo examination. An advisory service to support the application process is available and free for all candidates.

Specific requirements and online application: http://www.abpp.org/i4a/pages/index.cfm?pageID=3299

Early Entry Application: To begin the steps toward board certification, submit an early entry application and ABPP will "bank" your credentials as you complete your training and experience. The application fee is discounted from $125 to $25 for graduate students, interns, and residents http://www.abpp.org/i4a/pages/index.cfm?pageID=3299

Senior Option: If you have 15 years or more years of experience following licensure in behavioral and cognitive psychology, there is flexibility in the requirement for a practice sample. http://www.abpp.org/i4a/pages/index.cfm?pageID=3299

When are Exams Conducted? Exams are conducted in different places but are usually done at the APA and ABCT annual conferences. On a case-by-case basis, exams are sometimes arranged in other locations.

Note: At ABCT in November, we conduct a Q & A workshop for those who want more information about board certification. at the ABPP conference (Chicago, May 17-19) Exams can sometimes be arranged in other locations on a case-by-case basis.

psychology has traditionally focused on assessment and treatment of psychological disorders in comparison to other subdisciplines of psychology, such as counseling, that have traditionally focused on the impact of multicultural factors (e.g., racism and systemic oppression) on psychological well-being (e.g., personal and interpersonal functioning). Thus, it may be the case that other subdisciplines of psychology have responded and that clinical psychologists are largely consumers, but not producers, of the literature from those areas.

There may be several alternative explanations for these findings. First, it may be possible that clinical psychologists have chosen other avenues to respond to these calls for action that are not captured by this study, such as graduate coursework, continuing education credits, and conferences. That is, examining the scientific literature published may not be the most accurate way to measure our field's response to calls to increase our multicultural focus.

Second, it is possible that multicultural scholarship activity in clinical psychology was not meaningfully captured by our analysis. Despite employing an intentionally broad and inclusive operationalization of multiculturalism guided by an elaborate review of the literature, it may be possible that our study did not tap into the construct of multiculturalism represented in clinical psychology literature. The selection of journals included in the present study further complicates this explanation. We intentionally sought to examine scholarship in hallmark clinical psychology journals as we believed this would provide an accurate reflection of matters most important to our field. However, previous reports have found most multicultural literature consumed by clinical psychologists may reside within specialty journals (e.g., Hall & Maramba, 2001). Thus, the literature evaluated in this study may represent a subset of all multicultural literature published by clinical psychologists and our prevalence estimates may be an underrepresentation. It is possible analyses of literature published in journals from subdisciplines of psychology and specialty journals specifically focusing on multiculturalism might have yielded a higher prevalence of multicultural research.

An explanation for the low prevalence of multicultural articles present in our analysis may be that the scope of each journal does not overlap with the goals of the multicultural movement. To assess this possibility further, we conducted a post-hoc review of journal missions of each of the five journals included. Results indicated three of the five (i.e., JAbP, CPSP, JCCP) made explicit mention of a focus on multiculturalism (e.g., diversity, sociocultural effects), yet there was no meaningful contrast in the prevalence between the journals that did have a multicultural mission and those that did not. This suggests that just having a mission statement is not sufficient to either motivate researchers to increase their focus on multiculturalism or editors and reviewers to select articles with a primary multicultural focus. Furthermore, despite numerous calls to action and mandates from our governing boards such as the APA, only a subset of hallmark journals in our field make explicit mention of inclusion of multicultural content.

A third explanation is that we may also interpret these findings as an indicator of the difficulty of conducting multicultural research at various points in the research process. For example, there may be a lack of grant funding available to conduct multicultural research, thereby limiting the available scholarship in this area. Relatedly, insufficient monetary resources to hire consultants focused on conducting effective outreach to tap into underrepresented populations may reduce recruitment of representative samples, in cases when the research team lacks this expertise. Additionally, contextual factors themselves may pose challenges for recruitment and retention of underrepresented groups into research (e.g., time requirement, challenges with transportation, economic constraints, and inability to take time off from work; Ejiogu et al., 2011). As detailed by Williams et al. (2013), it is also crucial to consider the systematic exclusion of minority groups in research, partly due to the implicit biases about minority groups (e.g., that individuals from minority backgrounds may not be "good study patients"; Joseph & Dohan, 2009). This reality is especially concerning when considering that minority individuals are less likely to be invited to participate in research, despite being equally willing, when compared to their non-Hispanic White counterparts (Wendler et al., 2006). The underrepresentation of diverse groups into research thereby may preclude having enough statistical power to conduct meaningful cross-group comparisons with the goal of tailoring, disseminating, and implementing evidence-based treatments for these populations. This could, in part, explain why cultural variables have generally played a secondary role in psychology as a moderator or qualifier of theoretical propositions (Gergen, Gulerce, Lock, & Misra, 1996) to presumably more universal biological, psychological, and social processes (Arnett, 2008; Hall & Maramba, 2001). And when cross-group comparisons are able to be carried out, if no significant differences are detected, research in this area may be subject to positive results bias, thereby precluding these findings from being published. For a detailed list of recommendations on how to increase recruitment of racial and ethnic minorities in research, see Williams et al.

