

the Behavior Therapist

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PRESIDENT'S MESSAGE

Introducing ABCT's Town Halls: A Pathway to Engagement and Equity



Laura D. Seligman,
University of Texas Rio
Grande Valley

"I didn't know that!" Four short words, one simple phrase whose simplicity belies the resulting power.

Do you know how to propose a task force at ABCT? What the secret recipe is to get your symposium accepted? How to become involved in ABCT governance? Some reading this undoubtedly can answer with a resounding "Yes" to all of these questions, but I am going to go out on a limb and guess many more cannot.

ABCT traces its roots back to 1966, with a quick turn as the Association for Advancement of the Behavior Therapies (AABT) before becoming the Association for Advancement of the Behavior Therapy (Franks, 1997). The version of history that I was told begins with the ten founding members of AABT, who met regularly in the New York City apartment of Dorothy Susskind. There was no email back then but, with a membership of ten, I am guessing communication was easier; everyone knew everything. Procedures did not need to be codified and disseminated; the members likely created them together or were intimately involved in implementing them. Word-of-mouth worked.

Our membership numbers vary considerably from year to year, but we now count our members in the thousands, peaking (so far!) in 2015 with over 5,000 members. As we gathered

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Webinar

FEBRUARY 18

abct.org > Convention & CE > Live & Recorded Webinars



Best Practices for CBT With LGBTQA+ Adults

— Debra Hope, Ph.D.

MODERATOR: Lily Brown, Ph.D.

11 am – 12:30 pm Eastern | 10 am – 11:30 pm Central

9 am – 10:30 am Mountain | 8 am – 9:30 am Pacific

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=TB T>): *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, Richard LeBeau, Ph.D., at rlebeau@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.

virtually last month, 22 countries were represented at the 2021 Convention. Given the size of New York City apartments and the distance between us, the historically informal gatherings of our past are no longer feasible. Much of the way we accomplish our goals and do the day-to-day work of the Association is still handed down by word-of-mouth.

Why does this matter? The old adage is true: knowledge is power. If you know the criteria for getting a panel accepted at the convention, you are in a much better position than someone who does not. If you do not know how to run for office, how can you begin to consider doing so? If I receive feedback about desired topics for an upcoming convention, but you do not, who has a better chance of disseminating their work and reaping the benefits connected with that opportunity?

A lot has happened in the world since I decided to run for President-Elect of ABCT. For most, daily life has changed as a result of the COVID-19 pandemic, but events like the shootings of George Floyd and Breanna Taylor and the violent attacks against Asian Americans (see, for example, Vigdor, 2020) have led to a painful realization: for many, life was dangerous before the start of the pandemic and this has changed less over the last few decades than we like to think. It feels as if we have finally reached a tipping point, however, and there is a global energy to create meaningful, lasting change, a sentiment that I hear echoed by our members. Supporting my anecdotal evidence, many of the most well-attended events at this year's convention were those that discussed issues of equity, access, and inclusion. Nevertheless, before ABCT can be a driver for this change in the world, we need to model this behavior ourselves.

In my opinion, all too often our energy in this area results in beautiful sentiments on social media, maybe a pin on our lapel, a sticker proclaiming our allyship on our office door, or a letter of condemnation or support distributed on a listserv. These are all acts that are undoubtedly well-intentioned but may in some contexts be regarded as virtue signaling (i.e., expressing opinions or sentiments that are intended to demonstrate one's good character and not necessarily backed up by meaningful action). The accuracy of this label most certainly depends on context and perspective, but I believe that we can and must do more.

What do world events and our attempts to address them have to do with access to information within ABCT? Because when word-of-mouth is used to impart informa-

tion and tradition substitutes for transparent policies and procedures, what you know and what you can do is driven by who you know. Who we know is determined in part by our family history—whether we started our schooling in a district with the resources to prepare us for higher education, whether we went to a college that had name recognition, whether we worked in a lab with the connections to get us into the “right” graduate program, internship, postdoctoral fellowship, and professional position. This is the very definition of systemic bias.

Most often, those who have insider knowledge are not keeping it secret with ill intent; in fact, if you have always had access to this knowledge, you likely have assumed everyone else does too—that we are all on equal footing. The fact is that many of us struggle to get access to basic information, and even worse, many of our voices are not included in the process of its creation.

In talking over what I wanted to accomplish this year with a trusted colleague, she happily summed up what felt like a mess of discombobulated thoughts with, “It sounds like the theme of your presidency is going to be transparency, and that's a good thing.” This brought home to me the connection between transparency and inclusion, equity, and access—or, put simply, if ABCT is going to be our professional home, we should all know what is going on in our own house, and we all must have our voices heard around the dinner table (and a say in what is cooking in the kitchen)!

To this end, I am working this year to improve communication and increase transparency. Since realizing equitable power involves listening in addition to talking, I am excited to announce that we will be holding a series of town hall events this year to talk *with* you about changes we are considering, to inform you about how things happen at ABCT, and, most importantly, to hear from you so that ABCT benefits from the collective wisdom of our members. I am hopeful that, in the long term, these opportunities will ignite meaningful conversations that can serve to promote enduring and exciting change.

With that in mind, I hope that you will join us on January 26, 2022, at 2 p.m. EST for our very first in this series, led by Dr. Rosaura Orengo-Aguayo, the 2022 Convention Program Chair, Dr. Emily Thomas, the 2022 Associate Program Chair, and Dr. Christina Boisseau, Interim Convention and Education Issues Coordinator, who will be discussing the criteria used to evaluate convention submissions

and a proposal for how to translate these evaluations into program decisions. The goal is to demystify and improve our process. We hope that this will increase access to information that has the potential to impact the quality of members' experience and the convention content. Please mark your calendars, plan to attend, and help us create a workable, sustainable solution as we move forward as an organization. In the meantime, I encourage you to review the report included in this issue of *the Behavior Therapist* that presents results from a membership-wide survey about issues of inclusion, equity, and access in our organization. The report provides a great overview of what ABCT is doing well and where we can and need to do better.

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- Franks, C. M. (1997). It was the best of times, it was the worst of times. *Behavior Therapy*, 28(3), 389-396. [https://doi.org/10.1016/s0005-7894\(97\)80086-x](https://doi.org/10.1016/s0005-7894(97)80086-x)
- Vigdor, N. (2020, March 30). Attack on Asian American woman in Midtown prompts another hate crime investigation. *The New York Times*. <https://www.nytimes.com/2021/03/30/nyregion/attack-asian-woman-midtown.html>

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ABCT TOWN HALL

Transparency in Review: An Open Discussion With ABCT Membership Regarding Convention Submissions and Decisions

— Wednesday, January 26, 2022
— 2:00 p.m., ET

Join us in an open and transparent conversation about the criteria used to evaluate convention submissions and a proposal for how to translate these evaluations into program decisions. The goal is to demystify and improve our process with membership feedback. We hope that this will increase access to information that has the potential to impact the quality of members' experience and the convention content.

[abct.org](#) > Convention & CE > Webinars

Reflections on *tBT* as It Enters Its 45th Year

Richard LeBeau, *University of California, Los Angeles*

WHEN I WROTE my Message from the Editor for the February 2021 issue of *the Behavior Therapist* (*tBT*), things were looking quite bleak. An attempted coup was taking place at the U.S. Capitol as I drafted it, and there was great uncertainty about how effective and available the emerging COVID-19 vaccines being rolled out would be. We are in a somewhat better place both in terms of political stability and public health as I write this year's Message from the Editor, but we remain a country—and a world—in crisis. Racial injustice and other threats to civil liberties are rampant and misinformation is proving detrimental to efforts to combat the pandemic.

Despite this depressing picture I have painted, I see a great deal to be proud of and grateful for within our own organization. I continue to see scientific and clinical leaders in behavioral health addressing issues related to public health and social inequalities with unprecedented focus and fervor and, although there is always room for further improvement, it makes me proud and even optimistic. Of course, I have a unique vantage point as the Editor of *tBT*, through which I have the privilege of communicating with dozens of leaders in our field each year about their innovative ideas and bold initiatives.

Since I took over as the Editor of *tBT* in January 2020, the journal has published just shy of 100 peer-reviewed scientific and clinical articles. Approximately half of these have been included in our numerous special issues. In 2021 alone, *tBT* published four special issues: a two-part series on Native American Issues in Behavioral Research and Therapy (Vol. 44, Issues 3 and 4) and a two-part series on Violence (Vol. 44, Issues 5 and 8). Both special issues represent two things I am deeply passionate about. The first is an increased collaboration between *tBT* and ABCT's many Special Interest Groups (SIGs). The second is *tBT* increasingly highlighting issues that have been historically under-discussed in our organization and field more broadly.

tBT was developed nearly a half century ago as a vehicle for the ABCT membership to have a forum for reporting on the latest

scientific and clinical advances in our field, discussing critical issues facing our field, and disseminating information about initiatives within the organization. Thus, it is fitting that the first issue of the journal's landmark 45th year highlights what is happening within our organization.

The centerpiece of the issue is an important and expansive report regarding issues of equity, inclusion, and access (EIA) within ABCT. A committee of ABCT members who are also experts in EAI developed, administered, and analyzed results from a survey of the membership. Their findings are presented here for all of us to review and reflect on. Their excellent work underscores several things that ABCT is doing well, in addition to numerous areas where we as an organization need to do better. It is my hope that this report stimulates discussion and leads to meaningful shifts that change our organization for the better.

The report is followed by reflection pieces that summarize the key themes of the five invited addresses and invited panel that occurred at the 55th Annual ABCT Convention in November 2021. Although factors related to the COVID-19 pandemic required the convention to be held virtually for the second consecutive year, it was nevertheless a terrific conference with hundreds of thought-provoking presentations by some of the greatest scientific and clinical minds in our field. The invited addresses—from ABCT President David Tolin, Lifetime Achievement Award recipient Richard Heimberg, Monnica Williams, Kelly Brownell, and Lynn Bufka—covered a wide variety of topics, including the latest advances in our understanding of disorders, like hoarding and social anxiety, as well as broader issues relating to public policy and racial injustice. The invited panel brought together leaders in the field of neuroscience to discuss how to engage marginalized communities in translational neuroscience research in ways that are both respectful and empowering.

For the second consecutive year, most of the presentations will be made available

for on-demand viewing. The presentations will be available through September 2022 and eligible for continuing education credits. Everyone who registered for the convention will have access and those who did not register for the convention but wish to view the presentations will have the opportunity to register for access. I encourage you all to carve out some time to view some of the exceptional presentations that you may have missed.

tBT could not exist without the essential contributions of our hard-working and passionate Editorial Board, Editorial Assistant Julia Yarrington, ABCT Communication Director David Teisler, ABCT Publication Manager Stephanie Schwartz, and the hundreds of professionals who author submissions and provide peer reviews. I am immensely grateful for them and very excited for what *tBT* has in store over the coming year. I welcome all of you to email me at rlebeau@mednet.ucla.edu to communicate ideas, suggestions, questions, or constructive criticisms regarding *tBT*.

I hope that you enjoy this issue as much as I enjoyed putting it together and I wish you all a healthy, happy, and productive year ahead.

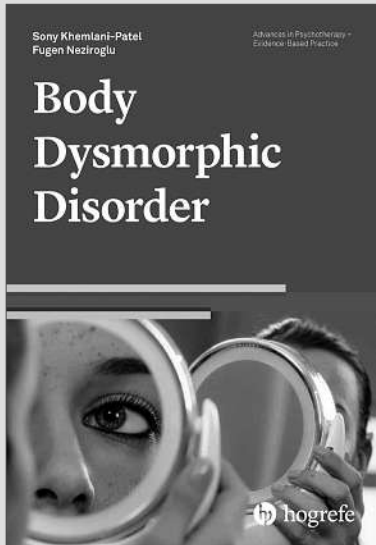
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A compact guide to assessing and treating body dysmorphic disorder

Out
now!



Sony Khemlani-Patel / Fugen Neziroglu

Body Dysmorphic Disorder

Advances in Psychotherapy –

Evidence-Based Practice, vol. 44

2022, viii / 106 pp. incl. online materials for download

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ISBN 978-0-88937-500-0

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This volume provides a user-friendly empirically based guide to the diagnosis, phenomenology, etiology, and treatment of body dysmorphic disorder (BDD). New and seasoned clinicians can learn about the foundations of CBT for BDD as well as the rationale and instructions for modifying the approach to meet the differences in symptoms found in this client group. The book explores techniques for treatment engagement, including adjusting therapeutic style, appropriate utilization of behavioral and cognitive therapy, family involvement, and motivational interviewing techniques. Other issues associated with BDD are also highlighted: poor insight, comorbidity,

concerning rates of suicidality, and ambivalence regarding treatment.

The authors outline step-by-step instructions for numerous novel and advanced treatment strategies including perceptual retraining, attentional training, acceptance and commitment approaches, and ways to manage ongoing desire for cosmetic surgery. Detailed case examples are presented with corresponding treatment guidelines to highlight the variety in clinical presentation and corresponding treatment approaches. Printable tools in the appendices can be used in daily practice.

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Looking Forward, Looking Back: Results of the ABCT Task Force for Equity, Inclusion, and Access Membership Survey

Christine J. Cho, *Rutgers University*

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Raeann E. Anderson, *University of North Dakota*

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AS A LEADING ORGANIZATION devoted to advancing the scientific understanding, assessment, prevention, and treatment of human problems, ABCT is uniquely positioned to serve as an agent of change within the area of mental health, as well as a model for organizational inclusiveness and equity. ABCT has the opportunity to achieve meaningful and long-term change in its culture and processes to ensure greater equity, inclusion, and access (EIA) for all of its members. To do this, like other systems, ABCT must first engage in a process of self-examination to identify potential inequities embedded within its organizational structure, policies, and procedures. The results of an inquiry of this kind could then be used to develop actionable, data-driven recommendations to guide decision-making and to provide leadership with direction for creating a more inclusive and equitable environment.

The ABCT Task Force for Equity, Inclusion, and Access was formed in September 2019 by the Board of Directors, initially in response to concerns from membership about the enactment of bans to reproductive rights in Georgia where the

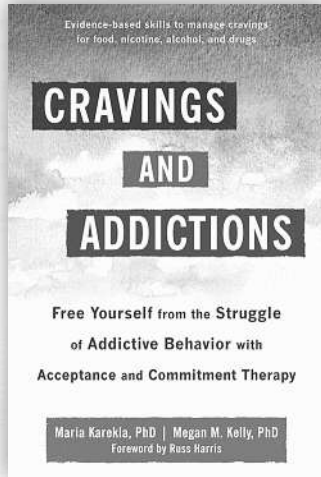
ABCT November 2019 Annual Convention was to be held. The main aims of the task force were to assess the degree to which historically marginalized groups were supported by ABCT and to provide recommendations to assist the Board in ensuring that all members have equitable access to the professional benefits offered by the Association. Co-chairs for the task force were Drs. Sandra Pimentel, Shireen Rizvi, and Laura Seligman who conducted outreach to Georgia-based members and leaders of minority-related Special Interest Groups (SIGs) to nominate additional members to serve on the task force. Leadership sought to assemble a task force that was representative of the groups of people who would be most directly impacted by this work. Thus, the task force was comprised of 11 members across various career stages (e.g., student, early- and mid-career) and representing several minority-focused SIGs, including the Oppression and Resilience: Minority Mental Health SIG, African Americans in Behavior Therapy SIG, Women's Issues in Behavior Therapy SIG, Latinx SIG, Asian American Issues in Behavior Therapy and Research SIG, and

Sexual and Gender Minority SIG. The task force also aimed to be respectful of intersectionality and objective in its review of EIA across the four main areas of ABCT's organizational structure: Convention and Continuing Education (CE), Academic and Professional Issues, Membership, and Publications.

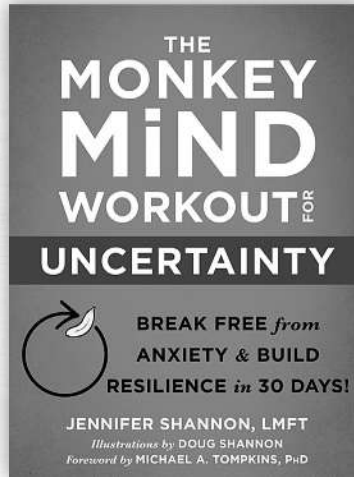
After initial meetings, the task force constituted four subcommittees: (1) Convention and Continuing Education, (2) Academic/Professional Issues and Membership, (3) Publications, and (4) Survey. To achieve the aims of this task force, the ABCT Board provided resources including space allocation at the Atlanta meeting, monthly teleconference meeting support, and financial support for rewards for survey participation. ABCT members were invited to meet with the task force at the November 2019 convention in Atlanta to offer feedback about EIA within the organization, and a task force-specific email address was created and distributed to membership to communicate additional concerns and/or suggestions. Finally, a 35-item mixed methods survey was developed and emailed to ABCT members to assess their perceptions of EIA within the organization, to identify strengths and potential gaps, and to inform specific recommendations to the Board regarding short- and long-term action items to promote EIA within the organization. Each subcommittee met separately to review internal processes (e.g., the review process for submissions acceptance for the 2019 convention), generate questions of interest, and request relevant data (e.g., demographic data, data on rejections by submission type from ABCT publications, attendance rates of webinars) when available from the ABCT Central Office pertaining to each subcommittee's respective organizational domains. All questions were reviewed and discussed by the entire task force to inform survey item selection and revisions.

Surveys of this type have been successfully implemented in other large health service organizations to develop strategies to improve equity, inclusion, and access issues and assess climates. For example, in July 2020, a diversity and inclusion task force comprised of faculty and staff from the Department of Health Sciences Research (HSR) at the Mayo Clinic, a large multi-site academic medical center, developed and implemented an optional anonymous, web-based, mixed-methods survey assessing perceptions of diversity, equity, and inclusion (DEI) climates and proposed DEI activities within the department

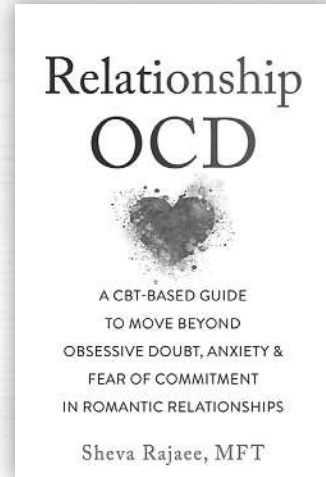
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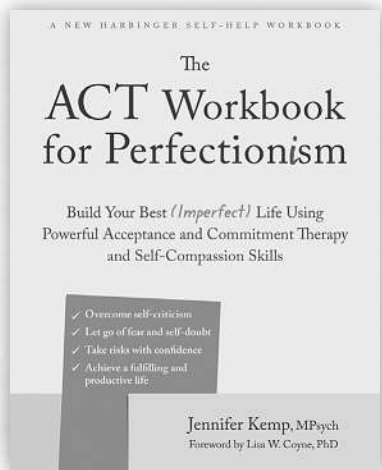
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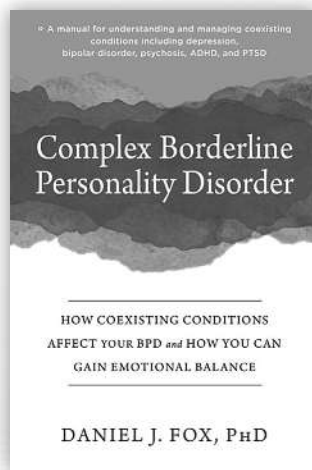
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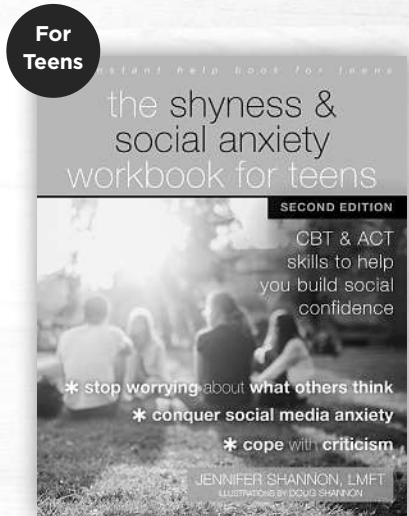
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Table 1. Personal Demographic Characteristics

	N	%
Age ($M = 39.5$, $SD = 12.2$)	-	-
Racial/ethnic background (select all that apply)		
Indigenous North American or Native American	6	1.5
Asian (East, South, Southeast) or Pacific Islander	32	8.1
Black, Afro-Caribbean, African, or African American	19	4.8
Middle Eastern or North African	11	2.8
Biracial or Multiracial	17	4.3
Native Hawaiian or Other Pacific Islander	2	0.5
White/European	288	72.5
Hispanic/Latinx	30	7.6
Different race/ethnicity	2	0.5
Gender identity (select all that apply)		
Woman	197	49.6
Man	96	24.2
Cisgender woman	118	29.7
Cisgender man	55	13.9
Transgender woman	1	0.3
Transgender man	1	0.3
Genderqueer	1	0.3
Non-binary	3	0.8
Agender	1	0.3
Different gender identity	3	0.8
Sexual orientation (select all that apply)		
Gay	28	7.1
Lesbian	10	2.5
Bisexual	32	8.1
Pansexual	15	3.8
Queer	26	6.5
Fluid	9	2.3
Asexual	3	0.8
Unsure/questioning	6	1.5
Heterosexual/straight	279	70.3
Different sexual orientation	2	0.5
Religious or spiritual identity/affiliation		
Agnostic	17	6.9
Atheist	39	15.9
Catholic/Roman Catholic	31	12.7
Christian	45	18.4
Jewish	25	10.2
Different religious or spiritual identity/affiliation	34	13.9
N/A, none, unaffiliated, or secular	54	22.0
Disability status		
Yes	34	9.4
No	310	85.4
Do not want to disclose	19	5.2

Note. Pacific Islander was accidentally included as part of two response options for racial/ethnic background.