These aforementioned factors underscore the reality that it is challenging to carry out multicultural research. The barriers outlined above are often cited in the context of conducting research with racial and ethnic minority groups, however, composition of research samples has implications for how we understand other aspects of diversity and therefore multiculturalism. Namely, a question remains regarding how we can know psychological processes and phenomena are either universal or context- and culture-specific if research samples are not representative of the total population. Our science faces a challenge of being able to test adequately assumptions and hypotheses without having sufficient participation from underrepresented groups.

We present results that should be viewed considering several limitations. First, our results could be a conservative estimate of some content areas. Abstracts were coded into one of 29 mutually exclusive content areas with the aim of yielding an overall prevalence of multicultural research. This represents an actual, rather than overestimation, of the prevalence of multicultural research as would occur allowing an article to be counted multiple times into distinct content areas. However, it is possible that prevalence rates of content areas were underrepresented in cases when our research team deemed the content did not have a primary focus on multiculturalism per the abstract. Stated another way, it is plausible some multicultural content might have been missed if not mentioned in the abstract as a main outcome. Other cases wherein this may have happened concerns abstracts that incorporated multiple content areas in the abstract. In those cases, the research team had to decide which content area was primary, thereby not capturing the secondary content areas.

The second limitation is that we chose to carry out our analysis utilizing five journals versus relying on a broad literature search. The benefit to the latter approach is that it allows for a comprehensive evalua-

tion of all multicultural research in psychology. However, that approach would pose challenges for the conclusions we could make regarding the discipline wherein the research was produced. Thus, in the present study, we specifically sought to capture clinical psychology literature by limiting our analysis to select journals.

The third limitation concerns that the scope of our study centered on capturing multicultural research in mainstream psychology journals. It is likely multicultural research by clinical psychology researchers has been published in specialty journals whose aims are more closely aligned with the multicultural movement. Nevertheless, it is important to examine content areas in the broader literature as specialty journals may not be widely read by most scholars in each field. Despite these limitations, our results provide an important contribution by evaluating the extent to which the field of clinical psychology has focused on multiculturalism in research.

Based on our findings, we raise several important considerations for future research. First, it is important to determine the extent to which clinical psychology ought to focus on multiculturalism, especially in comparison to other psychology subdisciplines. Second, we must develop a benchmark for defining how much multicultural research is sufficient. In other words, it is important to establish benchmarks for the extent to which it is reasonable to expect multicultural literature to be present in clinical psychology journals, which may vary depending on the scope and mission of each journal. Third, to determine the extent to which the field of clinical psychology has incorporated multiculturalism broadly, it may be important to conduct an evaluation of efforts across a range of domains such as education, training, and clinical practice. Thus, future studies ought to delineate other indicators of inclusion of multiculturalism beyond academic scholarship to evaluate comprehensively the presence of inclusion of a multicultural focus at various levels. Lastly, future work may wish to examine benchmarks in the multicultural movement in the years following the time frame examined in the present study to determine the extent to which the trends reported herein continue to remain stable or change across time.

In effect, our results point to a critical need and therefore serve as a call to action. Our findings show that clinical psychology has not adequately focused on multicultural factors in the scientific literature. Thus, we propose that by increasing our focus on multiculturalism, we may ensure generalizability of research findings by keeping up with demands of changing demographics. In doing so, we may be better positioned to lead the charge in solving many complex public mental health crises.

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ABCT Convention Invited Address 1: The Current State and Future of Technology-Based Mental Health Treatment

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THE FIRST INVITED ADDRESS at the 2018 Annual Convention, titled "The Dodo Bird in the Digital Age: How E-Mental Health Can Improve Prevention and Treatment of Mental Health Problems," was delivered by Dr. Pim Cuijpers. Consistent with this year's conference theme of "Cognitive Behavioral Science, Treatment, and Technology," Dr. Cuijpers focused on the past and future of using technology to enhance mental health treatment. He opened his remarks with a prediction that technology will radically change mental health care within 10 years while acknowledging that the form this revolution will take is unforeseeable. Dr. Cuijpers has studied the role of technology in mental health care delivery for over 20 years. During his talk he reviewed successes and shortcomings of technological-based treatments for depression to illustrate what has been learned more broadly regarding the potential for technology to improve mental health care. In general, Internet and mobile applications are proving to be effective methods for delivering treatment, but challenges remain as to how use these technologies appropriately and effectively.

Dr. Cuijpers is currently a Professor of Clinical Psychology at the Vrije Universiteit Amsterdam in the Netherlands and head of the Department of Clinical, Neuro, and Developmental Psychology. His qualifications to deliver an invited address regarding the past and future of technology are self-evident. Over his career he has authored more than 800 publications, including over 600 peer-reviewed scientific papers, more than 150 of which he is the first author. Dr. Cuijper's h-index of 100, according to ResearchGate, illustrates the degree to which his work has impacted the research of others. In the course of such a prolific career, Dr. Cuijpers has contributed important work to a variety of subfields within mental health. However, his work with technology and meta-analysis in regards to the treatment and prevention of mental health problems is particularly notable and formed the basis for the current address. His work in technology for mental health began with a grant in 1998 and continues currently.

In his address, Dr. Cuijpers reviewed the literature on depression to illustrate the progress and issues facing mental health technology. He began with an interesting insight into the window of opportunity for delivering successful treatment. Because the effectiveness of our best treatments is limited by the approximately one-third that do not respond and the many people that recover simply through the passage of time, the number of individuals that need and benefit from specialized treatment is much smaller than the overall population of individuals with depression. However, despite a perhaps limited window of opportunity, Internet interventions for depression are effective. In fact, not only is technology-based treatment for depression and anxiety effective, such treatments have been found to be as effective as traditional face-to-face treatment (Andrews et al., 2018; Carlbring, Andersson, Cuijpers, Riper, & Hedman-Lagerlof, 2018). He added that Internet treatment may not necessarily need to be CBT, as psychodynamic and interpersonal therapy have been successfully delivered electronically. Together these findings, and the title of the address, are reminiscent of an early literature review suggesting that all psychotherapies and are equally effective, and thus "everyone has won and all must have prizes" (i.e., the Dodo Bird Verdict; Luborsky, Singer, & Luborsky, 1975). Based on the literature strongly supporting the efficacy of treatment, Dr. Cuijpers expressed interest in determining whether treatments can be shortened while maintaining their effectiveness. And if so, can these treatments substantially improve public health?

Dr. Cuijpers then reviewed criticisms and potential barriers to delivering mental health care via technology. Many of the criticisms question the generalizability of existing studies and are ones that have been leveled against more traditional clinical trials. For example, some express concern that participants in Internet intervention trials self-select based on interest in, and openness to, technology, as well as a willingness to submit to the uncertainty of randomization. Similarly, others question whether trial participants accurately reflect the severity and complexity of patients in clinical settings. Perhaps of most interest, Dr. Cuijpers reviewed a study suggesting that although patients tend to drop out of Internet interventions more frequently than they do from face-to-face treatment, because the former are briefer, the percentage of treatment protocols that patients complete is similar across modalities. Other criticisms focus on the lack of comparisons to medication or combined treatments. Finally, Dr. Cuijpers reviewed more fundamental concerns regarding a lack of knowledge regarding how technology-based treatments work and for whom they work.

Dr. Cuijpers then discussed as yet unanswered questions about the potential for technology-based interventions. For instance, the mounting empirical support for Internet interventions combined with the low cost and ease of accessing such interventions suggest that technological interventions could be particularly helpful as an avenue for prevention. Second, technology may open new opportunities to provide treatment in settings that do not have an adequate number of, or any, therapists, such as primary care, schools, colleges, workplaces, or within low- and middle-income countries. Moreover, technology may give rise to new mental health care delivery centers that operate without any physical space for providing therapy. Rather than fearing that technology will replace therapists and put them out of jobs, Dr. Cuijpers emphasized that the studies documenting the effectiveness of technology-based treatments utilize highly structured manuals, with patients that have been carefully assessed to meet narrow inclusion criteria.