(Enders et al., 2020). Findings were used to guide selection and implementation of proposed departmental DEI activities, as well as to evaluate responses by personal and professional subgroups. Similar surveys were also developed and implemented across each department and school of a

large public university in the U.S. to assess DEI climates and faculty members' intentions to stay at the university (Komacki & Minnich, 2016). Findings were shared with department chairs and deans and used to identify specific actions that key change agents at the university could engage in to

foster supportive DEI climates within the university system. The survey developed by the ABCT task force expanded on these examples, by assessing members' perceptions of EIA across each facet of the organization and the organization as a whole, evaluating findings by personal and professional subgroups, and obtaining direct feedback and recommendations on strategies for improving EIA within ABCT. In this paper, we present the findings from the survey and the associated recommendations.

Methods

Participants and Procedures

Members were invited to complete the survey between March 4, 2020 and April 10, 2020. At the end of April 2020, ABCT had a total of 3,605 members and approximately 2,888 (80.1%) were subscribed to the list serve. The survey was advertised through an email blast to ABCT members and on ABCT's social media accounts. Members were sent multiple reminders to complete the survey (e.g., additional email blasts and social media posts, emails to the listserv). The survey took approximately 10 minutes to complete, all items were optional, and responses were anonymous. Participants had the option of being entered into a raffle to win one of three prizes (either a free webinar or a free workshop at the 2020 convention) to boost participation and response rates.

Measures

Perceptions of how well ABCT addresses EIA in different domains. Members were asked: "How well do you think ABCT addresses equity, inclusion, and access in each of the following domains?" The domains assessed included: convention location; convention programming; membership; publications; webinars; awards; and leadership and elections. Each domain was rated on a 1–3 scale (1 = *not at all well*, 2 = *somewhat well*, 3 = *very well*). Participants could also respond with "I don't know," in which case they were not included in the analyses focused on that domain.

Perceptions of convention atmosphere. Members were asked to rate the convention atmosphere toward specific groups. The groups assessed included: individuals with disabilities; racial/ethnic minority individuals; gender minority individuals; sexual minority individuals; women; individuals of lower SES; and religiously affiliated individuals. Each domain was rated on

a 1–5 scale (1 = *very negative*, 2 = *negative*, 3 = *neutral*, 4 = *positive*, 5 = *very positive*). Participants could also respond with “I don’t know,” in which case they were not included in the analyses focused on that group.

Perceptions of diversity among leadership and award winners. Members were asked several questions about the importance of diversity among leadership and award winners, as well as their perceptions of the diversity of the current leadership and previous award winners.

Perceptions of publications and webinars. Members were asked several questions about the extent to which ABCT publications and webinars address EIA.

Factors that influence membership and convention attendance. Members were asked to rate the extent to which different factors influenced their membership (yes or no) and convention attendance (1 = *not at all*, 2 = *somewhat*, 3 = *moderately*, 4 = *extremely*).

Open-ended feedback. Members were asked to provide open-ended feedback in response to prompts about: what ABCT is doing well with regards to EIA; what ABCT could be doing better to address EIA; what ABCT could do to make people feel more included at the convention; how ABCT could improve its use of social media to share information relevant to individuals of diverse backgrounds; how ABCT could improve its training materials with respect to diversity and inclusion; and EIA within ABCT’s publications. They were also asked to expand on their ratings of factors that influence whether or not they attend the annual convention, ratings of the convention atmosphere, and ratings of whether or not they perceive themselves as competitive for ABCT’s awards.

Data Analyses

First, descriptive statistics were computed for all variables of interest. Then, chi-squared tests and ANOVAs were conducted to examine the associations between demographic characteristics (race/ethnicity, gender identity, sexual orientation, and career stage) and all variables of interest. Analyses of ordinal variables were also conducted using ordinal regression. The pattern of results was the same for the ordinal regressions and the ANOVAs, so we elected to present the results of the ANOVAs to facilitate interpretation. See the Appendix for a list of all response options for demographic items.

Table 2. Professional Demographic Characteristics

	N	%
Career stage		
Undergraduate student	4	1.1
Post-baccalaureate student	2	0.5
Graduate student	87	23.6
Postdoctoral fellow	23	6.3
1-10 years post-terminal degree (not including postdoctoral fellow)	96	26.1
11-20 years post-terminal degree	89	24.2
21+ years post-terminal degree	64	17.4
Retired	3	0.8
Primary place of employment (non-trainees only)		
University	142	40.7
Academic medical center	82	23.5
Private practice	32	9.2
VA	9	2.6
University counseling center	1	0.3
Community mental health	6	1.7
Different	12	3.4
Membership status		
Post-baccalaureate member	3	0.8
Student member	95	25.7
New professional	55	14.9
Full member	214	58.0
Emeritus member	2	0.5
Attendance at a convention in the last 5 years		
Yes	360	93.8
No	24	6.3

Race/ethnicity was dichotomized for analyses (0 = White, 1 = People of Color [POC]), in part due to relatively small subgroup samples, as well as to assess whether the experiences of members in communities of color differed from those of the majority group as this could signal an area of inequality. Racial/ethnic group comparisons included 360 participants (73.1% White, 26.9% POC). Specific racial/ethnic specifications for participants in the POC group can be found in Table 1. Gender identity was dichotomized for analyses (0 = *man, cisgender man, and/or transgender man*, 1 = *woman, cisgender woman, and/or transgender woman*) and included 362 participants for group comparisons. Sexual orientation was dichotomized for analyses (0 = *heterosexual*, 1 = *sexual minority*) and included 359 participants for group comparisons. Finally, career stage was dichotomized for analyses (0 = *non-trainee, including 1–10 years post-terminal degree [not including postdoctoral fellow], 11–20 years post-terminal degree, 21+ years post-terminal degree, and retired*; 1 = *trainee, including undergraduate student, postbaccalaureate student, graduate student, and postdoctoral fellow*) and included 368 par-

ticipants for group comparisons. Additional participants were not included in analyses, because they did not provide a response or responses did not map onto dichotomized variables.

Initial review of the qualitative data, identification of themes, and coding were conducted by the first author. All co-authors reviewed and provided feedback on the qualitative data and the coding scheme for each key content area. The labels used to describe each theme were established through consensus among all co-authors.

Results

Perceptions of How Well ABCT Addresses EIA in Different Domains

Of the 2,888 members who were subscribed to the list serve in April 2020, there was a 13.7% response rate for a total of 397 participants who completed the survey (mean age = 39.5 years, SD = 12.2 years; 66.6% women, 26.9% POC, 24.2% sexual minority, 31.5% trainee). Personal and professional demographic characteristics are presented in Tables 1 and 2, respectively. Respondents’ ratings of how well

ABCT is addressing EIA across different domains are presented in Table 3. Mean ratings ranged from 1.92–2.22 on a scale of 1–3 (1 = *not at all well*, 2 = *somewhat well*, 3 = *very well*), suggesting that members tended to perceive ABCT as addressing EIA “somewhat well” across all domains (convention location, convention programming, membership, publications, webinars, awards, and leadership and elections). Mean ratings were highest for webinars (2.22) and lowest for leadership and elections (1.92). Respondents identifying as POC provided lower mean ratings (relative to White respondents) for 6/7 domains, women provided lower mean ratings (relative to men) for 3/7 domains, and sexual minority members provided lower mean ratings (relative to heterosexual members) for 1/7 domains. Career stage was not significantly associated with any ratings.

In addition to these quantitative ratings, participants were asked to provide open-ended feedback about what ABCT is doing well with regards to EIA across the following broad domains: convention logistics and programming, membership, publications, webinars, awards, and leadership/elections. Feedback related to what ABCT is doing well regarding EIA at the convention included three topics: location, programming, and logistics/services. Participants noted improvements in accessibility and affordability of chosen venues and

locations to host the annual convention compared to past ABCT conventions. Participants also remarked on improvements in convention programming compared to past conventions, including increased support for students/trainees and early career psychologists (ECPs) to attend annual conventions; convention offerings and themes that were more reflective of EIA-related issues; improvements in solicitation, inclusion, and promotion of EIA-related programming; and increased presence of visible minorities among convention attendees. Feedback related to convention logistics and services focused on improved financial aid for attendees with demonstrated need, greater recognition of diverse convention needs (e.g., addition of childcare and lactation rooms, gender-neutral bathrooms, Shabbat services and Kosher food), improved accessibility of convention spaces and presented materials, and overall improvements in inclusiveness and welcoming atmosphere toward membership from underrepresented groups (URGs) and disciplines other than psychology (e.g., public health, social work).

Feedback related to what ABCT has been doing well to promote EIA within membership included three topics: support for SIGs that actively focus on marginalized populations and EIA, establishment of this task force and survey to assess current membership’s perceptions of EIA within

ABCT, and increased efforts to recruit and support a diverse membership. Feedback related to what ABCT has been doing well to promote EIA in publications centered on greater coverage of EIA-related issues and content across all ABCT publications, most notably *the Behavior Therapist*. Feedback related to what ABCT has been doing well to promote EIA in webinars focused on improved access and affordability of educational opportunities, as well as improved representation and diversity among speakers and webinar topics. Feedback related to what ABCT has been doing well to promote EIA within its award program highlighted the presence of awards promoting EIA and representation. Finally, feedback related to what ABCT has been doing well to promote EIA within leadership and elections centered on two topics: greater representation of women in leadership positions, and greater involvement in minority-related SIG meetings from ABCT governance and leadership.

Participants also provided open-ended feedback about what ABCT could be doing better to address EIA across seven broad domains: convention, membership, publications, webinars, awards, leadership/elections, and public relations. Convention-related feedback about what ABCT could be doing better addressed three topics: location, programming, and logistics/services. Participants commented on the need

Table 3. Perceptions of How Well ABCT Addresses Equity, Inclusion, and Access in Different Domains

Domain	M (SD)	POC	White		Women	Men		SM	Heterosexual	
Convention location	2.13 (.66)	-	-	-	-	-	-	-	-	-
Convention programming	2.19 (.64)	2.02 (.65)	2.24 (.63)	t(154.83) = 2.66, p = .009	-	-	-	-	-	-
Membership	2.04 (.74)	1.89 (.76)	2.08 (.72)	t(270) = 2.01, p = .046	1.93 (.73)	2.21 (.72)	t(272) = 3.08, p = .002	-	-	-
Publications	2.14 (.67)	1.90 (.68)	2.22 (.65)	t(237) = 3.36, p = .001	-	-	-	-	-	-
Webinars	2.22 (.68)	2.00 (.66)	2.29 (.68)	t(123.44) = 2.98, p = .003	-	-	-	-	-	-
Awards	1.97 (.74)	1.70 (.73)	2.06 (.70)	t(225) = 3.55, p < .001	1.85 (.72)	2.13 (.72)	t(229) = 2.86, p = .005	-	-	-
Leadership and elections	1.92 (.74)	1.63 (.73)	2.01 (.71)	t(133.58) = 3.87, p < .001	1.82 (.70)	2.05 (.77)	t(259) = 2.55, p = .012	1.74 (.75)	1.95 (.72)	t(254) = 1.99, p = .048

Note. POC = people of color; SM = sexual minority; items were rated on a 1-3 scale (1 = not at all well, 2 = somewhat well, 3 = very well); only significant differences ($p < .05$) are presented.

for greater accessibility for membership with physical disabilities and mobility issues when selecting venues, selection of locations that promote EIA-related values (e.g., sanctuary cities, protection of women's reproductive rights), and diversifying locations to increase access for attendees outside of the East Coast.

With regard to convention programming, feedback concentrated on six subtopics: increasing programming focused on EIA issues; increasing diversity among speakers, presenters, and attendees; developing mechanisms to address discrimination and exclusionary practices; views on expanding or narrowing the scope of target audiences at the convention; provision of structured networking and mentorship opportunities for students/trainees and ECPs from URGs; and continuous efforts to increase the diversity of those attending the convention via active outreach and recruitment. Participants remarked on the need for more EIA-related programming, by requesting or requiring presenters to address EIA-related issues in their research and presentations, changing submission criteria to include considerations of diversity, soliciting and highlighting EIA-related programming at the convention, improving coordination with SIGs to further highlight EIA-related presentations, and integrating EIA across all programming rather than having them focused in separate "segregated" symposia. It was noted that increasing the number of presenters on EIA and multicultural psychology is important. In considering multiple ways to achieve this, participants recommended bringing in widely known experts on minority mental health, as well as inviting potentially "lesser known" expert scholars who are often overlooked for research and conference presentations. Participants also noted the importance of increasing publicity for EIA-related programming to diversify attendance at these presentations. Relatedly, participants offered their views on expanding the scope of target audiences at the convention to be more inclusive of students (e.g., changing submission requirements and scoring criteria), clinicians and educators, other mental health-related disciplines, Canadian membership, and those with lived experiences of mental illness (e.g., removing presenter requirement to register to reduce barriers to participation). Participants also highlighted the importance of developing more proactive policies to promote an inclusive culture at ABCT, rather than being reactive to concerns once they

were raised. Some suggestions included establishing a code of conduct and discrimination policy for the annual convention, and providing opportunities for member education and training on EIA.

Feedback on convention logistics and services centered on six subtopics: improved accessibility of EIA-related programming and SIG meetings, by scheduling such offerings at more advantageous times (e.g., not at the end of the convention with competing or simultaneous EIA-related events) and locations; greater religious accommodations (e.g., allowing presenters to indicate scheduling preferences on Sabbath days, providing Kosher food); increased accessibility for those with physical disabilities, including mobility issues, hearing and visual impairments (e.g., presentation recordings), and sensory processing difficulties; expansion of childcare services and lactation rooms; greater inclusion of sexual and gender minority attendees via improved access to and availability of gender-neutral bathrooms, addition of pronouns to name tags to avoid misgendering, and provision of gender diversity training and education to presenters and convention/hotel staff; and improved access for membership of low socioeconomic status (SES) and URGs via increased avenues for financial support. Some suggestions for financial support included additional scholarships, awards/grants, and funding; reduced membership and convention registration fees, as well as reduced rates for ticketed sessions (e.g., workshops, master clinician seminars); reduced rates or vouchers for hotel and food costs; and changing the timing of the annual convention to reduce travel costs.

Finally, participants provided additional feedback about what ABCT is doing well and what it could be doing better to promote EIA. Feedback described a general sense that EIA matters to the organization, but current efforts to promote EIA are not visible or long-lasting. There was overwhelming support for the creation of this task force and related survey, with recommendations to continue encouraging feedback from membership about EIA efforts and to make the task force a standing committee.

Perceptions of the Convention Atmosphere Toward Different Groups

Results are presented in Table 4. Mean ratings ranged from 2.34–4.01 on a scale of 1–5 (1 = *very negative*, 5 = *very positive*), suggesting variability in members' perceptions of the convention atmosphere toward

different groups. The convention atmosphere was rated as most positive toward women ($M = 4.01$) and least positive toward individuals of low SES ($M = 2.34$). Mean ratings were lower for POC members (relative to White members) for 5/7 groups, for women (relative to men) for 3/7 groups, for sexual minority members (relative to heterosexual members) for 3/7 groups, and for trainees (relative to non-trainees) for 1/7 groups.

Similar proportions of members reported that accommodations for people with disabilities at conventions were adequate (15.7%) versus inadequate (16.2%), but most people "did not know" (68.1%). Men (22.3%) were more likely than women (11.3%) to report that accommodations were adequate, $\chi^2(2) = 8.19$, $p = .017$, and heterosexual members (16.7%) were more likely than sexual minority members (8.0%) to report that accommodations were adequate, $\chi^2(2) = 19.07$, $p < .001$. Race/ethnicity and career stage were not significantly associated with ratings of accommodations.

Participants also provided feedback regarding the biggest thing ABCT could do to make people feel more included at the convention. Participants noted the general lack of visible diversity among convention attendees, lack of visible efforts by ABCT to promote EIA, and neutral or negative atmosphere toward members from URGs (e.g., people of color, women, people of low SES, students/trainees, sexual/gender minorities, religious minorities, people with physical disabilities). Participants highlighted the importance of diversifying presenters and leadership to be more inclusive of minorities and other URGs (e.g., senior citizens, people from disciplines other than psychology). Feedback also called attention to the need for increased EIA-related programming and diversity of content more broadly to include underrepresented topic areas, as well as greater promotion of EIA-related programming via improved convention location and planning of EIA events, accommodation of scheduling preferences, and marketing efforts. Participants also requested more professional development and networking opportunities for members from URGs.

Perceptions of Leadership and Award Winners

Results are presented in Table 5. The mean rating for the importance of diversity among the leadership was 3.49 on a 1–4 scale (1 = *not at all*, 4 = *extremely*). Mean ratings were higher for women (relative to

Table 4. Perceptions of the Convention Atmosphere Toward Different Groups

Factor	M (SD)	POC	White	Women	Men	SM	Het	Trainee	Non
Individuals with disabilities	3.10 (.94)	-	-	-	-	2.80 (.80)	3.09 (.93)	t(200) = 1.99, p = .048	-
Racial/ethnic minorities	3.19 (.95)	2.85 (.91)	3.30 (.92)	3.09 (.89)	3.35 (1.01)	2.94 (.78)	3.22 (.95)	t(172.86) = 2.15, p = .033 2.41, p = .017	-
Gender minorities	3.18 (1.02)	2.90 (1.03)	3.25 (.99)	-	-	2.69 (.91)	3.28 (.98)	t(267) = 4.45, p < .001 t(267) = 2.78, p = .006	3.28 (.98)
Sexual minorities	3.57 (.90)	3.29 (.96)	3.66 (.84)	-	-	-	-	-	-
Women	4.01 (.79)	-	-	3.97 (.75)	4.17 (.83)	t(167.80) = 2.15, p = .033	-	-	-
Low SES	2.34 (.98)	2.13 (.81)	2.37 (1.02)	2.18 (.89)	2.56 (1.07)	t(160.24) = 2.07 2.97, p = .003	2.37 (.98)	t(139.63) = 2.48, p = .014	-
Religious	3.17 (.84)	2.92 (.86)	3.27 (.80)	-	-	-	-	-	-

Note. POC = people of color; SM = sexual minority; Het = heterosexual; Non = non-trainee; items were rated on a 1-5 scale (1 = very negative, 5 = very positive); only significant differences ($p < .05$) are presented.

men), sexual minority members (relative to heterosexual members), and trainees (relative to nontrainees). Race/ethnicity was not significantly associated with ratings of the importance of diversity among the leadership. The mean rating for the diversity of the current leadership was 2.09 on a 1-4 scale (1 = *not at all*, 4 = *extremely*). Mean ratings were lower for women relative to men. Race/ethnicity, sexual orientation, and career stage were not significantly associated with ratings of the diversity of the current leadership.