Dr. Cuijpers highlighted three of his studies that use Internet-based depression treatments to illustrate the broader themes regarding the development of mental health technology. The first involved the use of a web-based guided self-help to prevent major depression in adults with subthreshold symptoms (Buntrock et al., 2016). In this study conducted in Germany, 406 adults with subthreshold depression based on questionnaires and structured interviews were identified. While all partic-

ipants had unrestrictive access to usual primary care for their symptoms, half of the sample was randomly assigned to receive a 6-session interactive online CBT treatment program while the other half received a web-based psychoeducational control intervention. The results indicated that web-based treatment was associated with lower rate of onset for major depression (27%) compared to the usual care plus education (41%) over 12 months. This study illustrated the potential for low-cost, easily accessible Internet-based interventions to reduce the onset of mental health disorders. Dr. Cuijpers then reviewed a second study, which has not yet been published, demonstrating the ability of technology to facilitate traditional therapy. In this multinational trial conducted in eight European countries, face-to-face therapy was compared to a blended face-to-face and Internet-delivered treatment. The blended treatment was hypothesized to reduce treatment-related cost by allowing portions of treatment to be conducted outside the office without a therapist. Dr. Cuijpers reported that the blended treatment appears to actually be somewhat more effective than the traditional treatment, but that they have not yet been able to analyze the data regarding relative cost.

The next study discussed by Dr. Cuijpers addressed some of the concerns reviewed previously by examining patient characteristics that predicted and moderated outcome with self-guided Internet treatments. In this study, participants were randomized to either Internet-based CBT, interpersonal psychotherapy, or an established treatment (Donker et al., 2013). The investigators found that females and those with less dysfunctional beliefs responded better to treatment. Severity of depression was not related to outcome, perhaps because the sample in general had fairly uniform high levels of depression. Interestingly, older participants were found to improve more with CBT as compared to IPT, while the reverse was true for younger participants. Overall, this study suggested that not only can Internet interventions be effective for those with severe symptoms, it may also be possible to improve outcomes through tailoring the content of such interventions to the individual's characteristics. As a final illustration, Dr. Cuijpers turned to some unsuccessful studies to highlight the uncertainty and unanswered questions surrounding Internet treatment. For example, a study examining the implementation of Internet-based treatments to assist patients while they were on a waiting list for traditional treatment found no benefit.

Dr. Cuijpers concluded his talk with a discussion of potential future directions for the field of technology-based mental health interventions. He opined that most technology-based interventions to date have primarily transferred the content of traditional face-to-face protocols to the Internet. However, he argued that this approach will need to be improved, particularly in the face of mobile devices, on which individuals do not invest the amount of time reading that has been required with Internet interventions. Instead, mobile device–based interventions may need to consist of simple tasks, perhaps representing a single treatment element. He also suggested that the field needs novel research designs that can examine the efficacy of technology-based interventions more quickly. Finally, Dr. Cuijpers speculated that other aspects of technology, such as big data and machine learning, will impact mental health care.

In closing, Dr. Cuijpers concluded that even though determining how best to integrate technology into health care remains a challenge, technology-based interventions are already effective and will eventually change everything. Although nobody knows what that change will look like.

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Shireen Rizvi, Ph.D., ABPP—*Dialectical Behavior Therapy Clinic at Rutgers University in the Graduate School of Applied and Professional Psychology*

Bethany Ann Teachman, Ph.D.—*Program for Anxiety, Cognition, and Treatment (PACT) Lab at the University of Virginia*

BOOK REVIEW

Learning CBT Versus Doing CBT: A Future Psychiatry Resident's Perspective Via a Review of Two Books

Ethan Hochheiser, *Albert Einstein College of Medicine*

BEFORE I BEGAN INTERVIEWING at various psychiatry residency programs, a glaring reality presented itself: I don't know a thing about psychotherapy. I became interested in cognitive behavioral therapy (CBT) after watching a psychology intern lead a group of adolescents through a session. I decided to familiarize myself with CBT and examine how two authors, Jesse Wright, a psychiatrist, and David Tolin, a psychologist, presented the material to a first-time learner. The following examines the benefits of each book for the psychiatry resident, or any new clinician, and includes recommendations for training programs to incorporate into their curricula. After critically reading through each book and working through a number of the exercises, I believe that psychiatry residents would benefit most by being introduced to CBT with Wright's book (Wright, Brown, Thase, & Basco, 2017) in the second year of training and then reading Tolin's (2016) book in the third year.

Wright's text, *Learning Cognitive-Behavior Therapy*, seems as if it were written for a first-time learner. He ends the book with a section on core competencies, which would be helpful for students to measure their progress in delivering CBT. It feels much like a "how to" book, which I think is exactly what psychiatry residents need when first getting their feet wet. For example, he writes, "In addition to completing a history, mental status exam, and evaluation of suitability for CBT, we recommend that you consider using standardized rating scales for measuring symptoms and tracking progress" (p. 49). There are also helpful, associated videos available on YouTube at the "U of L (University of Louisville) Depression Center" page, where residents can watch experts in the field conduct therapy sessions (https://www.youtube.com/watch?v=dJ1eDL15_Lw&list=PLeawJsP3BsREfPITX1P-GyJkuFzxWKNK5). In addition, "troubleshooting" sections provide suggestions on how residents might navigate challenging scenarios. For example, one section provides residents with ideas for how to respond to patients who have difficulties with homework assignments, something I imagine is not an uncommon issue. Wright's book is easy to read and not too long. There are plenty of useful prompts designed for active learning where residents can either practice CBT on their own or in pairs.

Tolin's book, as its subtitle (*A Comprehensive Guide to Working With Behaviors, Thoughts, and Emotions*) suggests, is more comprehensive in its exploration of everything CBT. In the first part of the book, Tolin reviews many of the ideas behind CBT, including contingencies and memory bias. He then takes the reader through behavioral, cognitive, and emotion-level interventions, and concludes with three complete case examples. This broad knowledge could add to residents' understanding of CBT as they develop greater finesse in their practice of CBT. Broader than Wright's presentation of CBT, Tolin's book is necessary for residents to become competent CBT practitioners.

Tolin helpfully applies principles of behavioral psychology to clinical scenarios, moving beyond the "rat pressing the lever" conditioning experiments and demonstrates how depression and anxiety can be impacted by these core principles. It made me wonder why "introduction to psychology" textbooks that I read in college didn't include such examples; the relevance to real-world scenarios would have been a more effective learning tool. He ends each section with a page on the "essentials" from each chapter and "terms and definitions," which would help the resident organize all of the points he raises. Psychiatry residents will appreciate his inclusion of bubbles titled "The Science Behind It," where he examines the evidence supporting various concepts. Furthermore, I think Tolin could add to a resident's toolbox with his in-depth exploration of both subjective emotion and its physiologic expression. I enjoyed reading Tolin's book. His writing style is playful and he includes plenty of humorous personal anecdotes. At one point, he describes himself mowing the lawn, its relevance to conditioning, and then feels compelled to tell us that he does in fact love his mother. (You had to be there.)

Both of these books are exceptional. However, I think Wright's text is more suited to a psychiatry resident's first introduction to CBT, perhaps in the second year of residency. This would allow the resident to explore different CBT strategies while actually working with patients. Later on, in the third year of residency, Tolin's *Doing CBT* could be added to further enhance the resident's competency. Additionally, it can serve as a more thorough reference for the future. Both authors include exercises and Tolin includes worksheets at the end of each chapter. I completed the worksheets in Tolin's book. Not only did this allow me to sample my future patients' experience with CBT, but I was surprised to find that it helped me to grow on a personal level. Thus, both books will add to residents' repertoire and also make them more adept collaborators with other mental health practitioners.

I am in the process of interviewing at psychiatry residency programs, and while this is anecdotal, it's important to note that of the 12 programs I've visited thus far, psychodynamic training remains the primary theoretical orientation of focus and CBT is either secondary or only presented as a part of the didactic curriculum. CBT should be as valued in psychiatric training programs as it is in the mental health field as a whole and be a required component of psychiatric training.

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BOOK REVIEW

Review of *Spirituality, Religion, and Cognitive-Behavior Therapy: A Guide for Clinicians* by David Rosmarin (2018)