Participants also provided open-ended feedback about what ABCT is doing well and could be doing better to address EIA within leadership and elections. Participants noted improvements in representation of women among leadership, as well as greater attendance of minority-related SIG meetings by leadership at recent conventions. Feedback also indicated that ABCT could work to increase transparency about pathways to leadership for members from URGs, diversify leadership to have better representation from members of URGs, and equitably delegate EIA efforts across minority-related SIGs and broader ABCT leadership to prevent minoritized individuals within the organization from carrying more of the burden to do this work.

The mean rating for the importance of diversity among award winners was 3.33 on a 1-4 scale (1 = *not at all*, 4 = *extremely*). Mean ratings were higher for POC members (relative to White members), women (relative to men), sexual minority members (relative to heterosexual members), and trainees (relative to nontrainees). The mean rating for the diversity of previous award winners as 2.04 on a 1-5 scale. (Please note: due to how response options were numbered in Qualtrics, the preliminary summary listed in error a mean rating of 2.9.) Mean ratings were lower for POC members (relative to White members) and women (related to men). Sexual orientation and career stage were not significantly associated with ratings of the diversity of previous award winners. The mean rating for how likely members thought it was that they would be competitive for one of the awards that ABCT offers was 2.92 on a 1-6 scale (1 = very unlikely, 6 = very likely). Race/ethnicity, gender identity, sexual orientation, and career stage were not significantly associated with ratings. Open-ended feedback called for ABCT to conduct an examination of their award procedures and selection process to provide more

Table 5. Ratings Related to Leadership, Awards, Publications, and Webinars

Factor	M (SD)	POC	White	Women	Men	SM	Het	Trainee	Non
Importance of diversity among leadership	3.49 (.79)	-	-	3.63 (.63)	3.24 (.92)	3.69 (.69)	3.46 (.77)	3.73 (.58)	3.39 (.83)
						t(177.86) = 4.19, p < .001	t(161.96) = -2.64, p = .009		t(305.58) = 4.55, p < .001
Diversity of leadership	2.09 (.77)	-	-	1.98 (.74)	2.24 (.80)	-	-	-	-
						t(164.81) = 2.53, p = .013			
Importance of diversity among award winners	3.33 (.82)	3.49 (.79)	3.31 (.79)	3.49 (.68)	3.05 (.95)	3.59 (.68)	3.27 (.84)	3.55 (.68)	3.24 (.86)
						t(354) = -1.98, p = .048	t(174.94) = -3.59, p < .001		t(278.39) = 3.74, p < .001
Diversity of award winners	2.04 (.74)	1.76 (.72)	2.16 (.72)	1.91 (.65)	2.25 (.84)	-	-	-	-
						t(186) = 3.59, p < .001	t(111.56) = 2.90, p = .005		
Competitiveness for awards	2.92 (1.52)	-	-	-	-	-	-	-	-
Adequacy of publication content	2.64 (.77)	2.21 (.76)	2.79 (.71)	-	-	-	-	-	-
						t(267) = 5.89, p < .001			
Diversity of webinar content	3.54 (.95)	3.15 (.99)	3.71 (.87)	3.42 (.97)	3.73 (.86)	-	-	-	-
						t(159) = 3.56, p < .001	t(160) = 2.00, p = .047		
Diversity of webinar presenters	3.25 (1.07)	2.91 (1.08)	3.43 (.99)	3.05 (1.01)	3.57 (1.05)	-	-	-	-
						t(146) = 2.84, p = .005	t(147) = 2.94, p = .004		

Note. POC = people of color; SM = sexual minority; Het = heterosexual; Non = non-trainee; only significant differences (p < .05) are presented.

awards recognizing members from URGs and research/clinical work addressing EIA, in addition to diversifying honorees and requiring evidence of commitment to EIA for all ABCT awardees.

With respect to factors impacting perceived competitiveness for awards, participants remarked on the overall competitiveness of the applicant pool, previous experiences (both positive and negative) with applying for awards, goodness-of-fit with existing award categories (e.g., limited or no awards aimed at early or mid-career psychologists, students/trainees, undergraduate or post-baccalaureate students), and lack of research productivity and focus. Participants also reported the perception that ABCT favors connections/status when making selections for awardees and tends not to select members from URGs, that EIA-related research is not valued, and that awardees are not held to a standard of respect for EIA (e.g., awardees witnessed making disparaging comments about gender-neutral bathrooms, behaving inappropriately toward women). Some participants also cited a general lack of familiarity with or interest in the award program or nomination process, as well as the need for different facets of excellence (e.g., clinical practice, teaching, supervision and mentorship) that align with ABCT's mission to be recognized and reinforced through its award programming.

Perceptions of Publications and Webinars

Results are presented in Table 5. The mean rating for perceptions of how well ABCT publications address EIA was 2.64 on a 1–4 scale (1 = not at all, 4 = extremely). Mean ratings were lower for POC members relative to White members. Gender identity, sexual orientation, and career stage were not significantly associated with ratings. Open-ended feedback highlighted improvements in EIA-related publications and attention paid to these topics across all ABCT publications, most notably *the Behavior Therapist* (tBT) and (to a lesser degree) *Cognitive and Behavioral Practice* (CBP). Participants also reported that continuous efforts were needed to further increase EIA-related content and considerations across all ABCT publi-

Table 6. Factors Influencing Membership

Factor	%	POC	White	SM	Het	Women	Men	Trainee	Non
Networking/mentorship opportunities	71.0	-	-	-	-	-	-	-	-
Learning opportunities	69.3	-	-	-	-	-	-	-	-
Social experiences	44.3	-	-	-	-	-	-	-	-
Presentation opportunities	67.5	-	-	-	-	-	-	79.3	67.5 $\chi^2(1) = 5.44,$ $p = .020$
Reduced convention rates	49.1	-	-	-	-	-	-	65.5	45.2 $\chi^2(1) = 13.08,$ $p < .001$
Access to journals	21.4	-	-	-	-	-	-	-	-
Access to educational resources	23.7	-	-	-	-	-	-	31.9	22.2 $\chi^2(1) = 3.94,$ $p = .047$
Access to list serve	38.8	-	-	-	-	-	-	-	-
Access to "Find a Therapist"	11.6	-	-	-	-	-	-	-	-
To vote	8.3	-	-	-	-	6.2	13.2	1.7	12.3 $\chi^2(1) = 10.89,$ $p = .001$
To apply for awards	16.4	-	-	-	-	-	-	29.3	11.9 $\chi^2(1) = 16.75,$ $p < .001$
To support the organization/mission	53.1	45.4	60.1	$\chi^2(1) = 6.23,$ $p = .013$	-	-	-	40.5	63.9 $\chi^2(1) = 17.66,$ $p < .001$
Other	2.3	-	-	-	-	-	-	-	-

Note. POC = people of color; SM = sexual minority; Het = heterosexual; Non = non-trainee; only significant differences ($p < .05$) are presented.

cations, by including attention to EIA in review criteria; diversifying samples and requiring demographic reporting for all accepted submissions; clearly delineating criteria for measurements of gender identity, race, ethnicity, etc., to better address EIA; and diversifying authorship and editorship. Other suggestions for improving EIA across publications included conducting a review of past publications to inform efforts to further improve EIA and taking accountability for past failures to acknowledge that behaviorism is not culture-neutral. Several participants also noted that making all journals open access would greatly increase accessibility.

Nearly two-thirds of participants (61.5%) had never viewed a webinar, 30.6% had viewed 1–2 webinars, 7.3% had viewed 3–5 webinars, and 0.5% had viewed 6+ webinars. The mean rating for the extent to which members agreed that webinars addressed topics related to EIA was 3.54 on 1–5 scale (1 = *strongly disagree*, 5 = *strongly agree*). Mean ratings were lower for POC members (relative to White members) and women (relative to men). Sexual orientation and career stage were not significantly associated with ratings. The mean rating for the extent to which members agreed that webinar presenters represented diverse backgrounds was 3.25 on a 1–5 scale (1 = *strongly disagree*, 5 = *strongly agree*). Mean ratings were lower for POC members (relative to White members) and women (relative to men). Sexual orientation and career stage were not significantly associated with ratings. Participants also provided the feedback that ABCT has been doing well with respect to improving access to educational opportunities and increasing the diversity of presenters and webinar topics. Feedback also suggested that ABCT should continue its efforts to further increase availability of EIA-related content and accessibility by reducing cost and varying webinar times (i.e., not only on Eastern Standard Time).

Factors That Influence Membership and Convention Attendance

Results for membership are presented in Table 6. The three most commonly endorsed influences on membership were: networking/mentorship opportunities, learning opportunities, and presentation opportunities. In contrast, the three least commonly endorsed influences on membership were: to vote, access to “find a therapist,” and access to journals. POC members were less likely than White members to endorse “to support the organization/

mission” as having an influence on membership, and women were less likely than men to endorse “to vote” as having an influence on membership. Trainees were more likely than nontrainees to endorse four influences on membership (presentation opportunities, reduced convention rates, access to educational resources, and to apply for awards), and trainees were less likely than nontrainees to endorse two influences on membership (to vote and to support the organization/mission). Sexual orientation was not significantly associated with any influences on membership.

Open-ended feedback regarding what ABCT is doing well with respect to promoting EIA within membership centered on three main themes: the presence of and support for minority-related SIGs, the creation of this task force and related survey to request feedback from current membership and actively address EIA issues, and increased efforts to recruit and attend to the needs of a diverse membership. Feedback regarding what ABCT could be doing better focused on five themes: greater support for minority-related SIGs, expanded outreach and recruitment efforts, strengthening recruitment and programming for students and ECPs, increased recruitment and engagement of new and existing membership from URGs, and greater demonstration of ABCT’s commitment to EIA. Participants called for increased support for minority-related SIGs, as well as overall diversification of SIG membership and integration of EIA across all SIG programming. Participants also recommended that ABCT broaden the scope of its outreach and recruitment efforts to include other mental-health-related disciplines, organizations that serve minoritized communities (e.g., the National Latinx Psychological Association, the Association of Black Psychologists, the Association for Women in Psychology), and those with lived experience of mental illness. Further, recommendations were made to diversify the pipeline to both graduate programs and ABCT by improving recruitment of POC and attending to intersectionality, improving outreach and marketing efforts to URGs, and creating avenues for organizational self-evaluation and internal training on best practices for outreach/marketing for ABCT to address its own biases. Suggested strategies included aligning with organizations and professional groups that serve minoritized communities and hiring cultural consultants to help attract researchers and presenters from URGs who have not felt welcomed in joining ABCT or attend-

ing the convention due to the demographic makeup of past ABCT attendees (i.e., predominantly White and high SES). Feedback also stressed the need for ABCT to improve its demonstrated commitment to and prioritization of EIA by engaging in more advocacy and policy work to demonstrate the organization’s stance on social justice issues.

Relatedly, participants were asked to provide open-ended feedback on how ABCT could improve its social media to increase EIA. Participants noted recent efforts to increase EIA-related content and amplify the voices of URGs on social media and expressed a desire to see the organization build on these successes and expand further. There was overwhelming support for featuring more individuals from URGs for guest “takeovers” and curation of ABCT’s social media accounts, in addition to featuring more diversity spotlights, leveraging the expertise of minority-related SIGs to curate social media content, and increasing collaboration with external organizations that serve URGs to increase relevance of content for minoritized communities. Other recommendations included improvements to marketing and promotion efforts to increase awareness of social media accounts, as many participants were unaware of ABCT’s social media presence; using multiple avenues (e.g., Twitter, Instagram) to reach different membership groups and other nonmember stakeholders, stay current, and increase sophistication of communications with members and stakeholders more broadly; and improving user-friendliness of the ABCT website and other online media.

Results for convention attendance are presented in Table 7. The three factors that were rated as having the greatest influence on convention attendance were: whether you are presenting, whether you are receiving funding, and schedule. The three factors that were rated as having the least influence on convention attendance were: availability of childcare, loss of revenue due to taking time off, and convention theme and content. POC members rated five factors as having a greater influence on convention attendance than did White members: registration fees, professional development/networking, whether you see other people like you represented as attendees/presenters, whether you are receiving funding, and loss of revenue due to taking time off. Women rated six factors as having a greater influence on convention attendance than did men: transportation and hotel/lodging costs, registration fees,

Table 7. Factors Influencing Attendance at Annual Convention

Factor	M (SD)	POC	White	Women	Men	SM	Het	Trainee	Non
City/desirability of destination	2.60 (.95)	-	-	-	-	-	-	-	-
Transportation and hotel/lodging costs	2.84 (1.02)	-	-	2.93 (1.01)	2.70 (1.01)	t(360) = -1.99, p = .047	-	3.22 (.83)	2.67 (1.03) t(273.17) = -5.43, p < .001
Registration fees	2.77 (1.01)	3.02 (1.03)	2.69 (.98)	2.84 (1.02)	2.62 (.98)	t(357) = 2.82, p = .005	-	3.13 (.89)	2.60 (1.01) t(246.76) = -5.07, p < .001
Whether you are presenting	3.27 (.96)	-	-	3.37 (.91)	3.11 (1.02)	t(359) = -2.42, p = .016	-	3.62 (.67)	3.11 (1.03) t(325.55) = -5.67, p < .001
Convention theme and content	2.12 (.92)	-	-	-	-	-	-	-	-
Professional development and networking	2.54 (.93)	2.71 (.91)	2.48 (.93)	-	-	t(357) = -2.10, p = .037	-	-	-
Whether friends/colleagues attending	2.78 (.94)	-	-	-	-	-	-	2.69 (1.02)	-
Whether you see other people like you represented as attendees/presenters	2.44 (1.04)	2.99 (.98)	2.26 (1.00)	2.55 (1.02)	2.23 (1.05)	t(356) = -6.14, p < .001	2.74 (.97)	2.33 (1.03)	2.36 (1.05) t(356) = -3.01, p = .003
Availability of childcare	1.44 (.81)	-	-	1.51 (.85)	1.31 (.67)	t(293.58) = -2.48, p = .014	-	-	-
Schedule	2.98 (.88)	-	-	-	-	-	-	-	-
Ability to take time off work	2.70 (1.14)	-	-	-	-	-	-	3.23 (.93)	2.48 (1.15) t(264.51) = -6.64, p < .001
Whether you are receiving funding	3.12 (1.06)	3.32 (1.00)	3.06 (1.08)	3.23 (1.00)	2.89 (1.18)	t(358) = -2.02, p = .044	-	3.48 (.83)	2.95 (1.12) t(294.95) = -5.11, p < .001

[Table continued]

[Table 7 continued]

Factor	M (SD)	POC	White	Women	Men	SM	Het	Trainee	Non	
Loss of revenue due to taking time off	1.77 (1.06)	2.17 (1.21)	1.63 (.96)	t(139.04) = 3.88, p < .001	-	-	-	2.03 (1.16)	1.66 (.98)	t(189.85) = -2.92, p = .004
Other	2.15 (1.41)	-	-	-	-	-	-	-	-	-

Note. POC = people of color; SM = sexual minority; Het = heterosexual; Non = non-trainee; items were rated on a 1-4 scale (1 = not at all, 4 = extremely); only significant differences (p < .05) are presented.

whether you are presenting, whether you see other people like you represented as attendees/presenters, availability of childcare, and whether you are receiving funding. Sexual minority members rated one factor as having a greater influence on convention attendance than did heterosexual members: whether you see other people like you represented as attendees/presenters. Trainees rated seven factors as having a greater influence on convention attendance than did nontrainees: transportation and hotel/lodging costs, registration fees, whether you are presenting, whether you see other people like you represented as attendees/presenters, ability to take time off work, whether you are receiving funding, and loss of revenue due to taking time off.

Open-ended feedback regarding factors influencing convention attendance focused on six broad themes: affordability (e.g., transportation/hotel costs, registration fees, loss of revenue concerns, ability to obtain funding related to whether one is presenting), convention programming (e.g., relevance to interests, novelty and quality of programming, availability of programming focused on EIA, clinically-oriented programming), social/personal factors (e.g., whether friends/colleagues are attending, routine attendance and identification of ABCT as professional “home,” personal responsibilities and work schedule, childcare, health/disabilities) and professional factors (e.g., professional development and networking opportunities, ability to earn CEUs or certification, fulfillment of professional obligations/work requirements), diversity of attendees/presenters and inclusivity, scheduling (e.g., conflict with other conferences, timing of convention around holidays), and desirability of convention locations.

Discussion

ABCT has the potential to serve as an organizational model for policies and procedures aimed at combatting the effects of systemic discrimination and promoting EIA for others in our field. To begin, ABCT must regularly conduct an internal self-evaluation of its own practices and policies to promote EIA for membership and stakeholders. The task force and survey were created to that end. By soliciting feedback directly from membership, the survey

opened channels of communication and accountability to leadership at ABCT. Results were then used to identify tailored opportunities for organizational change for various personal and professional subgroups, and develop specific recommendations in response to participant feedback that were designed to promote equitable access to benefits for all members.

Overall, with regard to quantitative data, members tended to perceive ABCT as addressing EIA “somewhat well” across domains. However, this pertained most often to educational offerings (e.g., webinars), as compared to prestige and relative power within the organization as a whole (e.g., elections, awards). Participants acknowledged improved education about EIA issues and greater diversity among mid-level positions within the organization (e.g., presenters and speakers at the annual convention), while noting that such changes were not making it to the highest levels of ABCT (e.g., leadership) or appreciably affecting institutional processes. There were also significant differences between minority versus majority groups, with respect to perceptions of EIA across domains.

Participants from minority groups (i.e., POC, women, sexual and gender minority members, trainees) generally had poorer perceptions of EIA efforts across surveyed domains compared to participants from majority groups (i.e., White, men, heterosexual, nontrainees), particularly for people of color. Open-ended feedback identified a need for more EIA-related programming at the annual convention, integration of diversity considerations into all programming to avoid a “segregated” convention experience for those interested in diversity issues, and active outreach and recruitment of presenters with expertise in minority issues. This is consistent with the literature, which indicates that a lack of institutional support or legitimacy given to research on minority issues has been found to contribute to a negative climate toward diverse faculty and underrepresentation of diverse faculty in academia (Fries-Britt et al., 2011). Feedback also repeatedly highlighted the need for coordinated programming to promote an inclusive culture at the convention and increase visible diversity among convention attendees and presenters, by offering networking and mentor-

ship opportunities for members from URGs, and greater accessibility and promotion of EIA-related programming and SIG meetings at the annual convention. Indeed, POC (relative to White), women (relative to men), sexual minority (relative to heterosexual) members, and trainees (relative to nontrainees) were more likely to endorse whether they see other people like them represented as attendees/presenters as a factor influencing their attendance at annual conventions. An absence of a critical mass of minority faculty has been found to be related to burnout and attrition of racially and ethnically diverse faculty in academic and healthcare settings, due to feelings of isolation and “othering,” perceived lack of community, and disproportionate responsibility for EIA efforts (“cultural tax”) relative to White colleagues (Kaplan et al., 2018). As participants suggested, the establishment of social networks and mentoring programs for underrepresented minority trainees have been identified as strategies to successfully recruit and retain underrepresented minority faculty within medical schools (Peek et al., 2013).

Feedback related to convention services highlighted the general need for improved accessibility and accommodations for attendees from URGs. Specifically, requests were made for increased accessibility for members with physical disabilities, preferred scheduling for EIA-related offerings and presenters with religious considerations, expansion of childcare and lactation rooms, greater access to gender-neutral bathrooms, gender-inclusive titles and pronouns on convention ID badges, provision of gender diversity training and education, and increased avenues for financial support. Participants from URGs were also significantly more likely than White, male, nontrainee participants to endorse economic issues as a barrier to attendance at the annual conventions. These included registration fees, whether they would be receiving funding, loss of revenue due to taking time off to attend, transportation and hotel/lodging costs, and ability to take time off work. Women (relative to men) were also more likely to rate availability of childcare as a factor, and POC (relative to White) were more likely to rate professional development and networking as a factor influencing attendance. Such factors likely contribute to the lack of visible diversity at the annual convention and perpetuate a negative climate toward minority members, as the costs associated with attending the convention may be too pro-

hibitive for those from URGs. Following the completion of this survey, new membership categories with tiered rates were created for membership renewal or registration to begin addressing economic barriers.

Ratings were generally the lowest for efforts to address EIA within leadership and awards, and participants from URGs tended to rate diversity among leadership as being more important than participants from majority groups. Open-ended feedback indicated that members would like to see ABCT work to improve transparency about pathways to leadership for members from URGs, make efforts to diversify leadership as a whole, and reduce the burden on minoritized individuals to increase EIA efforts within the organization. In general, underrepresented minority faculty are found to be more likely to stay at their institutions when there were opportunities for upward mobility to leadership positions, institutional support for minority faculty in leadership, consistent efforts from leadership to establish interpersonal connections with minority trainees (Hamilton & Haozous, 2017; Peek et al., 2013; Zajac, 2011), and leadership with an active commitment to championing minority issues (Kaplan et al., 2018). Relatedly, there was a perception that members from URGs are overlooked when making selections for awardees and EIA-related research is not prioritized or valued, and that awardees are not held to a standard of respect for EIA (e.g., awardees witnessed making disparaging comments about gender-neutral bathrooms). Related to this, participants identified a need for ABCT to develop mechanisms to hold awardees accountable for discriminatory behaviors, such as implementing a probationary period for attendance at future conventions or eligibility for future awards. A zero-tolerance Annual Convention Code of Conduct condemning any form of discrimination or unacceptable behavior was also developed and implemented for all participants and ABCT meeting-related events, including those sponsored by organizations other than ABCT but held in conjunction with ABCT events. “Unacceptable behavior” was operationally defined, and specific consequences included immediate removal from relevant sessions, removal of convention codes preventing individuals from participating in other sessions, and possible denial of access to other ABCT offerings in person or virtually.

Finally, feedback described a general sense that efforts to promote EIA within

ABCT are not visible or enduring. There was overwhelming support for the creation of this task force and survey, with recommendations to continue soliciting feedback and input from membership about EIA efforts and to make the task force a standing committee. Additionally, maintaining open lines of communication between leadership and minority faculty have been found to increase retention rates (Peek et al., 2013). These data serve to identify key points of intervention for the organization to create a more inclusive atmosphere for members from URGs, and increase recruitment and retention of diverse membership, which is imperative to the overall health of ABCT and its ability to address mental health disparities in the community.

After reviewing and analyzing these data, broad recommendations were made to the ABCT Board of Directors, which was eager to receive and consider the survey results. These recommendations and relevant updates are discussed below in brief, with full recommendations available in the March 2021 issue of *the Behavior Therapist* (Tolin, 2021) and on the ABCT website.

Recommendation 1: Hire a diversity officer and create a standing EIA committee.

The Board of Directors voted in March 2021 to follow this recommendation and hire a permanent staff member whose position will include conducting an immediate audit of ABCT policies and procedures, creating a standing diversity committee to replace the task force that was formally disbanded in February 2021, training leadership and staff around EIA, and meeting with leaders of minority-related SIGs. ABCT’s interim step toward this process will be to hire a consultant who can help the Board determine what additional responsibilities are needed to fulfill this role and help craft criteria for the permanent staff position.

Recommendation 2: Systematize operating procedures to solicit proposals from vendors/businesses that are women- and minority-owned.

Recommendation 3: Collect and make public demographic data of stakeholders across all aspects of ABCT activity, including publications (e.g., Publications Committee members, Editorial Board members, authors, and reviewers), memberships (e.g., Membership Committee members, members of ABCT and stake-

holders), awards (e.g., Awards Committee members, award nominees and recipients), and leadership (e.g., Leadership and Elections Committee members and chairs, coordinator positions, Board governance). This recommendation and all convention-specific feedback from the survey were forwarded to the Convention Committee prior to the November 2020 annual convention, and members were asked to provide demographic data on submissions and member profiles for all future conventions.

Recommendation 4: Increase transparency and communication across all levels of ABCT governance, including better data collection, tracking and reporting in annual reports and delivered in brief to stakeholders and made publicly available in an online repository on the ABCT website. In keeping with this recommendation, the full report of recommendations by the task force to the Board of Directors was published on the ABCT website and shared with all staff, Coordinators, and the Executive Director.

Recommendation 5: Increase membership of individuals from URGs and promote, recruit, nominate, and strategically increase representation of members of URGs for all committees, editorial boards, leadership positions, and awards. To that end, two new awards were created in 2021. The Francis C. Sumner Excellence Award was created to acknowledge and promote excellence in research, clinical work, teaching, or service by an ECP who identifies as BIPOC (Black, Indigenous, and People of Color). Emails were also sent by the Awards and Recognition Committee to leaders of minority-related SIGs to encourage submissions and nominations for the newly created Michael J. Kozak Critical Inquiry and Analytical Thinking Award, as well as existing awards such as the President's New Researcher Award. Similarly, emails were sent by the Clinical Directory and Referral Issues Committee to leaders of minority-related SIGs to recruit therapists from URGs and/or those who focus on diversity in their practice for the Featured Therapist initiative.

Recommendation 6: Provide resources and administrative support for SIGs to

develop mentorship opportunities and engage in broader stakeholder representation processes.

Recommendation 7: Create more targeted EIA content and discussions for stakeholders across platforms. ABCT has collaborated with minority-related SIGs to create more EIA content, including an antiracism panel cosponsored by the Oppression & Resilience: Minority Mental Health SIG in May 2021 and a free antiracism and allyship panel sponsored by the Sexual and Gender Minority SIG in February 2021. ABCT publications have also strived to solicit more papers focused on EIA issues, such as the *Cognitive and Behavioral Practice* Special Series titled the "Cultural Responsiveness of Cognitive-Behavioral Therapy for People of Color."

Recommendation 8: Across all ABCT platforms, ensure that titles for members, authors, presenters, etc. (e.g., Dr., Mr., Mrs.) reflect a range of options, including Mx., that are also readily changeable, and discontinue use of noninclusive language. This recommendation was incorporated into procedures for the November 2020 and 2021 annual conventions, by providing members with options to specify their pronouns and titles on submissions and member profiles.

The survey methodology and findings have important limitations. First, survey respondents represent only a cross-section of all ABCT members. The survey was emailed to all members subscribed in the ABCT list serve, which will be replaced by the ABCT Forums at the time of publication. However, the list serve was "opt-out," meaning members were automatically added to the list serve upon joining ABCT but could unsubscribe at any time. It is also possible that many subscribers had filtered out the survey recruitment emails through their own systems instead of unsubscribing, so it is difficult to get an accurate idea of how many members actually received the survey emails. Further, only a subset of subscribers (13.7%) who received the emails participated in the survey, although efforts were made to encourage broad participation. Findings may also have been affected by selection bias, as those with strong views about or investment in diversity, equity, inclusion, and access issues may have been more likely to participate.

Thus, it is difficult to ascertain the generalizability of these findings to the overall membership. It is also worth noting that the launch of the survey coincided with the start of the COVID-19 pandemic and associated shutdowns in the United States, as well as the murders of George Floyd and countless other Black lives. Although the deadline to participate was extended by 10 days because of this, it is possible that the timing of the survey impacted response rates. Conclusions are limited by the small sample size relative to membership totals and a lack of diversity within the sample population. Of those who completed the survey, 73.1% self-identified as White, 70.3% as heterosexual/straight, 43.6% as a cisgender man or cisgender woman, and 85.4% denied having any physical disability. It is difficult to ascertain whether these figures are representative of overall membership, as this demographic data had not been historically collected at the time of survey administration to serve as a comparison. A recommendation was made by the task force to begin doing so, and demographic data has been collected upon registration or renewal of membership beginning in 2020. Further, a portion of the survey respondents (6.3%) had not attended an ABCT convention in the past 5 years, which likely influenced perceptions of EIA and related recommendations for relevant domains in this group. In addition, the survey may have excluded the perspectives of other underrepresented personal or professional subgroups, including members from disadvantaged socioeconomic backgrounds, as household income was not collected with other demographic data. Finally, most racial/ethnic background categories had fewer than 20 respondents. Consequently, all non-White groups were combined into one People of Color (POC) variable for data analysis, which did not allow for meaningful between-group differences to be identified.

Important lessons were learned in the process of developing and implementing this membership survey that will guide and strengthen organizational efforts to improve EIA in future years. ABCT has taken the task force's recommendations seriously, and immediate changes have gone into effect to demonstrate its genuine and ongoing commitment to EIA. ABCT is committed to its growth toward becoming a more just organization and professional home for all members, through consideration and adoption of these recommendations, as well as ongoing self-examination and continued efforts to address EIA

Appendix

Demographic Items on the Survey for the ABCT Task Force to Promote Equity, Inclusion, and Access

Age [Free response]

Gender identity [Select all that apply]: woman, man, cisgender woman, cisgender man, transgender woman, transgender man, genderqueer, non-binary, agender, different identity (specify)

Transgender identification [yes/no]

Sexual orientation [Select all that apply]: gay, lesbian, bisexual, pansexual, queer, fluid, asexual, unsure/questioning, heterosexual/straight, different identity (specify)

Racial/ethnic backgrounds [Select all that apply]: Indigenous North American or Native American; Asian (East, South, Southeast) or Pacific Islander; Black, Afro-Caribbean, African, or African American; Caribbean or West Indian; Middle Eastern or North African; Biracial or Multiracial; Native Hawaiian or Other Pacific Islander; White/European; Hispanic/Latinx; Different Race (specify)

Religious or spiritual identity/affiliation [Free response]

Physical disability [Yes/no]

Career stage: undergraduate student, post-baccalaureate student, graduate student, postdoctoral fellow, 1-10 years post-terminal degree (not including postdoctoral fellow), 11-20 years post-terminal degree, 21+ years post-terminal degree, retired

Primary place of employment: university, academic medical center, private practice, VA, school, university counseling center, community mental health, different type of employment (specify), not applicable (trainee)

Membership status: post-baccalaureate member, student member, new professional, full member, emeritus member

Membership years [Free response]

Number of conventions attended [Free response]

issues. Although much work remains to be done, it is the authors' hope that these findings can serve as a framework for other organizations seeking to address EIA in their own contexts.

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“Hoarding: Chasing a New Diagnosis Through Brain, Body, and Behavior”: Reflections on the ABCT Presidential Address by Dr. David Tolin

Angela Moreland, *Medical University of South Carolina*

THE PRESIDENTIAL ADDRESS at ABCT’s 55th Annual Convention was opened by ABCT President-Elect Dr. Laura Seligman, who introduced current ABCT President Dr. Tolin. Dr. Seligman provided a thorough background on Dr. Tolin’s success as a psychologist and well-rounded family man. Dr. Tolin is a renowned clinician and researcher who founded and directs the Institute of Living in Hartford, CT. He specializes in anxiety disorders and has led the field in evidence-based practice for obsessive-compulsive disorder (OCD), hoarding disorder, and other anxiety disorders.

Dr. Tolin provided a comprehensive background on hoarding disorder, a new diagnosis in *DSM-5*. He described the symptoms of difficulty discarding, or difficulty parting with possessions wherein discarding is distressing or unpleasant, and clutter, which he specified is not just “messy,” but instead, leads to an inability to use parts of the home for their intended purpose and may cause safety or health hazards. Dr. Tolin was able to paint a picture of the environments of people with difficulty discarding and clutter, bringing symptoms alive beyond the diagnostic criteria. In addition to the primary symptoms, Dr. Tolin described additional symptoms such as excessive acquiring, which includes buying far more than is necessary or picking up free things with the best of intentions but no follow through. Disorganization is also a primary feature of hoarding disorder. Dr. Tolin elucidated these features through vivid examples of patients. He described a patient’s thought process being, “I need to hold onto this because it is important,” but noted that many subsequently lack the ability to organize these items.

Dr. Tolin then described that the prevalence of hoarding disorder, to the surprise of many, is higher than that of OCD. He added that hoarding disorder is almost as prevalent as bipolar and panic disorders. He clarified that as opposed to previous opinion, hoarding is likely not a subtype of OCD, given that most people with hoarding disorder do not meet criteria for OCD. Specifically, most people with OCD do not report hoarding symptoms and people with hoarding disorder often do not meet any other symptoms of OCD such as fear of contamination or dirt, difficulty tolerating uncertainty, wanting things to be orderly and symmetrical, thoughts about losing control and harming self or others, and having unwanted thoughts (e.g., aggression, sexual or religious subjects).

Importantly, Dr. Tolin provided information about several components of hoarding disorder that are often not realized by researchers or clinicians, including that hoarding disorder often begins in childhood or early adolescence, and that the severity of hoarding often becomes worse with each decade of life. Hoarding disorder is highly impairing, as those with hoarding disorder report work impairment at a higher level than individuals with most other disorders. In fact, the impairment associated with hoarding has been shown to be similar to the level of impairment reported by those with psychosis. Importantly, hoarding can be very dangerous and increases risk for residential fires and death related to fire.

Dr. Tolin’s presentation was extremely useful for the ABCT audience, particularly as he outlined cognitive behavior therapy for hoarding disorder. Some challenging questions often used in CBT for hoarding

include: Do I really need it? How many do I have and is that enough? Does this just seem important because I am looking at it now? CBT treatments used to involve going to the family home and assisting the patient, but Dr. Tolin explains that therapists now often encourage patients to bring possessions into group therapy. Another helpful therapy method is to develop a virtual store and to help the patients to practice distress tolerance around not keeping the items. Dr. Tolin described that treatment compliance in hoarding disorder is a major problem, as the rate of dropout is very high, and patients can be difficult to engage in treatment. Finally, Dr. Tolin provided a range of CBT and other therapeutic techniques to engage and maintain patients successfully in treatment. He notes that due to high rates of treatment noncompliance, clinicians working with patients with hoarding disorder tend to report high levels of patient rejection and low levels of working alliance. However, when patients are compliant with treatment (i.e., attend sessions and complete homework between session) CBT is extremely effective. Specifically, randomized controlled trials found that patients who received CBT for hoarding disorder significantly improved when compared to wait-list patients.

Dr. Tolin’s presentation was extremely timely and necessary, given the relatively new introduction of hoarding disorder into the *DSM-5* and the lack of education surrounding this disorder among clinicians. The high prevalence of hoarding disorder shows how critical it is that all clinicians become aware of the prevalence, symptoms, and clinical details associated with the disorder. Dr. Tolin’s leadership in this burgeoning area is much needed and much appreciated.

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“Harnessing Research for Social and Policy Change: Thinking Differently About Impact”: Reflections on Dr. Kelly Brownell’s Invited Address

Lucas Zullo, *University of California, Los Angeles*

DR. KELLY BROWNELL’S Invited Address began with an introduction by ABCT President Dr. David Tolin, where Dr. Brownell’s numerous awards and honors were briefly summarized. He is currently the director of the World Food Policy Center and Professor of Public Policy and Former Dean at the Sanford School of Public Policy at Duke University. In 2006, *Time Magazine* listed Dr. Brownell as among the world’s 100 most influential people. Dr. Brownell was elected to membership in the National Academy of Medicine in 2006. Dr. Brownell’s honors include the Lifetime Achievement Award from the American Psychological Association, Graduate Mentoring Award from Yale, James McKeen Cattell Award from the New York Academy of Sciences, Distinguished Alumni Award from Perdue University, Lifetime Achievement Award from Rutgers University, and Distinguished Scientific Award for Applications of Psychology from the American Psychological Association. Furthermore, Dr. Brownell is a past president of ABCT.

Dr. Brownell started his address by posing the question of whether science can be used to make a difference in both social and policy worlds. He discussed frustrations that he and his colleagues have experienced that have informed his approach to science. For example, Dr. Brownell noted that when he was publishing his early work on randomized trials for treatment of obesity, he realized that his research was reaching only very small audiences through the publication process and that members of this scientific audience were in fact serving as an echo chamber of ideas and reinforcing their own work without input from new perspectives. Dr. Brownell expressed that this approach could lead to research missing key stakeholders who are in positions to make meaningful change based on scientific findings.

Dr. Brownell then asked the audience: How do we as a field construe the impact of

our research and science? We have metrics such as citation indices, h-index, i10-index, and journal impact factor but Dr. Brownell argued that these can be thought of as complex ways to measure a construct that is flawed to begin with (i.e., measuring how much we cite each other’s work). He explained the “magical thinking” of the field that once we publish a paper and subsequently move on to another project, we assume someone who is interested in the material that was published will follow up on it in some way (e.g., policy or additional research). However, Dr. Brownell observed this does not always happen, which leads to the “baton” of research being dropped.

Dr. Brownell noted that scientists typically hope that research impacts (a) other scientists, (b) social change, and (c) policy change. However, he explained that we are best trained to only impact other scientists. Dr. Brownell explained that the way to target social change and policy change is to work through “change agents,” such as the media, elected officials, people in regulatory agencies, and courts. He posited that the question then becomes: How do we create scientific knowledge that is readily accessible and easily understood for those who are change agents?

Dr. Brownell observed that the nature of the field makes this a challenging task. Specifically, science is a slow world aiming to impact a fast world of policy (which in some instances is written in a day). It takes years to write grants, be funded, obtain approval, run a study, analyze the results, and finally, publish study results. Dr. Brownell described how sometimes results are actually outdated by the time they are ready for publication. Additionally, results can then be poorly communicated as scientists are not always trained to communicate the strategic impact of findings to the public.

Dr. Brownell posed the following questions to the audience: What obstructs the link between knowledge being produced to

serve society and the society being served? What is the missing piece to make this effort more impactful in the long run? To answer this question, he discussed his Model of Strategic Science (Brownell & Roberto, 2015), which has the following steps:

Step 1: Identify the change agent;

Step 2: Develop strategic questions by asking what information is needed by the change agent to take action;

Step 3: Conduct relevant research for the necessary information;

Step 4: Communicate study results to change agent.

Dr. Brownell explained that science succeeds when we have a bridge between change agents and scientists and there is a two-way flow of information back and forth to enhance the relevance and quality of research being conducted.

To illustrate examples of the Model of Strategic Science in action, Dr. Brownell provided the following case examples:

Case 1: Industry and Menu Labeling in State of California

Over a decade ago when the premise of listing calories on menus was first being suggested, there were intense negotiations between members of the food industry and lobbyists on whether such an idea would become policy. Representatives from the food industry proposed a compromise in which calorie information would not be included on drive-through menus. To assist lobbyists in determining whether this was a fair compromise, Dr. Brownell and members of his team conducted a study where results indicated that 57% of consumers ordered food through a drive-through setting (Roberto et al., 2010) and this compromise was therefore rejected by lobbyists. In this case example, the mechanism of action in translating research to policy was legislation.

Case 2: Children’s Food Marketing

A report led by one of Dr. Brownell’s colleagues (Harris et al., 2009) noted that most unhealthy cereals were heavily marketed towards youth while most healthy cereals were not marketed at all. The defense provided by cereal companies was that youth will not eat cereal unless it has added sugar and it is worthwhile for youth to have a breakfast high in sugar instead of no breakfast at all. In response, Dr. Brownell and his team conducted a study that allowed children to determine the

amount of cereal to eat when given either cereal with no added sugar or with added sugar. Results indicated that children who were given cereal with no added sugar ate the appropriate nutritional amount for breakfast while those eating cereal with added sugar ate too much from a nutritional perspective (Harris et al, 2011). Additionally, children eating cereal with no added sugar would add fruit to their cereal, boosting the nutritional value further. These study results debunked the claim by cereal companies that children would not eat cereal unless it had added sugar. Soon after the results of this study were made public, General Mills reduced the amount of sugar in youth cereal by 25%. In this case example, the mechanisms of action were the press and public opinion, which were both of great importance to cereal companies.

Case 3: Consumption of High Sugar Beverages

When the idea of a sugary drink tax was being considered by policymakers, Dr. Brownell and his team conducted a price elasticity study to determine how much consumption of these beverages might drop if the price is raised by a certain amount due to the sugary drink tax (Andreyeva et al., 2010). An additional study was conducted to estimate the potential revenue of adding the sugary drink tax (Andreyeva et al., 2011) and results indicated there would be revenue of hundreds of millions of dollars for states adopting this tax. After these results were published, several cities across the country adopted a sugary drink tax, which led to a drop in consumption. In this case example, the mechanisms of action were public opinion and legislation.