Dean McKay, *Fordham University*

THE ROLE OF RELIGION AND SPIRITUALITY has a controversial history within cognitive-behavior therapy (CBT) in particular, and clinical psychology broadly. In CBT, on the one hand, Ellis famously asserted that religiosity be addressed as a component to dysfunctional beliefs that contribute to problematic emotional states (see Ellis, 1983, for example). On the other hand, behaviorist and experimental psychologist O. H. Mowrer, who is perhaps best known for two-factor theory (Mowrer, 1960), famously turned to religion late in his career and adopted a position that psychotherapy was insufficiently concerned with moral failings that individuals may carry with them and that contribute to disordered behavior (i.e., Mowrer, 1961). Skinner (1953) couched religion in the context of a social system of reinforcement, and therefore represented a particularly acceptable, perhaps even favorable, perspective on religious affiliation. Clinical psychology overall has a conflicted relationship with religiosity, with some suggesting that it has so neglected or demeaned religiosity as to be harmful to people of faith and to religion generally (Cummings, O'Donohue, & Cummings, 2009). Alternatively and more positively, therapy training programs appear to be shifting to better recognize the role of religion and spirituality overall in the lives of individuals seeking treatment. For example, recent reviews suggest that clinical training has been grappling with best methods for addressing religion and spirituality (Jafari, 2016). Recommendations for an emerging model of best practices in training have also been suggested (Hathaway, 2013).

In a recent survey of ABCT members (Rosmarin et al., 2013), just over half of respondents (N = 262) reported a strong sense of spirituality, while also showing a lower rate of formal religious affiliation compared to the general population of the United States. While surveys have suggested that formal religious affiliation has been slipping in the general population, with approximately a fifth of the population reporting no religious affiliation (Newport, 2017), that still leaves about 80% adhering to a specific religious identity. In consideration of the fact that clinical training programs emphasize cultural diversity, and trainees are instructed that recognizing and respecting the full range of diverse backgrounds that clients bring to therapy, the comparable lack of direct understanding of the role of religion and spirituality in the lives of our clients is a striking gap in how we approach treatment.

Rosmarin (2018) has therefore done the field a real and significant service, by beginning the task of filling the void in how CBT-oriented clinicians approach religion and spirituality. Since it would be easy to feel daunted by the enormity of the task, the book is fortunately a manageable length and written in an easy-to-digest format. The book is divided into two broad sections. Part I, "Theoretical and Empirical Foundations of Spirituality and CBT," contains four chapters that provide the reader with a solid background on the basic considerations for the CBT practitioner. Chapter 1 provides the reader with a brief background on religiosity and spirituality, which most readers will find new given the aforementioned lack of formal coverage in most training programs. Chapter 2 provides operational definitions and background in how religiosity and spirituality fit within contemporary CBT models, including modern adaptations to systems of reinforcement as well as integration into systems of beliefs that may form the basis of cognitive therapy. Also included in this section is a chapter on ways to identify the boundaries of healthy religiosity/spirituality versus maladaptive aspects (Chapter 3). As one example, the chapter highlights a problem well known to experts in treating obsessive-compulsive disorder (OCD), whereby the sufferer engages in behaviors specifically designed to prevent harm in the afterlife. This particular obsessional experience poses an obvious problem when conducting exposure with response prevention considering the extremely long lag between the putative therapeutic exercise and the possible feared outcome (discussed in McKay, Taylor, & Abramowitz, 2010). Failure to recognize the client's religious background, and by extension failing to adopt a suitably sensitive approach to behavioral interventions, surely will lead to problems in properly addressing the client's presenting symptoms. This section concludes with a chapter illustrating a series of applied case examples, sure to engage clinicians interested in ways to integrate this area into their practices (Chapter 4).

After the foundational material, Part II, "Techniques for Practicing Spiritually Integrated CBT," is comprised of an additional four chapters that focus on assessment, framing CBT within a spiritually/religiously informed context, applications of cognitive therapy, and behavioral activation. Most CBT-oriented practitioners will find these topics broadly familiar, but with the new additional facet around religion and spirituality, thus greatly facilitating the ability to readily integrate the material. Clinicians seeking to be fully sensitive to the wide diversity of backgrounds our clients bring to treatment will do well to consider including specific consideration of religion and spirituality, particularly in light of how widespread these practices are in the general population.

Rosmarin's *Spirituality, Religion, and Cognitive-Behavioral Therapy* is a highly readable, novel, and important text that serves to enhance the practice of clinicians by providing one more method for fully addressing the needs of those we serve. Doing so will also allow clinicians to fully address the wide range of diverse practices and backgrounds of their clients.

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Full disclosure: The author provided an endorsement of this text to the publisher and had an opportunity to evaluate the text ahead of its publication, and was a co-author on a survey of ABCT members regarding religiosity and spirituality.