Case 4: Misleading Labeling

The Smart Choices labeling initiative was launched when cereal companies set certain health standards among themselves with especially high thresholds for sugar and labeled cereals in this category as a "Smart Choice." Dr. Brownell contacted the attorney general of Connecticut once Smart Choices labeling was introduced to express his concern of this misleading labeling. In a 6-week period the following events took place: (1) *The New York Times* wrote an article expressing criticism of Smart Choices labeling, (2) the Attorney General of Connecticut launched an investigation into the Smart Choices labeling system, and (3) the FDA conducted a public phone call criticizing Smart Choices.

Shortly thereafter, the Smart Choices labeling system was shut down. In this case example, the mechanisms of action were legal action and the role of the press.

After sharing these four case examples with the audience, Dr. Brownell then asked us the following questions: Should researchers approach science in the way illustrated by these case examples? Does doing so make us lose our objectivity and impair our effectiveness as scientists? Dr. Brownell concluded by saying the answer is up to the audience but shared that depending on our answer, it can be the difference between impacting millions of lives or moving on to the next grant or publication.

As someone who has regularly attended the ABCT convention since my time as a research assistant prior to graduate school, I can genuinely say this is one of the most thought-provoking talks I have attended during those many years. I believe that Dr. Brownell's talk is incredibly relevant to all audiences, ranging from someone in their first weeks of a graduate program to an established researcher who has been in the field for decades. Dr. Brownell thoughtfully highlighted the framework of how to directly translate the findings of a research study to tangible policy change and, through clear case examples, described how this is not an impossible goal for scientists.

Moreover, Dr. Brownell highlighted limitations of the training scientists have received and how while they often excel at communicating to one another, there is a gap in communicating to others outside of academia. Therefore, I found Dr. Brownell's talk to not only have implications for researchers themselves, but also for the graduate training of future researchers in terms of how new scientists are taught to think about research.

I strongly encourage readers to take a moment to become familiar with Dr. Brownell's Model of Strategic Science (Brownell & Roberto, 2015). It just might change how you think about structuring your next research project or maybe even the path your research will take for years to come.

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“Social Anxiety Disorder: The Role of Emotion (Dys)Regulation in Its Nature and Treatment”: Reflections on Dr. Richard Heimberg’s Lifetime Achievement Award Address

Ryan Vane and Amy Sewart, *California State University, Dominguez Hills*

AT THE ABCT virtual convention in November 2021, Dr. Richard Heimberg was awarded ABCT’s Career/Lifetime Achievement Award. For the past four decades, Dr. Heimberg has been one of the world’s most prominent researchers in the study of the nature and treatment of social anxiety disorder (SAD). Until his recent retirement, he was the Thaddeus L. Bolton Professor of Psychology at Temple University, where he directed the Adult Anxiety Clinic of Temple University. Highlighting the influential nature of Dr. Heimberg’s research, his extensive written works have been cited over 60,000 times. Many ABCT members are likely familiar with his manual *Managing Social Anxiety*, co-authored with Drs. Debra Hope and Cynthia Turk, which continues to be one of the leading treatment approaches to social anxiety. Dr. Heimberg has played a critical role in ABCT throughout his career, including holding the positions of President, Representative-at-Large, Chair of the Continuing Education Committee, and Workshop Coordinator.

During his Lifetime Achievement Address, Dr. Heimberg provided an overview of patterns of emotion dysregulation in individuals with SAD and discussed how emotion dysregulation may be targeted by CBT and mindfulness-based stress reduction (MBSR). Dr. Heimberg highlighted that although SAD is commonly characterized by anxious hyperarousal, specifically in relation to social contexts, other emotions also appear to be dysregulated in those with the disorder. Informed by clinical experiences, Dr. Heimberg discussed how he and colleagues began investigating other aberrant emotional experiences in individuals with SAD by first exploring anger. His findings suggest that individuals with social anxiety disorder suppress and experience anger to a greater extent than nonclinical samples. Furthermore, trait anger was associated

with a greater likelihood of dropout in CBT. Regarding treatment response, Heimberg and colleagues found that pretreatment anger suppression moderated treatment outcome, wherein greater pretreatment anger suppression predicted less improvement in fear of negative evaluation, depression, and social anxiety. A full course of group CBT (CBGT) was shown to reduce both trait anger and anger suppression.

Next, Dr. Heimberg discussed James Gross’s research on emotion regulation in relation to social anxiety disorder. The model proposed by Dr. Gross, wherein emotion regulation is composed of situation, attention, appraisal, and response, was assessed by Dr. Heimberg and colleagues in relation to SAD through the development of the Emotion Regulation Interview (ERI). During the ERI, participants are asked how frequently and, when relevant, effectively they (a) avoid situations, (b) modify situations, (c) distract themselves, (d) change the way they think about situations, and (e) hide apparent signs of anxiety. ERI data reflected that individuals with social anxiety endorsed hiding visible signs of anxiety as an emotion regulation strategy (i.e., expressive suppression) more frequently than controls during a speech task and in everyday, personal situations. Further, individuals with social anxiety reported engaging in avoidance with more frequency (i.e., situational selection) than their nonanxious counterparts, and reported less perceived self-efficacy in relation to thinking about the situation differently (i.e., cognitive reappraisal) and hiding visible signs of anxiety (i.e., expressive suppression).

Dr. Heimberg stated that these findings inspired a novel investigation as to whether CBT may improve cognitive reappraisal self-efficacy and, as a result, may serve as a potential treatment mechanism underlying CBT for SAD. He then presented that,

indeed, CBT appears to result in greater cognitive reappraisal self-efficacy, and that change in cognitive reappraisal self-efficacy was found to mediate the effect of CBT on SAD. In a separate study, Dr. Heimberg and colleagues found that during CBT for SAD, increases in reappraisal success predicted subsequent decreases in weekly social anxiety—and that this relationship did not hold when variables were reversed. Overall, Dr. Heimberg’s research in this area highlighted the importance of targeting cognitive reappraisal self-efficacy in individuals with SAD.

Next, Dr. Heimberg shared findings from his research group comparing the efficacy and trajectories of change in CBGT and MBSR. Aligning with previous findings, changes in reappraisal success and frequency predicted subsequent decreases in social anxiety for CBGT—but not for MBSR. Further suggesting distinct treatment mechanisms, increases in disputing anxious thoughts, and adopting mindful, willing attitude towards anxious thoughts/feelings predicted subsequent change in social anxiety symptoms in MBSR, but not CBT. Returning to his discussion on anger in SAD, Dr. Heimberg’s research suggests that clients with high anger may have better outcomes in CBGT versus MBSR.

Shifting to beliefs around emotions, Dr. Heimberg highlighted his work showing that individuals with social anxiety often hold the belief that emotions cannot be changed or controlled (i.e., entity beliefs) rather than the belief that emotions are malleable (i.e., incremental beliefs). Dr. Heimberg then presented research suggesting that CBT results in a significant decrease in emotion-related entity beliefs, and that decreases in entity beliefs predicted reductions in social anxiety at post-treatment. Dr. Heimberg subsequently presented research from his team suggesting that individuals with social anxiety possess deficits in positive affective empathy—or vicariously responding with the same positive emotional state. Examining whether this deficit was addressed with treatment, Dr. Heimberg and colleagues found that CBGT, not MBSR, increased positive affective empathy.

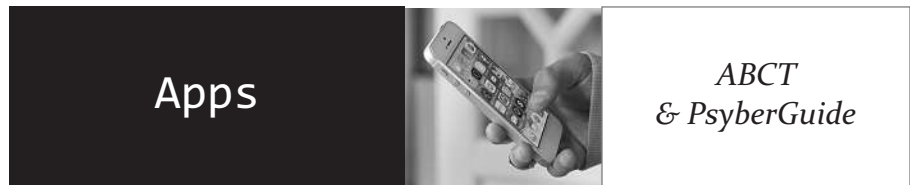
Concluding his presentation, Dr. Heimberg summarized key conclusions from his program of research. Specifically, individuals with SAD are not only socially anxious, they experience a range of emotions that may also be dysregulated. Emotion dysregulation in individuals with SAD can lead to greater impairment and dysfunction.

tion. As a result, gaining further understanding of the larger emotional experience of individuals with SAD and targeting observed deficits in emotion dysregulation is essential to the development of ever more effective treatment methods. Finishing his presentation, Dr. Heimberg acknowledged and thanked his colleagues, students, and funding sources who influenced, contributed to, and facilitated his groundbreaking research.

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ABCT is delighted to announce a partnership with **PsyberGuide**, a nonprofit website reviewing smartphone applications and other digital mental health tools. This partnership was established with the aim of disseminating reviews of digital mental health tools to a broad audience of researchers, psychologists, psychiatrists, and other mental-health practitioners. App reviews from both PsyberGuide and *Cognitive and Behavioral Practice* are integrated on both sites.

PsyberGuide.org's goal is to help people make responsible and informed decisions about the technologies they use for management of mental health. PsyberGuide is committed to ensuring that this information is available to all, and that it is free of preference, bias, or endorsement.

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NEWS

“Racial Justice Allyship Requires Civil Courage: A Behavioral Prescription for Moral Growth and Change”: Reflections on Dr. Monnica Williams’s Invited Address

Angela M. Haeny, *Yale School of Medicine*

THE MURDER of George Floyd, following the murders of Ahmaud Arbery and Breonna Taylor in 2020, resulted in renewed discussion of racism and its ongoing effects. The video footage of George Floyd’s murder made it clear that racism is indeed alive and well, even to those who were on the fence regarding whether racism continues to plague our country in the present day.

A great deal of activity followed these murders. Protests took place around the world in support of Black Lives Matter. Black people received random phone calls and messages from White family members and peers—some of whom they had not spoken with in years—acknowledging that racism is real, sending their love and support, and/or apologizing for the ways in which they may have contributed to racism. Multiple large institutions, including the American Psychological Association, acknowledged racism as a pandemic and specified that racism should be considered a social determinant of health. Antiracism initiatives began the task of

ending racism in their organizations. Scientific journals hosted special issues on the effects of racism on health. Departments posted advertisements seeking to hire persons with expertise in health equity, with a focus on racially and ethnically minoritized populations, and increased intentionality about recruiting racially and ethnically diverse trainees into their programs. Funding institutes posted calls for grant proposals focused on institutional racism. Antiracism became a widely used phrase. Engaging in efforts to fight racism became a popular trend.

However, as time passes, fewer people are volunteering their time to participate in antiracism initiatives in their organizations. People are moving on to the next bandwagon to jump on. Those who were engaged in racial justice work prior to 2020 are left to continue their work with limited resources. People of Color who are most negatively impacted by racism continue to face the myriad of ways that racism impacts their daily lives. Although many of the aforementioned initiatives are great steps

toward racial justice, they require maintaining gains through an ongoing commitment to achieving racial justice. Unfortunately, some of these initiatives were reactionary efforts from fair-weather allies during a time when it was popular to take a stand against racism.

Dr. Williams eloquently presented on what it will take to truly achieve racial justice. She began by outlining the impediments to racial justice. A pressing issue is the fact that White people are socialized not to notice racism, and racialized people are socialized not to discuss racism. This issue is compounded by in-group solidarity, in which social pressures are placed on groups to maintain the racial hierarchy. White solidarity is the unspoken agreement among White people to protect advantages gained through White privilege and to not stand up when witnessing racially problematic behavior. The recent trial of Kyle Rittenhouse, who was acquitted on all charges after murdering two White men and injuring a third who were supporting the Black Lives Matter movement after the shooting of a Black man, Jacob Blake, by a police officer in Kenosha, Wisconsin, is evidence that the jury did not deem their lives worthy of receiving justice in the context of challenging white solidarity. Racialized people are socialized to fear speaking up when witnessing racially problematic behavior because doing so may result in harm to themselves or to others who look like them. Racialized people, and Black people in particular, have been taught for over 400 years what can happen if they “stand out of line.” Examples

include Black bodies left in trees after a lynching as a warning to others and modern-day lynching, including that of Michael Brown, whose body was left in the street for at least four hours for those who lived in the majority Black neighborhood to witness after he was murdered by a police officer in Ferguson, Missouri.

Dr. Williams emphasized that civil courage is important for resisting group solidarity. She described civil courage as akin to moral courage, in which a person risks experiencing threats and ostracism for taking a principled stand against the status quo. There is an inverse relationship, such that the more inconvenient and the greater the social cost, the lower the likelihood of breaking group solidarity and engaging in civil courage. Despite this fact, there are several examples of people engaging in civil courage in the face of great social cost. In preparation for sit-ins, activists would undergo extensive training that involved being yelled at, spit on, taunted, and pushed in preparation for what they would experience while protesting. Bree Newsome exhibited civil courage by risking arrest to remove a confederate flag from the South Carolina state house grounds after the mass shooting killing 9 Black parishioners during a Bible study at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina. Former NFL quarterback Colin Kaepernick exhibited civil courage by kneeling during the “Star-Spangled Banner,” because he refused to show pride for a country that continues to oppress Black people and People of Color after the police shootings of Alton Sterling, Philando Castile, Charles Kinsey, and the acquittal of the police officers who killed Freddie Gray. Kaepernick’s act of civil courage has resulted in the NFL refusing to sign him even after the NFL committed \$250 million to combat systemic racism over a 10-year period. The NFL’s refusal to re-sign Kaepernick is another example of maintaining group solidarity and foregrounds consequences of challenging the status quo.

Although purposeful actions are required to end racism, these actions cannot and should not fall on the groups most impacted by racism. Allyship is critical. Dr. Williams described allyship as the act of engaging in the process of acknowledging racism, self-educating, and implementing racial justice. She specified that anyone, regardless of their racial/ethnic identity, can be an ally to people with another racial/ethnic identity when in a sit-

uation in which they hold social power over another group.

Given that racism is learned, Dr. Williams prescribed multiple exercises for unlearning racism. The first is relationship mapping. This involves creating a map of close friends you would call on in need and including their social identities. Often, people realize their social group is much more homogeneous than expected, and this may motivate being intentional about diversifying their friendship group. The second activity is to speak with a colleague of a different race about their experiences with race. Predict how you anticipate the conversation will go and reflect on how it went afterward. Some people find that discussing race even with someone they know is uncomfortable. However, engaging in this activity is good practice for becoming more comfortable with discussing race. Third, on your own, visit a place of worship that consists of people from a different race. Call in advance to ensure visitors are welcome and to learn any expectations (e.g., dress code) to avoid offending. It is encouraged that you sit in the front of the place of worship (as opposed to hiding in the back) and learn to habituate to being the minority in an environment you do not control. The fourth activity is to defend racialized perspectives in a hostile forum. You can start anonymously by critiquing a racial comment or posting something online in support of racial justice. Notably, posts should not be antagonistic. Instead, they should focus on correcting inaccuracies and supporting racial justice. This is an opportunity to practice challenging racially problematic behavior in a low-stakes setting. Over time, you may push yourself to take a greater risk by including your name. The fifth activity is to question the status quo in the workplace. This might involve asking administrators about their diversity plans or asking to see the salary breakdown by race and other intersecting marginalized identities (e.g., gender). Another approach is to use meetings to observe who is given attention, whose opinions appear to be valued, and who tends to be spoken over. Racialized people and women tend to be spoken over and have their comments ignored. If you witness this happening, acknowledge the comment the person made and reiterate it to the group. You could also be intentional about creating space for those who tend to be ignored by asking for their opinion. The sixth activity is to call out bigoted behavior of colleagues and friends. Approaches for calling out bigoted behavior include repeating back an

offensive comment or asking the person to clarify their comment. Sometimes simply taking these steps helps the person realize their comment is problematic. The final recommendation prescribed by Dr. Williams was to choose to live a more integrated life. This might involve being intentional about living in racially diverse neighborhoods or sending your children to racially diverse schools. Consider ways in which you might leverage your privileged identities to support racial justice.

These approaches are just starting points for ongoing personal growth. Engaging in these steps may make you feel uncomfortable, and that is okay. Being uncomfortable is not the same as being unsafe. Pushing ourselves outside of our comfort zone is what is needed to create real change. In the paraphrased words of the late John Lewis: “When you see something that is not right, not fair, not just, say something! Do something! Get in Trouble! Good Trouble! Necessary Trouble!” To reiterate the words of Dr. Williams, creating a racially just society will require civil courage and engaging in civil courage will have a social price, but it will be worth the cost.

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“Toward an Intersectional Model of Translational Neuroscience: Engaging Marginalized Community Partners to Adopt Neuroscience in Psychology Clinics”: Reflections on the Invited Panel

Amanda E. Chue, *Arlington/ DC Behavior Therapy Institute*

TRANSLATIONAL neuroscience aims to facilitate the wide accessibility and relevance of novel neuroscience-based technologies into the psychology clinic. Through the examination of the neural mechanisms and biological bases that underlie psychological and behavioral processes, there is the potential to identify more precise pathways for targeted interventions and to improve treatment outcomes. However, the success of translational neuroscience has been limited by the lack of an intersectional framework that acknowledges the systems and structures that continue to promote disparities in the access and use of neuroscience tools in psychology clinics for Black, Indigenous, People of Color (BIPOC), and other marginalized communities (Fang & Young, 2021).

Building on the themes and considerations of the October 2021 special issue of the *Behavior Therapist* on “Neurocognitive Therapies, Translational Research, and Diversity, Equity, and Inclusion in 2021,” ABCT’s Neurocognitive Methods for the Clinic Think Tank and the Neurocognitive Therapies/ Translational Research Special Interest Group sponsored an invited panel at ABCT’s 2021 convention, entitled “Toward an Intersectional Model of Translational Neuroscience: Engaging Marginalized Community Partners to Adopt Neuroscience in Psychology Clinics.” The panel, chaired by Dr. Angela Fang (University of Washington) and moderated by Dr. Judy Illes (University of British Columbia), featured researchers with a diversity of lived experiences and expertise in basic neuroscience, clinical neuroscience, dissemination and implementation science, community science, and bioethics. The panelists included: Drs. Riana Anderson (University of Michigan), Sierra Carter (Georgia State University), Kristen Eckstrand (University of Pittsburgh), Kean

Hsu (Georgetown University), Shawn Jones (Virginia Commonwealth University), Maria Kryza-Lacombe (San Diego State University), Andrew Peckham (McLean Hospital, Harvard Medical School), Greg Siegle (University of Pittsburgh), Lucina Uddin (University of Miami), Mariann Weierich (University of Nevada, Reno), and Mary Woody (University of Pittsburgh).

Dr. Fang opened the discussion by recognizing the impact of our current double pandemic, COVID-19 and racial discrimination, on illuminating widespread health disparities in our field. She challenged the panel and audience to consider whether understanding mechanisms that underlie mental health disparities is in fact a role of clinical neuroscientists and whether the belief that “it’s not my specialty” might be a form of avoidance that maintains the status quo and prevents neuroscience from becoming more diverse, equitable, and inclusive. Next, Dr. Illes acknowledged the complexity of this topic and encouraged the panelists to consider a strength-based model for neuroscience and the concepts of respect and rigor in research and clinical practice, in addition to the four basic ethical principles of beneficence, nonmaleficence, justice, and access. Select panelists were then asked to respond to four questions, each pertaining to different components of the panel topic.

The panelists, including Drs. Jones, Weierich, Eckstrand, and Uddin, were first asked to speak to the ethical considerations of bringing neuroscience to psychology clinics. The panelists recommended starting from a place of deep and genuine commitment to ethical values and acknowledgment of the ethical missteps that have generated valid reasons for mistrust of clinical research and practice. Dr. Jones stated that when working with Black patients, he is constantly thinking about the reverbera-

tions of Henrietta Lacks and the Tuskegee Study. The panelists also called for a need to recognize the damage created by past research on racial differences in brain morphology, which has been scientifically unfounded and is rooted in racism and exploitation. In turn, they urged researchers to be thoughtful about why they would want to consider identity-based differences, such as race or sexual orientation, as variables in clinical neuroscience work and to be explicit about their rationale. For example, do they intend to use neuroscience tools because these tools will help them better serve marginalized communities, such as by addressing mental health disparities or studying the effects of lived experiences of discrimination on the brain? Moreover, panelists warned of the potential consequences of failing to have more transparent conversations with diverse community partners, such as misinterpretation of research questions and findings by the media and public and missed opportunities to develop and improve access to effective treatments for more people. They suggested that a way to facilitate better relationships and build trust, and thus promote more ethical practices, is through engaging actual patients with lived experiences throughout the research process. Patients can provide perspectives on their acceptance of neuroscience tools, input on approachable language that researchers and clinicians can use to describe the benefits of neuroscience tools on their everyday well-being and functioning, and insights on their reasons to enroll and remain in clinical neuroscience studies or not.