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AT ABCT

UPDATE: ABCT Leadership Initiative Regarding Full Range of Career-Level Representation in Convention Symposium Abstracts Review Criteria

[*Article originally appeared in the March 2018 issue of* tBT]

Updated by Katharina Kircanski, *ABCT Convention and Education Issues Coordinator*

ABCT'S PROGRAM COMMITTEE and Board of Directors has always prided itself on creating a welcoming environment for students, trainees, and junior faculty and clinicians. Education is a key aspect of our mission statement, and as such, the organization has worked for many years to balance the needs of those more junior in the field with more advanced and senior scientists and clinicians. However, in recent years, the Board of Directors and Program Committee have received consistent feedback that our efforts to welcome students have shifted symposia a little too far away from more seasoned presenters. This has influenced both convention attendance and ABCT membership, with fewer of our senior colleagues joining or retaining membership in the organization and attending the convention. A consistent request has been for ABCT to encourage and increase the attendance of more senior presenters at the convention—not just as discussants, but as presenters of data and clinical concepts. In response to these requests, beginning with submissions for the 2017 convention, seniority of authors was considered as a factor in the review process. The ultimate goal of this decision was to ensure a greater number of program offerings in which there is a *full range of career levels represented*.

From a logistical perspective, this decision was easily folded into the existing review process. The review of submissions involves several steps and tends to be an iterative process. First and foremost, the scientific merit of the submission is considered, as determined by the reviews. Next, we consider a number of secondary factors, including relevance to the convention theme, balance across topics, and representation of underrepresented populations, along with others. It is at this point that the full range of career levels is taken into consideration. The important point to note is that this factor reflects just one of multiple, secondary elements that influence final decisions about submissions.

ABCT reviewed the effects of the initiative for 2018 to see if there was any change in the percentage of senior members on symposia submissions. ABCT evaluated a total of 157 presenters, which comprised presenters from 25% of total symposia offered in Washington, DC (selected using a random number generator). Discussants were not included for the obvious reason that they would most likely be senior. Almost everyone who graduated >10 years prior to that convention who was also an ABCT member was a full member, so considering membership category did not seem to add any value beyond terminal degree year. Given this, and as we were able to accurately locate terminal degree year information for almost everyone, including nonmembers, we opted to simply describe senior presenters as those who received their terminal degree >10 years prior to the time of the convention, and nonsenior presenters as those who received their terminal degree <10 years prior or were still enrolled in an academic program.

We now have a comparison of symposia offerings from the 2015 convention in Chicago (before the initiative was started), the 2017* convention in San Diego (after the initiative was launched), and the 2018 convention in Washington, DC. We examined the percentage of junior first authors to the percentage of senior first authors. Results (see Table on next page) indicated that at all three conventions, the majority of symposia presenters were junior mem-

*The 50th Anniversary Convention in New York City in 2016 was excluded, as it was unlikely to be typical in terms of presenters.

Find a CBT Therapist

ABCT's **Find a CBT Therapist** directory is a compilation of practitioners schooled in cognitive and behavioral techniques. In addition to standard search capabilities (name, location, and area of expertise), ABCT's Find a CBT Therapist offers a range of advanced search capabilities, enabling the user to take a Symptom Checklist, review specialties, link to self-help books, and search for therapists based on insurance accepted.

We urge you to sign up for the **Expanded Find a CBT Therapist** (an extra $50 per year). With this addition, potential clients will see what insurance you accept, your practice philosophy, your website, and other practice particulars.

To sign up, click MEMBER LOG IN on the upper left-hand of the home page and proceed to the ABCT online store, where you will click on "Find CBT Therapist."

For further questions, call the ABCT central office at 212-647-1890.

bers, and furthermore, the initiative did not lead to a reduction in junior presenters of symposia. The proportions for Washington, DC, are fairly similar to those for San Diego. We continue to have more nonsenior presenters compared to Chicago.

We will continue to monitor the composition of symposia presenters at the 2019 convention. At this time the initiative has not had an adverse influence on the inclusion of our more junior colleagues. However, based on these results, the Board and all of the convention committees will need to continue revisiting the question of how to reengage the more senior members of our community to achieve our goal of having a full range of career levels represented at the convention.

	Junior 1st Author Presenters	*Senior* 1st Author Presenters
Chicago 2015	59%	41%
San Diego 2017	65%	35%
Washington, DC 2018	67%	33%

Special thanks to our Central Office staff members Tammy Schuler, Dakota McPherson, and Amanda Marmol for their work on data collection and analysis for this update.

| call for nominations |

Spotlight on a Mentor Program

Nominate a Mentor

ABCT's Academic Training and Education Standards Committee is currently soliciting nominations for the Spotlight on a Mentor program. The purpose of the Spotlight on a Mentor program is to highlight the diversity of excellent research mentors within the membership ranks of ABCT. Its goal is to spotlight promising early career and well-established mentors across all levels of academic rank, areas of specialization, and type of institution.