Next, the panel considered barriers to adoption of neuroscience in psychology clinics from a critical lens. The panel, including Drs. Sierra Carter, Greg Siegle, Andrew Peckham, and Maria Kryza-Lacombe, expressed that full adoption would be challenging until the insufficient focus on diversity and inclusivity in neuroscience research is remedied; translational neuroscience will otherwise continue to be seen as having limited utility for everyone involved in clinical practice. Dr. Carter suggested the importance of acknowledging the ways in which psychologists’ perspectives and histories are rooted in systems that have perpetuated structural inequities and oppression. She encouraged consideration of the ways researchers and clinicians inadvertently create inequitable, disrespectful, or unwelcoming spaces for those who differ from the Eurocentric models of neuroscience and psychology

training. The panelists elucidated other multicultural issues to address, including: colorblind ideologies, a lack of representation in research samples and among trainees and faculty, a failure to report the races and ethnicities of participants in brain imaging papers, a tendency to use White samples to create psychophysiological norms, high economic costs of neuroscience tools, and challenges in using neuroscience tools with diverse populations (e.g., EEG with naturally curly hair and skin conductance with dark skin). Dr. Peckham provided a specific example of how a lack of multiculturalism in cognitive modification interventions has hindered their uptake in clinical settings. Also discussed in his article in the October special issue of *the Behavior Therapist* (Peckham, 2021), Dr. Peckham argued that affective processing improvements during lab-based interventions, which often rely on affective stimuli of mostly White faces or written scenarios generated by mostly White undergraduate samples, likely would not generalize to clinical outcomes if the intervention content does not reflect real life and was not created in an inclusive way. He recommended that researchers begin to use open-access and validated research paradigms such as the racially diverse affective expression (RADIATE) face stimulus database (Conley et al., 2018). Panelists again advocated for engagement with patients, whose expertise in their communities can help overcome barriers to adoption. For instance, starting conversations early with patients can be valuable for designing studies around the clinical issues that matter most to them and developing interventions that account for ancestral wisdoms and strategies communities have already been using to heal themselves outside of the clinic. Panelists also emphasized broad clinician engagement, especially master's-level clinicians who are the majority of mental health providers, to understand their needs for adopting neuroscience into the clinic, support their neuroscience literacy, and earn their buy-in for translational neuroscience approaches (Kryza-Lacombe et al., 2021; Strega et al., 2021).

The third question for panelists, including Drs. Kristen Eckstrand, Sierra Carter, Angela Fang, and Lucina Uddin, asked about existing frameworks to understand how translational neuroscience could better serve diverse and marginalized populations. Dr. Eckstrand expressed a need to move towards post-colonial theory and to expand social determinants of health to

structural determinants of health, which encompass the macro-level social, economic, and political mechanisms that create social class inequities and health disparities in marginalized groups (World Health Organization, 2010). As such, clinical psychologists and neuroscientists might consider concepts of functional equity and ways to connect neuroscience to socio-political change. In addition, Dr. Carter proposed thoughtful consideration of the frameworks used to interpret results from studies of diverse populations. She explained that researchers might be inclined to interpret continuous threat and fear processing in Black people as a deficit; however, from an adaptive calibration framework, these processes could be considered a strength that enhances survival in oppressive environments (Barbarin et al., 2020). For example, increased sensitivity towards the realistic possibility of threat when a Black person sees a police officer could be a successful adaptation. Dr. Fang also underscored nuances within intersectionality models, particularly a need to extend the focus on group-level effects of culturally adapted interventions towards subgroups analyses within those marginalized population. Specifically, she highlighted a meta-analysis recently published by Dr. Eckstrand and colleagues showing that gender nonconformity is associated with higher levels of oppression among LGB individuals (Thoma et al., 2021). Finally, Dr. Uddin pointed to community-based participatory research, in which the community is engaged well before the research question is decided, as a model to apply to translational neuroscience that has thus far been underutilized. She also warned about "health disparities tourism," or the trend of researchers suddenly pivoting to health disparities work in order to capitalize on NIH efforts to fund this research. Dr. Illes strongly commented that any forms of tokenism and opportunism used to exploit health disparities research and translational science should not be tolerated.

Finally, the panel reflected on the fourth question of actionable solutions to bridge the translational gap. The panelist, including Drs. Riana Anderson, Kean Hsu, Mary Woody, and Shawn Jones, largely advocated for team-based approaches, specifically, partnering with researchers in other disciplines who might have complementary expertise in order to reduce silos and to increase the speed, efficiency, and authenticity of translational neuroscience. Once more, engaging with community

stakeholders, including the patients themselves and others doing community-based work, was endorsed, as was the need to form genuine, bidirectional partnerships with these groups and to avoid extractive relationships. Towards this goal, panelists stressed the importance of finding better language to communicate with the public about translational neuroscience so that it is relatable and digestible. To bring these recommendations to life, Dr. Woody described how her research team discovered during follow-up visits with families that the EEG paradigms they were using to measure attention to emotionally distressing information did not include stimuli that were actually distracting and distressing to adolescents, such as news and social media reports showing images of violence against Black and other marginalized communities. She reported partnering with other researchers who have expertise in racism and minority stress to better tailor the stimuli to capture the adolescents' lived experiences. Finally, panelists supported confronting issues of recruitment and retention in the research pipeline for trainees and faculty from BIPOC and marginalized groups and leveraging power as psychologists to address diversity and inclusion issues on grant review panels and evaluation committees.

Across the four discussions of how to move towards an intersectional model of translational neuroscience, several overarching themes emerged. Specifically, panelists repeatedly urged researchers and clinicians within the translational neuroscience space to avoid complicity in the systems that have reinforced structural racism, oppression, and racism by calling them out and acknowledging their part within them. They encouraged validating patients' experiences and skepticism of the medical community as a starting point for rebuilding trust. Panelists highlighted the importance of clear communication and transparency regarding the intentions for bringing neuroscience into the clinic and how translational neuroscience can help address mental health disparities and improve care for marginalized communities. Finally, throughout the discussion, panelists advocated for broad community engagement, including with patient groups who have a diversity of lived experiences, researchers from other disciplines who might have more expertise in minority stress and diversity and inclusion issues, other mental health professionals who are working with BIPOC and other underserved groups, and the public to whom this

work will be disseminated. Dr. Illes charged the audience with the task of considering the dissemination of research results proactively. She asserted that this research step is as important as any other component of the research design and is essential for ensuring the safety of all for whom the results will impact. The panel closed with an expressed hope from Dr. Fang that this conversation is the beginning of many on this topic.

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NEWS

Translating Cognitive and Behavioral Science to Action: Reflections on Dr. Lynn Bufka's Invited Address

Alayna L. Park, *Palo Alto University*

DURING THE 2021 CONVENTION, Dr. Lynn Bufka (Senior Director of Practice Transformation and Quality at the American Psychological Association; APA) presented her invited address, "Translating Psychological Science for Public Action: Lessons, Assumptions and Moving Forward." Dr. Bufka discussed the potential for using cognitive and behavioral practice and science to address some of the intractable problems impacting human well-being (e.g., stress exacerbated by the ongoing COVID-19 pandemic and racial violence), consistent with the convention theme of "promoting cognitive and behavioral practice and science in the context of public health, social justice, policy, research, practice, and training." She described opportunities for incorporating science into interactions with patients, media, and government—including collaborating with patients to make informed decisions about their treatment (e.g., Langer & Jensen-Doss, 2018), providing psychoeducation through media plat-

forms (including social media), and speaking with policymakers about how science can address problems (e.g., Ashcraft et al., 2020).

Dr. Bufka noted how communication with researchers differs from communication with the general public, such that researchers are often interested in background information and nuanced details, whereas the general public is often interested solely in the bottom-line. As summarized by Dr. Bufka, "When we are talking to a larger audience, we want to be meaningful, we want to be memorable, and we want to keep our points small, so that people can carry them forward." She also spoke about the importance of disseminating cognitive and behavioral science to counteract misinformation, as well as challenges in communicating with different audiences (e.g., the discomfort researchers often feel when engaging with the media or general public). Additionally, she provided concrete recommendations for scientific communica-

tion, including knowing your audience, attending to language, focusing on what you want to communicate, keeping it meaningful and memorable, and making it relevant to the situation at hand.

Dr. Bufka shared the role of APA in "translating science internally, with external implications." Specifically, she detailed how APA has promoted evidence-based psychological practice (APA, 2005), with initiatives including: (a) developing Clinical Practice Guidelines (i.e., research-based recommendations for the treatment of specific disorders); (b) developing Professional Practice Guidelines (i.e., guidance on psychological practice with particular populations or in particular areas); and (c) developing the Mental and Behavioral Health Registry (i.e., an online database that allows psychologists to track patient outcomes).

In listening to Dr. Bufka's invited talk, I was reminded of Graham and colleagues' (2006) knowledge to action (KTA) framework. To provide some context, scientific advances made by ABCT members and beyond have led to a wealth of information. For example, nearly 600 randomized clinical trials testing child and adolescent psychosocial treatments have been published in the past 50 years (Okamura et al., 2019; Weisz et al., 2017). Although the exponentially growing literature has led to accumulation of knowledge on how to promote human well-being, it has also made the tasks of consuming and acting on the rele-

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. The expanded Find a Therapist listing will have a unique style and come first in any searches that capture the member's listing.

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vant literature increasingly challenging. As articulated in the KTA framework, the actionability of information, such as individual research studies, can be facilitated through knowledge synthesis (e.g., systematic reviews) and, even more so, through the creation of knowledge tools and products (e.g., practice guidelines, decision-support tools). In the words of Dr. Bufka, "the best research on its own rarely changes anything in healthcare." For cognitive and behavioral science to meaningfully impact public health, social justice, policy, research, practice, and training, it is imperative to create knowledge tools and products that fit the contexts in which they will ultimately be used. This work involves considerations such as: Who will use the knowledge tool or product? What information should be presented in the knowledge tool or product? Who is the target audience? What is the best channel for getting the information to the target audience? (Ashcraft et al., 2020; Purtle et al., 2020).

In her invited address, Dr. Bufka encouraged attendees to disseminate information on cognitive and behavioral practice and science to patients, media, and policymakers and provided sage advice on how to effectively engage and educate these audiences. She invited attendees to acknowledge their expertise and communicate their knowledge through channels such as speaking with reporters, writing op-eds, posting on social media, and talking to friends and family about the applications of their work. She also emboldened attendees to use their expertise to advocate for improved healthcare access and quality, particularly for marginalized communities. Dr. Bufka's long-term goals for attendees were to: (a) understand the critical need to clearly communicate and present the science undergirding their practice and research in order to advance quality, equity, and access; and (b) take up the mantle of disseminating cognitive and behavioral science to public audiences. These objectives may seem ambitious for a 1-hour talk, perhaps achievable by a highly skilled scientific communicator—which is a fitting description of Dr. Bufka, who gave a wonderfully inspiring and educational presentation.

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ABCT's 2021 Spotlight on Mentors

ABCT's Academic Training and Education Standards Committee launched the Spotlight on a Mentor program in an effort to highlight the diversity of excellent mentors within the membership of ABCT. The program's goal is to spotlight promising mentors across all levels of academic rank. Nominated by their mentees, these exceptional mentors represent different areas of specialization, type of institution, and mentorship style. This year, we added a new category to highlight a Graduate Student mentor. We hope that you enjoy learning more about these ABCT members, their mentorship approaches, and their advice for becoming a stellar mentor.

—Lillian Reuman, Ph.D., Chair, ABCT Spotlight on a Mentor Subcommittee



Dr. Alayna Park

Dr. Alayna Park is an Assistant Professor in the Department of Psychology at Palo Alto University and Director of the ADDRESS Mental Health Lab. She is a clinical psychologist, specializing in intervention design and implementation in diverse and dynamic contexts. Her community-engaged research focuses on improving psychotherapy engagement, quality, and outcomes for youth of color through implementation science. Specifically, she systematically reviews the mental health services literature to identify efficacious practices for promoting youth well-being. In partnership with community mental health organizations, schools, and nonprofit organizations, she then gathers stakeholder perspectives to effectively translate those empirically grounded practices from controlled research contexts to diverse and dynamic clinical contexts. Through integrating research evidence and stakeholder perspectives, her research aims to improve the fit between evidence-based practices and the culturally and racially diverse populations they are intended to serve.

► On mentorship

“Consistent with my research focused on integrating evidence-based practices into routine mental health care, I strive to integrate evidence-based practices into my mentoring to deepen students' knowledge, promote student self-efficacy, and empower students to become active consumers of clinical science. As the director of the Advancing Design and Delivery of Responsive, Effective, and Sustainable Services for Mental Health (ADDRESS Mental Health) lab, I regularly employ active learning strategies. For example, I invite students to co-author empirical papers and conference presentations with me, to attend my meetings with community partners, and to share their perspectives and expertise with fellow lab members during group mentoring meetings. I seek to promote a growth mindset in students by celebrating lab members' efforts and being transparent about my own mistakes, failures, and flawed actions. Additionally, I take numerous steps to promote a supportive and inclusive scientific environment, including practicing cultural humility, creating opportunities for bi-directional feedback with students, and maintaining a working lab manual that outlines expectations for all lab members (including myself).

I am grateful for the many mentors who have supported and sponsored my professional journey. As an undergraduate student, postbaccalaureate trainee, and graduate student, I had the privilege of being advised by Dr. Bruce Chorpita, who modeled how to direct a productive, supportive, and fun community-engaged research lab. I have also been fortunate to receive mentorship from Drs. Kimberly Becker and Anna Lau, who have served as strong, female role models to me and who have shown me how empowering and uplifting it can be to

have someone cheering in your corner. I have been lucky to work with outstanding clinical supervisors, including Drs. Danielle Keenan-Miller, Richard LeBeau, Tanya Brown, Andrea Scott, and Gretchen Sholty, who have emphasized the importance of self-care and who have modeled transformational leadership. I am indebted to many others, including Drs. Maya Boustani, Rachel Kim, Davi Lakind, Kelsie Okamura, Jennifer Regan, and Shannon Wiltsey Stirman - who have supported my knowledge, skill, and professional development with their generous mentorship. I am also thankful for my students for their energy, grit, and willingness to provide feedback so that I can continuously improve my mentoring.”

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Dr. Richard T. Liu

Dr. Liu is an Associate Professor at Harvard Medical School, and the Director of Suicide Research in the Division of Child and Adolescent Psychiatry and Director of Big Data Studies in the Depression Clinical and Research Program at Massachusetts General Hospital. He provides research mentorship to high school students, research assistants, medical students, residents, postdoctoral fellows, junior faculty, and psychology trainees through the clinical psychology internship program at Massachusetts General Hospital and Harvard Medical School. He received his Ph.D. from Temple University in 2011 after completing his internship at the University of Illinois at Chicago Medical Center.

His research program focuses on characterizing dynamic processes of risk underlying onset and recurrence of self-injurious thoughts and behaviors (SITBs) and depression in youth and young adults. His programmatic interests lie in advancing our understanding of SITBs and depression from who is at risk to how and when they are most at risk, thereby directly informing risk assessment strategies and yielding potential targets for clinical intervention, as well as characterizing risk for SITBs in a high priority, at-risk population, sexual and gender minority youth. He is currently the Principal Investigator of three NIMH-funded studies involving computational modeling of ecological momentary assessment data and ambulatory measures of psychosocial stress, sleep, and physiological arousal, as well as neurocognitive markers of short-term risk for suicidal behavior in adolescents.

► On mentorship

“I try to adapt my approach to each trainee and what they bring in terms of their background, experiences, interests, and personality, but in general I try to foster an open environment where trainees can feel comfortable to discover their own research and career interests, to pursue them, and to learn.

This means an environment where they can focus on developing their interests, without feeling like they need to be a carbon copy of my own. It also means creating a space where they can feel comfortable asking for support whenever they need it. I also try to make clear that when it comes to professional development, my role is to offer advice, not prescriptions. This means I have no expectation that they follow every recommendation that I offer and they should instead feel comfortable following differing options whenever they believe strongly in them. This is important because none of us is correct 100% of the time and part of professional development towards independence involves being able critically to process the information and opinions one is given before arriving at one's own.

Lauren Alloy and Mitch Prinstein come to mind as positive influences on my development and mentorship style. Lauren was my graduate school advisor and by the time I graduated, I felt confident in my ability to launch an independent research career. But sometimes one's confidence has to begin from without. Such was my experience. Lauren's confidence in me while I was still developing my own facilitated my path toward independence.

Prior to graduate school, I was a postbaccalaureate research assistant with Mitch Prinstein. I remember one morning walking to lab but found myself in the hospital instead. It turned out I had kidney stones! When I was released from the hospital that night, Mitch was one of the people who ensured that I got home without issue. Quite often we think of mentorship in terms of academics, the product being what we can see on CVs, but thinking in broader terms, about the person behind the CV, is also very important. I have drawn on these experiences in my own approach to mentoring, and I am grateful for the continued encouragement and support Lauren and Mitch have given me throughout my career.

With many things, we are only able to see the final product; we are unable to peer behind the scenes to learn from the decision-making leading to this end-point. But we learn so much more from the thinking and motivations behind an action than from the action itself. With this in mind, I try to take the time to explain the strategy and thinking underlying my decisions and advice, as well as why alternative paths were not chosen or recommended. Relate to this point, I also try to encourage a very future-oriented mindset, to think several steps into the future and to consider how that may affect which of an array of options one chooses to take in the present."

Advice to future mentors: "If one is fortunate to have one or several mentors one looks up to, there is a natural inclination closely to model those one most admires. But there is no one 'right' way to be a mentor. Instead, I would suggest finding an approach that best capitalizes on one's own unique set of strengths and integrating elements from one's mentors that are compatible with this approach."

Dr. Liu is currently funded by the NIMH and is a consultant for Relmada Therapeutics on designing clinical trials for pediatric depression. Richard Liu, Ph.D., 1 Bowdoin Square, #624, Boston, MA 02114; apark1@paloaltou.edu ■



Dr. Erin E. Reilly

Dr. Reilly is an Assistant Professor in the Clinical Psychology Ph.D. program and Director of the Lab for Research on Eating and Anxiety Disorders (READ) at Hofstra University. She received her Ph.D. in 2017 from SUNY Albany and completed her APA-accredited predoctoral internship and postdoctoral research fellowship within UCSD School of Medicine. Her research interests include characterizing shared features of anxiety and eating disorders and using this knowledge to adapt behavioral treatments for use in eating disorders.

She is involved in leadership and service positions at the Academy for Eating Disorders, the ABCT Obesity and Eating Disorders SIG, and the Coalition for the Advancement and Application of Psychological Science. Erin believes that researchers can have the biggest impact through mentoring the next generation of students interested in clinical psychology and promoting the work of other early career scholars, particularly those from traditionally underrepresented backgrounds. Accordingly, she currently provides ongoing mentorship to over 20 trainees, ranging in stage from undergraduates to postdoctoral fellows.

► On mentorship

"I aspire to be a mentor that models a clear set of values (persistence, genuineness, equity, humility) applied in service of using the scientific method to decrease human suffering. Fun- nily enough, there are two articles from *the Behavior Therapist* that have stuck with me and had a lasting influence on my mentoring style. The first was Dr. Kelly Wilson's Lab Manifesto (published in a 2014 issue). It outlined a vision for a lab that simultaneously valued striving toward the best quality of behavioral research possible AND the full lives of its members. The way in which the manifesto balanced these things and outlined process goals that included making mistakes and supporting one another across domains remains striking to me (and in my opinion, still remains somewhat unique). Thus, the lab environments/mentorship relationships I enter always include a clear set of stated values, including priority on the humanity of its members, a love of the work, and a dedication to equity and growth.

The second influence was a profile on Dr. Scott Coffey. In the article, Dr. Coffey mentioned coming to the realization that he could make a significantly greater impact through mentorship than he could with his research. This sentiment struck me immediately. Yes, I have and will continue to try and produce the best clinical science possible. But ultimately, the impact I'll have through that is likely to be small. I can do much more by getting students excited about producing rigorous, ethical, transparent work that remains focused on (a) decreasing suffering and (b) making our field a more equitable place and then having them go out into the world and serve in a range of environments. When I fast forward to the end of my career (hopefully many decades from now), if the sum of what I have done is inspired my mentees to discover their own values/moral compass and apply that to whatever work excites them and serves others, that will be more than enough.

I would be remiss to not mention that my mentorship style has also been influenced by a range of wonderful people who have mentored me over the past decade or so. Prior to my training, my parents modeled a work ethic and humility that I hope continues to be salient in my mentorship. Further, senior

and peer mentors at SUNY Albany and UCSD are almost fully responsible for cultivating a passion for behavior therapy, eating disorders, research methods, and prioritizing work with real clinical impact that I try and make contagious.

One strength that I have as a mentor is that I am transparent in my process of trying to grow and make myself better. I cannot model perfection, because I am very much a work in progress, which I think is sometimes more valuable than having a mentor who is ‘goals’ and appears to do the impossible. I am a very dedicated collaborator, and so when mentees work with me, they not only get access to my thoughts/resources/commitment, but also that of my close collaborators. Finally, I continue to put a lot of time and thought into my values as a person, scientist-practitioner, and mentor, as well as make these very transparent—this serves as a strength in the sense that my mentees know what they will be getting when they sign up to work with me.

My advice to future mentors is to do your homework to the extent possible, but then prioritize jumping into actually doing the thing! I have made many mistakes and continue to learn as I go. A few more tangible tips:

- Participate in formal or informal mentorship programs through professional organizations—if one doesn’t exist within your organization or special interest group, propose making one. I’ve both participated and organized mentorship initiatives in various organizations and these allowed me to pilot and refine my mentorship approach.
- Seek out different mentors (and recognize that mentorship can take many forms!)—as I note above, my mentorship style is essentially an amalgamation of all the things I found to be helpful as a mentee. The more peer and senior mentors you can acquire, the more varied your experiences will be to draw from.
- Do a strengths and weaknesses inventory and structure your mentorship relationships such that it plays to these domains. In this way, we can use the skills we often teach our clients! For instance, as I am not naturally the most organized person, I have developed several systems for creating structure within my mentorship relationships (e.g., contracts, agendas) and schedule check-ins with mentees about these systems.
- In a similar vein, approach mentorship using the skills you are developing as a scientist practitioner. The mentorship relationship can be conceptualized similarly to the therapeutic alliance—agreement on goals, methods to achieve those goals, and a warm bond are going to get you where you need to go. In the same way I approach my work with clients and as a researcher, I try and create structure and set expectations, collect ongoing data and feedback that I use to refine, and personalize the approach to each person.”

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Shirley B. Wang

Shirley B. Wang is a 5th-year Ph.D. candidate in clinical psychology with a secondary in computational science and engineering at Harvard University. She has been funded by the National Science Foundation Graduate Research Fellowship

and the National Institutes of Health F31/NRSA Predoctoral Fellowship. Shirley conducts computational clinical science research to advance our understanding of why people engage in behaviors that are harmful to themselves, including eating disorder behaviors, nonsuicidal self-injury, and suicide. She is particularly interested in mathematical modeling of these phenomena as dynamic systems.

Shirley has published over 40 scientific papers and book chapters and developed an R package for taxometric analysis available on CRAN. Her work has been recognized through several awards, including the 2020 Society for a Science of Clinical Psychology Outstanding Student Researcher Award and the 2018 APA Early Graduate Student Researcher Award. She serves on the editorial boards of *International Journal of Eating Disorders*, *Eating Disorders: Journal of Treatment and Prevention*, and *Eating and Weight Disorders*. Shirley is passionate about mentorship and finds immense joy in working with research assistants and supervising senior thesis projects. She strongly values diversity, inclusion, and belonging, and is committed to promoting these values in mentorship, research, academia, clinical practice, and beyond.

► On mentorship

“I care deeply about mentorship and providing students and research assistants with opportunities to get hands-on experience with research. Working with students is one of the most rewarding aspects of academia. There’s nothing better than helping someone to develop, execute, and disseminate their own research projects!

My mentorship style is strongly influenced by many amazing mentors I’ve had at all career stages. My undergraduate mentors, Ashley Borders and John Ruscio, invested an incredible amount of time introducing me to clinical and quantitative psychology research. They showed me the importance of making time for dedicated mentorship at early stages of training. At the end of college, I had the immense fortune to be paired (via an early career mentorship program) with Annie Haynos, who was instrumental in helping me apply for Ph.D. programs and fellowships. As a first-year grad student, I shared an office with the brilliant Kathryn Fox, who quickly became a close friend and advanced grad student mentor. Both Annie and Kathryn immersed me in many research projects, looped me into new collaborations, and showed me that good mentorship and collaboration requires genuine caring and kindness, alongside deep, careful, and critical engagement with ideas. As a grad student, I’ve been immensely lucky to be mentored by Matthew Nock, as well as Jennifer Thomas and Kamryn Eddy—all visionaries leading the fields of suicide and eating disorders research, who are constant sources of inspiration and support. I’m also indebted to many other mentors, including Carlos Grilo, Joanna Herres, and Beth Frenkel, who provided invaluable guidance at critical points throughout my training. It truly takes a village, and I encourage the students I work with to seek out multiple mentors as well!”

Advice to future mentors: “Figuring out how to be a good mentor can feel daunting, particularly as a grad student. For grad students, I recommend reflecting on the aspects of men-

torship that you have valued most as a mentee and trying to promote these values as a mentor yourself. I find it helpful to talk with students about their goals and expectations, make time to regularly check in, and encourage asking questions and sharing concerns/struggles. In addition, I encourage thinking outside the box in terms of the structure and function of mentorship. As an Asian American and the daughter of immigrants, I am so grateful for the mentorship I've received, and deeply committed to ensuring that psychology is open to all people – particularly those from marginalized and historically underrepresented backgrounds. To this end, I believe that

advocating on behalf of students, embracing new mentorship models, and extending mentorship opportunities beyond one's own departments can be important ways to promote diversity, inclusion, and belongingness in our field and make the most meaningful impact."

Shirley B. Wang is supported by the National Institute of Mental Health under Grant F31MH125495 and National Science Foundation Graduate Research Fellowship under Grant No. DGE-1745303.

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Call for Nominations

FELLOWS Committee

The ABCT Fellows Committee is soliciting nominations for two new members. The committee is comprised of a chair, who is nominated by the Membership Issues Coordinator and serves a three-year term. Committee members are recruited by the chair or solicited from the membership at large and usually include six additional ABCT members who represent diversity with regard to type of professional activities (e.g., academic researchers as well as clinicians). All committee members must be Fellows at the time of appointment by the chair.

Committee members are on a staggered term to insure continuity of the review process. ABCT is committed to supporting diversity, equity, and inclusiveness when evaluating members for Fellow status. We encourage applications from all eligible members, and particularly members of underrepresented groups.

A complete list of current ABCT Fellows can be found at https://www.abct.org/wp-content/uploads/2021/05/Fellow_PDF.pdf

Duties of the Fellows Committee include the review and discussion of Fellows' applications, leading to a vote for each applicant. The Committee meets at least 2 times per year to review applications.

To nominate yourself or a colleague, please send the individual's vitae and a brief biosketch via:

<https://services.abct.org/i4a/forms/index.cfm?id=29>

► **NOMINATION DEADLINE: May 1, 2022**

Call for Applications

FELLOWS

ABCT Fellow Status for 2022



The ABCT Fellows committee is pleased to announce that 11 new members were recognized at the virtual awards ceremony at the annual ABCT convention in November 2021. For a complete list of all Fellows, please see <https://www.abct.org/membership/fellow-members/>. This past year the Fellows Committee used the revised Fellows guidelines in selecting new Fellows. In brief, ABCT Fellow Status is awarded to full members who are recognized by a group of their peers for distinguished, outstanding, and sustained accomplishments that are above and beyond the expectations of their existing professional role. Because members' career paths come with unique opportunities, the committee was sensitive to the environment in which the potential applicant was functioning, and we weighed the contributions against the scope of the applicant's current or primary career.

Multiple Routes to ABCT Fellow Status

The 2021 revision of the Fellows application materials now offers 6 areas of consideration for fellowship: (a) clinical practice; (b) education and training; (c) advocacy/policy/public education; (d) dissemination/implementation; (e) research; and (f) diversity, equity, and inclusion. Applicants for fellowship will be asked to endorse the area(s) in which they wish to be considered. These areas can be overlapping, but also have unique features. Endorsement of multiple areas does not increase the likelihood of selection as a Fellow; demonstrating outstanding, sustained effort in one area is all that is required. What guides the committee's decision making is determining if an applicant has made an exceptional, sustained contribution that goes beyond their work role expectations.

Who is Eligible to Apply for Fellow Status? (a) Full membership in ABCT for > 10 years (not continuous); (b) Terminal graduate degree in behavioral and cognitive therapies or related area(s); and (c) > 15 years of professional experience following graduation. Two letters of reference are required; one should be from an existing ABCT Fellow. If the latter requirement is a barrier to applying, please contact the Chair of the Fellows committee at fellows@abct.org who will then assist in determining how to best handle this request. The Committee encourages qualified and diverse applicants to apply.

The Fellows Committee strongly recommends that potential Fellow applicants as well as their letter writers describe the applicant's specific contributions that are outstanding and sustained. To aid in writing these letters the Fellows committee prepared Guidelines for Applicants and Letter Writers for how to write fellow status contributions <http://www.abct.org/Members/?m=mMembers&fa=Fellow>. While these guidelines provide examples of what the Fellows committee considers outstanding, sustained contributions, they are far from exhaustive.

Deadline for Fellow Status Applications: July 1, 2022, is the deadline for both applicants and letter writers to submit their references. Applicants will be notified of the decision on their application by mid-October 2022. For more information, please visit the Fellowship application page <https://www.abct.org/Members/?m=mMembers&fa=Fellow>

ABCT Fellows Committee

Linda C. Sobell, Ph.D., Chair

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Simon Rego, Ph.D.

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APPLICATION

DEADLINE:

July 1, 2022

56th Annual Convention

November 17–20, 2022 | New York City

✓ 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”; “Explained data on novel direction in the dissemination of mindfulness-based clinical interventions.”
- **Overall:** Ask a colleague to proof your abstract for inconsistencies or typos.

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

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

The submission portal will be opened from February 8–March 8. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 56th Annual Convention.

→ **Questions?** FAQs: <http://www.abct.org/Conventions/> > Abstract Submission FAQs



ABCT 2022

November 17–20 | New York City

Emergency & Disaster Preparedness and Response: Using Cognitive and Behavioral Science to Make an Impact

Call for Ticketed Sessions

*Emergency & Disaster Preparedness and Response:
Using Cognitive and Behavioral Science to Make an Impact*

PROGRAM CHAIR: Rosaura Orengo-Aguayo, Ph.D.

ASSOCIATE PROGRAM CHAIR: Emily Thomas, Ph.D.

Workshops & Mini Workshops

Workshops cover concerns of the practitioner/ educator/researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday. Please limit to no more than 4 presenters. Mini Workshops address direct clinical care or training at a broad introductory level. They are 90 minutes long and are scheduled throughout the convention. Please limit to no more than 4 presenters. When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.

→ **For more information** or to answer any questions before you submit your abstract, email Christina Boisseau, Workshop Committee Chair, workshops@abct.org

Institutes

Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday. Please limit to no more than 4 presenters.

→ **For more information** or to answer any questions before you submit your abstract, email Samantha G. Farris, Institutes Committee Chair, institutes@abct.org

Master Clinician Seminars

Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday through Sunday. Please limit to no more than 2 presenters.

→ **For more information** or to answer any questions before you submit your abstract, email Tejal Jakatdar, Master Clinician Seminars Committee Chair, masterclinicianseminars@abct.org

Research and Professional Development

Presentations focus on “how to” develop one’s own career and/or conduct research, rather than on broad-based research issues (e.g., a methodological or design issue, grantsmanship, manuscript review) and/or professional development topics (e.g., evidence-based supervision approaches, establishing a private practice, academic productivity, publishing for the general public). Submissions will be of specific preferred length (60, 90, or 120 minutes) and format (panel discussion or more hands-on participation by the audience). Please limit to no more than 4 presenters, and be sure to indicate preferred presentation length and format.

→ **For more information** or to answer any questions before you submit your abstract, email Amanda Raines, Research and Professional Development Committee Chair, researchanddevelopmentseminars@abct.org

AMASS (Advanced Methodology and Statistics Seminars)

Designed to enhance researchers' abilities, there are generally two seminars offered on Thursday or during the course of the Convention. They are 4 hours long and limited to 40 attendees. Participants in these courses can earn 4 continuing education credits per seminar.

→ **For more information** or to answer any questions before you submit your abstract, email Miryam Yusuf, AMASS Committee Chair, amass@abct.org

○ Ticketed submission *opens*: January 3, 2022 • Ticketed submission *closes*: February 7, 2022

Understanding the ABCT Annual Convention

GENERAL SESSIONS

There are between 150 and 200 general sessions each year competing for your attention. An individual must limit to 6 the number of general session submissions in which he or she is a SPEAKER (including symposia, panel discussions, clinical round tables, and research spotlights). The term SPEAKER includes roles of chair, moderator, presenter, panelist, and discussant. Acceptances for any given speaker will be limited to 4. All general sessions are included with the registration fee. These events are all submitted through the ABCT submission system. The deadline for these submissions is 3:00 a.m. ET, Monday, March 8, 2021. General session types include:

Symposia. In responding to convention feedback requesting that senior researchers/faculty present papers at symposia, while also recognizing the importance of opportunities for early career, student, and postdoctoral fellows to present their work, we strongly encourage symposia submissions that include a mix of senior and early career presenters. Presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols. Symposia are either 60 or 90 minutes in length. They have one or two chairs, one discussant, and between three and five papers. The total number of speakers may not exceed 6.

Clinical Round Tables. Discussions (or debates) by informed individuals on a current important topic directly related to patient care, treatment, and/or the application/implementation of a treatment. Examples of topics for Clinical Round Tables include (but are not limited to) challenges/suggestions for treating a certain disorder or group of patients, application of a treatment protocol or type of treatment to a novel population, considerations in applying CBTs to marginalized communities and/or minority groups. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. Clinical Round Tables are organized by a moderator and include between three and six panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Panel Discussions. Discussions (or debates) by informed individuals on a current important topic that are conceptual in nature, rather than pertaining directly to clinical care. Examples of topics for panel discussions include (but are not limited to) supervision/training issues, ethical considerations in treatment or training, the use of technology in treatment, and cultural considerations in the application of CBTs. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. These are organized by a moderator and include between three and five panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Spotlight Research Presentations. This format provides a forum to debut new findings considered to be groundbreaking or innovative for the field. A limited number of extended-format sessions consisting of a 45-minute research presentation and a 15-minute question-and-answer period allows for more in-depth presentation than is permitted by symposia or other formats.

Poster Sessions. One-on-one discussions between researchers, who display graphic representations of the results of their studies and interested attendees. Because of the variety of interests and research areas of the ABCT attendees, between 1,200 and 1,500 posters are presented each year.

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Call for General Sessions

The COVID-19 pandemic revealed incredible strengths and formidable weaknesses in our preparedness and response to a global health emergency. While many questioned how vaccines were brought to market seemingly quickly, it was years of basic science and theory development that provided the foundation for effective translation to practice. ABCT's 56th Annual Convention will spotlight research that helps us answer the question of where we are in developing the robust theory and sound science to be able to respond to health emergencies and syndemics that we face. Public discussions around changing behavior to end the COVID-19 pandemic were often not led by scientists with expertise in behavior change and consequently many efforts were not empirically based. Concurrently, additional emergencies were revealed, some of which were caused or exacerbated by COVID, others were longstanding but became more noticeable (e.g., police brutality, mass shootings, hate-based crimes, opiate addiction, youth suicide, rise in disasters due to climate change).

Do we have the basic science to respond to these emergencies? Do we know enough about the mechanisms of action and essential ingredients of our interventions so that we can quickly develop, adapt, and deploy cognitive and behavioral interventions to prepare and respond to emergencies (e.g., epidemics, pandemics, syndemics, disasters)? Do we have the public health systems and evidence-based policies in place to recognize mental/public health emergencies and respond to them effectively? Do we have evidence-based ways to communicate the evidence for cognitive behavioral interventions to the public and policymakers to effect change? Are we equipping current and future professionals with the necessary tools to respond to disasters? Finally, do we have the contingencies in our field to encourage this kind of science?

We encourage submissions across the spectrum of science (i.e., basic, translational, clinical, and public policy) to effectively meet the behavioral health needs of our communities during and after emergencies/disasters. We are particularly interested in highlighting research from multidisciplinary teams that address these issues in novel ways. Example topics include:

- Basic science or clinical/translational studies examining evidence-based approaches to addressing health emergencies
- Panel discussions of evidence-based approaches to changing public policy in the way that behavioral health emergencies are addressed or prevented (e.g., substance use, trauma, mental health disparities)
- Empirical studies/theoretical papers on effective methods of graduate/professional training on how to develop/implement the science of emergency/crises preparedness and response, particularly those that address evidence-based approaches to the development of cultural competence needed to address these issues
- Studies examining a theory-based mechanism of change in cognitive-behavioral interventions and statistical and methodological advances to better test mechanistic hypotheses
- Examinations of evidence-based CBT approaches within different cultural contexts and developmental levels to address mental health emergencies and behavioral change that impacts health and well-being across the US and its territories, as well as globally
- Basic science or clinical/translational studies on effective public information campaigns, particularly those aimed at promoting scientific literacy and promoting evidence-based health behaviors during emergencies
- Validation of measures of target mechanisms, particularly those implicated by behavioral theory, which are largely missing from current repositories, or reports on development of repositories for such measures
- Empirical studies/discussions of methods to modify professional contingencies or develop resources to facilitate a greater focus on theory development and high-quality basic science and translational research in behavioral health. Examples include open-science efforts and resources, efforts to affect reimbursement, and evidence-based approaches to peer review
- Examination of ways to facilitate and support novel methods of treatment delivery (telehealth, apps), particularly in underserved communities or communities in which mental health treatment is particularly stigmatized, which can be leveraged during emergencies

Submissions may be in the form of symposia, clinical round tables, panel discussions, and posters. Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2022.

- The online submission portal for general submission opens February 7, 2022
- The online submission portal for general submission closes March 7, 2022

TARGETED and SPECIAL PROGRAMMING

Targeted and special programming events are also included with the registration fee. These events are designed to address a range of scientific, clinical, and professional development topics. They also provide unique opportunities for networking.

Invited Addresses/Panels. Speakers well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge.

Mini Workshops. Designed to address direct clinical care or training at a broad introductory level and are 90 minutes long.

Clinical Grand Rounds. Clinical experts engage in simulated live demonstrations of therapy with clients, who are generally portrayed by graduate students studying with the presenter.

Membership Panel Discussion. Organized by representatives of the Membership Committees, these events generally emphasize training or career development.

Special Sessions. These events are designed to provide useful information regarding professional rather than scientific issues. For more than 20 years, the Internship and Postdoctoral Overviews have helped attendees find their educational path. Other special sessions often include expert panels on getting into graduate school, career development, information on grant applications, and a meeting of the Directors of Clinical Training.

Special Interest Group (SIG) Meetings. More than 40 SIGs meet each year to accomplish business (such as electing officers), renew relationships, and often offer presentations. SIG talks are not peer-reviewed by the Association.

Research and Professional Development. Provides opportunities for attendees to learn from experts about the development of a range of research and professional skills, such as grant writing, reviewing manuscripts, and professional practice.

TICKETED EVENTS

Ticketed events offer educational opportunities to enhance knowledge and skills. These events are targeted for attendees with a particular level of expertise (e.g., basic, moderate, and/or advanced). Ticketed sessions require an additional payment. The deadline for these submissions is 3:00 AM ET, Tuesday, February 8, 2022.