- To submit a nomination, please complete the nomination form and email it to abctmentor@gmail.com by June 1, 2019 at 23:59 EST/20:59 PST. Nominations from multiple mentees are encouraged.
- **Nomination Form**
  www.abct.org/Resources/?m=mResources&fa=MentorNominationForm
- **Deadline for Nominations:** June 1, 2019
- **Questions?** email aleksandra.foxwell@utsouthwestern.edu

ABCT's 2019 Champions of Evidence-Based Interventions

This award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based interventions and who have thereby advanced the mission of ABCT. Champions may not be members of ABCT at the time of their nomination.

▶ Potential Candidates

When considering making a nomination, think about decision-makers, funders, government officials, business people, consumers, or well-known people who have shared their struggles and benefited from CBT treatment.

Nominees should demonstrate the characteristics of champions, broadly construed, as recognized in the implementation science literature (see Knudsen, Gutner, & Chorpita, 2019, for examples relevant to ABCT; http://www.abct.org/docs/PastIssue/42n1.pdf). Briefly, ideal candidates should have demonstrated one or more of the following: (1) an enduring commitment to the application and impact of one or more evidence-based intervention; (2) the promotion of innovation, even in the face of social or organizational indifference or resistance, (3) a willingness to risk reputation as a result of a commitment to change, (4) leadership in the service of the broad mission of positive social change, and (5) a willingness to go above and beyond their regular professional duties.

▶ Recognition

Nominees will be reviewed in March, June, and October by the ABCT Awards Committee and those meeting criteria will be forwarded to the ABCT Board of Directors for approval. Recipient will be notified by the ABCT President, and their names and photographs will be posted on the ABCT website, along with the rationale for their recognition. Each year's champions will also be acknowledged at our annual awards ceremony at the ABCT Convention.

▶ How to Nominate

Email your nomination to 2019ABCTAwards@abct.org (nomination form available at http://www.abct.org/Awards/docs/2019_Champions_Nomination_Form.pdf). Be sure to put "Champions Nomination" in the subject line. Once a nomination is received, an email will be sent from staff, copying the Awards and Recognition Committee Chair. The nomination will be reviewed by the Awards and Recognition Committee and if deemed appropriate for our program, will be forwarded to the ABCT Board of Directors for final approval. Once reviewed and approved by the Board of Directors, the nominee will be contacted directly by the President and followed up with an ABCT staff member for a final review of the copy to be posted on the ABCT website.

Call for Papers

ABCT's 53rd Annual Convention

November 21–24, 2019 • Atlanta, GA

Preparing to Submit an Abstract

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

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

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

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

• **Title:** Be succinct.

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

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

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

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

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

QUESTIONS?

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

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

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

CALL for PAPERS | Program Chair: Alyssa Ward

ABCT

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

53rd Annual Convention

November 21–24, 2019 | Atlanta, GA

general sessions

Theme:

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

Portal opens
February 14, 2019

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

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

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

- Reaching and partnering with new and diverse populations (e.g., global mental health, underutilized behavioral health audiences, underserved communities, intersecting interests among two or more Special Interest Groups);
- Leveraging or developing new workforces or stakeholders (e.g., paraprofessional health workers, instructional models for professional training and development, supervision models for training and/or distributing expertise in health systems, scientific/mental health literacy of the general population);
- Improving knowledge delivery and the efficiency to guide behavioral health decisions (e.g., innovative protocol designs; decision support or feedback systems to inform treatment or implementation; models to better connect theory or emergent scientific findings to impending therapeutic action, personalized treatments, translation across problem or practice ontologies, such as DSM and RDoC; use of research evidence);
- Interacting with industry (e.g., the role of emerging technology; the relationship between science and entrepreneurship, between human helpers and machines; models for scaling our most effective solutions);
- Striving to solve problems that are meaningful to stakeholders (e.g., clients, therapists, mental health system administrators); dissecting our failures or the unintended consequences of our prior successes; developing extensible resources today that anticipate the world of tomorrow.

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

Submission deadline: ***March 16, 2019 | 3:00 A.M. EST***

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