Clinical Intervention Training. One- and two-day events emphasizing the "how-to" of clinical interventions. The extended length allows for exceptional interaction.

Institutes. Leaders and topics for Institutes are selected from previous ABCT workshop presentations. Institutes are offered as a 5- or 7-hour session on Thursday and are generally limited to 40 attendees.

Workshops. Covering concerns of the practitioner/educator/researcher, these remain an anchor of the Convention. Workshops are offered on Friday and Saturday, are 3 hours long, and are generally limited to 60 attendees.

Master Clinician Seminars. The most skilled clinicians explain their methods and show videos of sessions. These 2-hour sessions are offered throughout the Convention and are generally limited to 40 to 45 attendees.

Advanced Methodology and Statistics Seminars. Designed to enhance researchers' abilities, they are 4 hours long and limited to 40 attendees.

ABCT & Continuing Education

At the ABCT Annual Convention, there are Ticketed events (meaning you usually have to buy a ticket for one of these beyond the general registration fee) and General sessions (meaning you can usually get in by paying the general registration fee), the vast majority of which qualify for CE credit. See the end of this document for a list of organizations that have approved ABCT as a CE sponsor. Note that we do not offer CMEs. Attendance at each continuing education session in its entirety is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit. General session attendees must check in and out and answer evaluation questions regarding each session attended. For those who have met all requirements according to the organizations which have approved ABCT as a CE sponsor, certificates will be available electronically.

TICKETED EVENTS Eligible for CE

All Ticketed events offer CE in addition to educational opportunities to enhance knowledge and skills. These events are targeted for attendees with a particular level of expertise (e.g., basic, moderate, and/or advanced). Ticketed sessions require an additional payment beyond the general registration fee. For ticketed events, attendees must complete an individual evaluation form. It remains the responsibility of the attendee to check in at the beginning of the session and out at the end of the session. CE will not be awarded unless the attendees check in and out.

Clinical Intervention Training One- and two-day events emphasizing the "how-to" of clinical interventions. The extended length allows for exceptional interaction. Participants attending a full-day session can earn 7 continuing education credits, and 14 continuing education credits for the two-day session.

Institutes Leaders and topics for Institutes are selected from previous ABCT workshop presentations. Institutes are offered as a 5- or 7-hour session on Thursday and are generally limited to 40 attendees. Participants in the full-day Institute can earn 7 continuing education credits, and in the half-day Institutes can earn 5 continuing education credits.

Workshops Covering concerns of the practitioner/ educator/researcher, these remain an anchor of the Convention. Workshops are offered on Friday and Saturday, are 3 hours long, and are generally limited to 60 attendees. Participants in these workshops can earn 3 continuing education credits per workshop.

Master Clinician Seminars (MCS) The most skilled clinicians explain their methods and show videos of sessions. These 2-hour sessions are offered throughout the Convention and are generally limited to 40 to 45 attendees. Participants in these seminars can earn 2 continuing education credits per seminar.

Advanced Methodology and Statistics Seminars (AMASS) Designed to enhance researchers' abilities, there are generally two seminars offered on Thursday. They are 4 hours long and limited to 40 attendees. Participants in these courses can earn 4 continuing education credits per seminar.

GENERAL SESSIONS Eligible for CE

There are more than 200 general sessions each year competing for your attention. All general sessions are included with the registration fee. Most of the sessions are eligible for CE, with the exception of the poster sessions, some Membership Panel Discussions, the Special Interest Group Meetings (SIG), and a few special sessions. You are eligible to earn 1 CE credit per hour of attendance. General session attendees must check in and out and answer evaluation questions regarding each session attended. General session types that are eligible for CE include the following:

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Clinical Grand Rounds Clinical experts engage in simulated live demonstrations of therapy with clients, who are generally portrayed by graduate students studying with the presenter.

Invited Panels and Addresses Speakers well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge on a broad topic of interest.

Mini-Workshops Designed to address direct clinical care or training at a broad introductory level and are 90 minutes long. Mini-workshops are offered on Friday and Saturday and are generally limited to 80 attendees. Participants can earn 1.5 continuing education credits.

Panel Discussion Discussions (or debates) by informed individuals on a current important topic that are conceptual in nature, rather than pertaining directly to clinical care. Examples of topics for panel discussions include (but are not limited to) supervision/training issues, ethical considerations in treatment or training, the use of technology in treatment, and cultural considerations in the application of CBTs. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. These are organized by a moderator and include between three and five panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Clinical Round Tables Discussions (or debates) by informed individuals on a current important topic directly related to patient care, treatment, and/or the application/implementation of a treatment. Examples of topics for Clinical Round Tables include (but are not limited to) challenges/suggestions for treating a certain disorder or group of patients, application of a treatment protocol or type of treatment to a novel population, considerations in applying CBTs to marginalized communities and/or minority groups. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. Clinical Round Tables are organized by a moderator and include between three and six panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Spotlight Research Presentations This format provides a forum to debut new findings considered to be groundbreaking or innovative for the field. A limited number of extended-format sessions consisting of a 45-minute research presentation and a 15-minute question-and-answer period allows for more in-depth presentation than is permitted by symposia or other formats.

Symposia Presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols. Symposia are either 60 or 90 minutes in length. They have one or two chairs, one discussant, and between three and five papers. The total number of speakers may not exceed 6.

GENERAL SESSIONS NOT Eligible for CE

Membership Panel Discussion Organized by representatives of the Membership Committee and Student Membership Committees, these events generally emphasize training or career development.

Poster Sessions One-on-one discussions between researchers, who display graphic representations of the results of their studies and interested attendees. Because of the variety of interests and research areas of the ABCT attendees, between 1,100 and 1,500 posters are presented each year.

Special Interest Group (SIG) Meetings More than 40 SIGs meet each year to accomplish business (such as electing officers), renew relationships, and often offer presentations. SIG talks are not peer-reviewed by the Association.

Special Sessions These events are designed to provide useful information regarding professional rather than scientific issues. For more than 20 years the Internship and Postdoctoral Overviews have helped attendees find their educational path. Other special sessions often include expert panels on getting into graduate school, career development, information on grant applications, and a meeting of the Directors of Clinical Training. These sessions are not eligible for continuing education credit.

Other Sessions Other sessions not eligible for CE are noted as such on the itinerary planner, in the PDF program book and on the convention app.

How Do I Get CE at the ABCT Convention?

The continuing education fee must be paid (see registration form) for a personalized continuing education credit letter/certificate to be distributed. The current fee is \$99.00.

Which Organizations Have Approved ABCT as a CE Sponsor?

• Psychology

ABCT is approved by the American Psychological Association to sponsor continuing education for psychologists. ABCT maintains responsibility for this program and its content. Attendance at each continuing education session in its entirety is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit.

For ticketed events attendees must scan in and scan out and complete and return an individual evaluation form. For general sessions attendees must scan in and scan out and answer particular questions in the CE booklet regarding each session attended. It remains the responsibility of the attendee to scan in at the beginning of the session and out at the end of the session.

• Counseling

ABCT is approved by the National Board of Certified Counselors (NBCC) Approved Continuing Education Provider, ACEP No. 5797 and may offer NBCC-approved clock hours for events that meet NBCC requirements. Programs that do not qualify for NBCC credit are clearly identified. ABCT is solely responsible for all aspects of the program.

• Licensed Professionals

ABCT is approved by the California Association of Marriage and Family Therapists (CAMFT) to sponsor continuing education for counselors and MFT's, Continuing Education Provider (#133136). The ABCT Annual Convention meets the qualifications for 28 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. ABCT maintains responsibility for this program/course and its contents.

Continuing Education (CE) Grievance Procedure

ABCT is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. ABCT will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants. The monitoring and assessment of compliance with these standards will be the responsibility of the Coordinator of Convention and Education Issues in conjunction with the Convention Manager.

Although ABCT goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which come to the attention of the convention staff which require intervention and/or action on the part of the convention staff or an officer of ABCT. This procedural description serves as a guideline for handling such grievances.

All grievances must be filed in writing to ensure a clear explanation of the problem.

If the grievance concerns satisfaction with a CE session the Convention Manager shall determine whether a full or partial refund (either in money or credit for a future CE event) is warranted. If the complainant is not satisfied, their materials will be forwarded to the Coordinator of Convention and Continuing Education Issues for a final decision.

If the grievance concerns a speaker and particular materials presented, the Convention Manager shall bring the issue to the Coordinator of Convention and Education Issues who may consult with the members of the continuing education issues committees. The Coordinator will formulate a response to the complaint and recommend action if necessary, which will be conveyed directly to the complainant. For example, a grievance concerning a speaker may be conveyed to that speaker and also to those planning future educational programs.

Records of all grievances, the process of resolving the grievance and the outcome will be kept in the files of the Convention Manager.

A copy of this Grievance Procedure will be available upon request.

If you have a complaint, please contact Stephen R. Crane, Convention Manager, at scrane@abct.org or (212) 646-1890 for assistance.

Call for Award Nominations



to be presented at the 56th Annual Convention in New York City

The ABCT Awards and Recognition Committee, chaired by Sara R. Elkins, Ph.D., University of Houston Clear Lake, is pleased to announce the 2022 awards program. Nominations are requested in all categories listed below. Applicants from traditionally underrepresented backgrounds are particularly encouraged to apply. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.

Career/Lifetime Achievement

Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell and Mark B. Sobell, Philip C. Kendall, Richard G. Heimberg, and Patricia Resick. Applications should include a nomination form (available at www.abct.org/awards), two letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to ABCTAwards@abct.org. Include "Career/Lifetime Achievement" in the subject line. **Nomination deadline:** March 1, 2022.

Outstanding Educator/Trainer

This award is given to members of ABCT in good standing who have provided significant contributions toward educating and training cognitive and behavioral practitioners. Past recipients of this award include Gerald Davison, Leo Reyna, Harold Leitenberg, Marvin Goldfried, Philip Kendall, Patricia Resick, and Christine Maguth Nezu. Applications should include a nomination form (available at www.abct.org/awards), two letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one PDF document to ABCTAwards@abct.org. Include "Outstanding Educator/Trainer" in the subject line.

Nomination deadline: March 1, 2022

Outstanding Mentor

Eligible candidates for this award are members of ABCT in good standing who have encouraged the clinical and/or academic and professional excellence of psychology graduate students, interns, postdocs, and/or residents. Outstanding mentors are considered those who have provided exceptional guidance to students through leadership, advisement, and activities aimed at providing opportunities for professional development, networking, and future growth. Appropriate nominators are current or past students of the mentor. Previous recipients of this award are Richard Heimberg, G. Terence Wilson, Richard J. McNally, Mitchell J. Prinstein, Bethany Teachman, Evan Forman, Ricardo Munoz, and David A. F. Haaga. Please complete the nomination form at www.abct.org/awards. Email the completed form and associated materials as one pdf document to ABCTAwards@abct.org, and include "Outstanding Mentor" in the subject line. **Nomination deadline:** March 1, 2022

Sobell Innovative Addictions Research Award

The award is given to an individual who, through the performance of one or more research studies, has developed a novel and very innovative (1) program of research or (2) assessment or analytic tool or method that advances the understanding and/or treatment of addictions. The emphasis is on behavioral and/or cognitive research or research methods that have yielded exceptional breakthroughs in knowledge. The recipient receives \$1500 and a plaque. The 2020 recipient of this award was Christopher Correia, Ph.D. Candidates must be current members of ABCT and are eligible for the award regardless of career stage. Candidates may self-nominate or be nominated by others who need not be members of ABCT. Submissions should include the nomination form (available at www.abct.org/awards), nominee's curriculum vitae, a statement describing the addictions research contribution and why it is novel and advances the field (maximum 3 pages), two letters of support, and copies of publications, web materials, or other documents supporting the innovation and impact described in the nomination. Please e-mail the nomination materials as one pdf document to ABCTAwards@abct.org. Include "Sobell Research Award" in the subject line. **Nomination deadline:** March 1, 2022

David H. Barlow and Beverly A. Barlow Research Innovation Award

The David H. Barlow and Beverly A. Barlow Research Innovation Prize is an endowed named award that will be presented annually at the ABCT convention. A past president of the organization, Dr. Barlow has been actively involved in ABCT for over 50 years. Members of ABCT whose published work has contributed innovations that have significantly advanced cognitive behavioral theory, methodology, assessment, and intervention and/or related areas are eligible. These innovations will have made significant contributions to clinical practice or research on cognitive and/or behavioral modalities including their implementation and dissemination. Such contributions will be evident in one or more publications in high impact journals, citations of the candidate's work, evidence

that the work has advanced the field in important ways and letters by peers supporting these contributions and highlighting the innovations. The first award of \$2,500 plus a personalized plaque will be given in November 2022 to a recipient chosen by the ABCT Awards and Recognition Committee. Candidate must be a current ABCT member and can be at any stage of their career. Applicants may be self-nominated or nominated by a colleague. Please complete the nomination form at www.abct.org/awards, and include CV, statement of clinical research contributions, list of relevant publications and citations, and two letters of support for the nomination based on the criteria in the nomination form. Email the nomination materials as one PDF document to ABCTAwards@abct.org. Include "The Barlow Prize" in the subject line. **Nomination deadline:** March 1, 2022

The Francis C. Sumner Excellence Award

The Francis Cecil Sumner Excellence Award is named in honor of Dr. Sumner, the first African American to receive a Ph.D. in psychology in 1920. Commonly referred to as the "Father of Black Psychology," he is recognized as an American leader in education reform. This award can be given on an annual basis, awarded in even years to a graduate student and in odd years to an early career professional within the first 10 years of terminal degree. Candidate must be a current member of ABCT at the time of the awards ceremony and priority will be given to students and professional members of ABCT at the time of the nomination. The award is intended to acknowledge and promote the excellence in research, clinical work, teaching, or service by an ABCT member who is a doctoral student or early career professional within 10 years of award of the PhD/PsyD/EdD/ScD/MD who identifies as Black or Indigenous. The award is given to recognize that Black and Indigenous practitioners and scholars are underrepresented in clinical psychology, despite making important contributions to our field. The Francis C. Sumner Excellence Award is meant to reflect the overarching goal of ABCT supporting its members of color. The 2021 recipient of this award was Isha Metzger, Ph.D. The recipient will receive \$1,000 and a certificate. Please complete the online nomination materials at www.abct.org/awards. Email the nomination materials as one PDF document to ABCTAwards@abct.org, and include "Francis C. Sumner Award" in the subject line.

Nomination deadline: March 1, 2022

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

Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. The 2021 recipient of this award was Christian Webb, Ph.D. This award includes a cash prize of \$1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 10 years of receiving his/her the doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applicants should submit: nominating cover letter, CV, personal statement up to three pages, and two supporting letters. Application materials should be emailed as one pdf document to ABCTAwards@abct.org. Include candidate's last name and "Albano Award" in the subject line.

Nomination deadline: March 1, 2022

Distinguished Friend to Behavior Therapy

This award is given annually to an individual or organization that supports the aims of ABCT in providing awareness, advocacy, or evidence-based behavioral health services in the field of cognitive and behavioral therapies. Eligible candidates for this award should NOT be members of ABCT, but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Candidates are nominated by an ABCT member and applications should include a letter of nomination/support and a curriculum vitae of the nominee. Recent recipients of this award include The Honorable Erik K. Shinseki, Michael Gelder, Mark S. Bauer, Vikram Patel, Benedict Carey, and Bivian "Sonny" Lee III. Please e-mail the nomination materials as one PDF document to ABCTAwards@abct.org. Include "Distinguished Friend to BT" in the subject line. **Nomination deadline:** March 1, 2022

President's New Researcher Award

ABCT's 2021-22 President, Laura Seligman, Ph.D., invites submissions for the 44th Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of \$500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent, innovative work published in high-impact journals; and promise of contributing to cognitive and behavioral theory to advance the field. Scholars who trained in smaller labs or who work in less research-intensive environments are encouraged to apply, as the quality and potential impact of one's work, not the number of publications, will be the focus. Requirements: must have had terminal degree (Ph.D., M.D., etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2015); must submit an article for which they are the first author (in press, or published during or after 2018); 2 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. Applicants from traditionally underrepresented backgrounds, or whose work advances our understanding of behavioral health disparities, are particularly encouraged to apply. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline:** March 1, 2022.

Student Dissertation Awards

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

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2022. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted, or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards. Email the nomination materials (including letter of recommendation) as one pdf document to ABCTAwards@abct.org, and include candidate's last name and "Student Dissertation Award" in the subject line. **Nomination deadline:** March 1, 2022

Graduate Student Research Grant

The ABCT Research Facilitation Committee is sponsoring a grant of up to \$1000 to support graduate student research. The grant will be awarded based on a combination of merit and need. Eligible candidates are graduate student members of ABCT seeking funding for an unfunded (including internal sources of funding) thesis or dissertation project that has been approved by either the faculty advisor or the student's full committee. Applications should include all of the materials listed in GSRG Application Guidelines (<https://www.abct.org/membership/abct-awards/>) and one letter of support from a faculty advisor. Please email the application, excluding the advisor letter, in a single pdf to the chair of the Research Facilitation Committee, Ryan Jacoby, Ph.D. Include "Graduate Student Research Grant" in your subject heading. Please ask your faculty advisor to e-mail a letter of support separately.

Application deadline: March 1, 2022

Student Travel Award

This award recognizes excellence among our student presenters and is intended to defray some of the travel costs associated with presenting at the convention with a cash prize of \$500. This award money is to be used to facilitate travel to the ABCT convention. To be eligible, students must 1) have their symposium or panel submission for the 2022 ABCT convention accepted for presentation; 2) be a symposium presenter (i.e., first author on a symposium talk) at the ABCT annual convention; 3) be a student member of ABCT in good standing; and 3) be enrolled as a student at the time of the convention, including individuals on predoctoral internships, but excluding post-baccalaureates. Awards are highly competitive and preference is given to projects demonstrating student initiation and independence, and innovation for the field. Two awards are given annually, with one granted to an underrepresented student member, defined broadly as race, ethnic background, sexual orientation, or discipline. Additional requirements and submission instructions are available on the Student Travel Award Application found online at www.abct.org/awards. Award winners will be announced in mid-September 2022. **Application deadline:** July 22, 2022

Elsie Ramos Memorial Student Poster Awards

This award is given to student first authors whose posters have been accepted for presentation at ABCT's Annual Convention. The winners each receive an ABCT Student Membership and a complimentary general registration at the next year's ABCT's Annual Convention. To be eligible, students must 1) have their poster submission for this year's ABCT convention accepted for presentation; 2) be student members of ABCT in good standing; and 3) be enrolled as a student at the time of the convention. Awards are highly competitive and preference is given to projects demonstrating student initiation and independence and innovation for the field. Three awards are granted annually. Additional requirements and submission instructions are available on the Elsie Ramos Memorial Student Poster Award Application found online at www.abct.org/awards. Award winners will be announced in mid-September 2022.

Application deadline: July 22, 2022

Outstanding Service to ABCT

This award is given annually to an individual who has displayed exceptional service to ABCT. Nominations for this award are solicited from members of the ABCT governance. Please complete the nomination form found online at www.abct.org/awards/. Email the completed form and associated materials as one pdf document to ABCTAwards@abct.org. Include "Outstanding Service" in the subject line. **Nomination deadline:** March 1, 2022

The ABCT Forums have replaced the list serve. The Forums are a place to communicate and network with other ABCT members. Users of the ABCT Forums will receive email notifications whenever a new thread is created, and have the ability to subscribe to threads and receive email notifications whenever a new post is made on that thread. Users of the ABCT Forums will also have the ability to create new topics of discussion and message other ABCT members privately.

You can access the ABCT Forums by visiting abct.org and clicking on ABCT Forums link, or by logging in to your ABCT account. If you have not already set up your ABCT Forums profile, you will be prompted to do so. Once that has been set up you will have complete access to the Forums!

We hope to expand the scope of our Forum topics over the coming months. For now, we encourage you to share any job/internship opportunities, clinical referrals, or general discussion topics to the Forums! If you have any questions, please reach out to membership@abct.org.

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the Behavior Therapist

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