

the Behavior Therapist

Contents

Jill Ehrenreich-May

A Vision for Value-Driven Work in 2023 • 57

Mary Jane Eimer

Entering 2023 With Positivity • 60

The Post-Convention Issue

Editor's Message

Richard LeBeau

Introduction to the Post-Convention Issue • 62

News

Dominique Legros and Nicholas Crimarco

"CBT for the Public Good: Why We Need to Be More Comfortable Using Someone Else's Toothbrush": Reflections on Dr. Laura Seligman's Presidential Address • 62

Julia S. Yarrington

"Cognitive Processing Therapy: Where Have We Come and What Is Next": Reflections on Dr. Patricia Resick's Lifetime Achievement Award Address • 64

Samantha Moshier

"Addressing the Mental Health Crisis Facing Youth: We Need to Respond Now to Promote the Growth of Our Youth!": Reflections on Dr. Melissa Brymer's Invited Address • 68

Gregory S. Chasson

"Climate Change, Health, and Equity": Reflections on Dr. Cheryl Holder's Invited Address • 69

Alice I. Cohen and Amanda E. Chue

"The Role of the University of Puerto Rico Medical Sciences Campus in the COVID-19 Public Health Response in Puerto Rico": Reflections on Dr. Carmen Zorrilla's Invited Address • 70

Anna D. Bartuska, Alyssa Herman, Alayna L. Park

"Evidence for Emergency and Disaster Response: We Need a Faster Lane for Science": Reflections on Dr. Enola Proctor's Invited Address • 72

[continued on next page]

PRESIDENT'S MESSAGE

A Vision for Value-Driven Work in 2023

Jill Ehrenreich-May, *University of Miami*



2022 was a year in which over 50 years of history regarding harmful and unethical applications of cognitive and behavioral interventions came to a head in an incredibly visible, emotional, and difficult way. It is critical that we learn from the mistakes made by ABCT during this time, while also finding ways to build upon strengths of the organization and its leadership. For example, in this last year, our membership grew larger, our website received a comprehensive redesign that improved its visual appeal and accessibility, and, as detailed in this issue, we were able to return to a truly outstanding Annual Convention in New York that both brought us back together in person and highlighted the work of diverse stakeholders in the organization. The Board also had difficult but important conversations about our priorities moving forward and committed to taking a hard look at ABCT's structure and activities in order to improve its handling of issues related to diversity, equity, inclusion, and justice (DEIJ).

Clearly, 2022 was a very difficult year for ABCT. Issues related to ABCT's apology statement addressing our field's role in the use of so-called "conversion therapies," or sexual orientation and gender identity change efforts (SOGICEs), spiraled into a public reckoning with our past leadership and opened many people's eyes to the reality that cognitive and

[continued on p. 59]

the Behavior Therapist

Published by the Association for Behavioral and Cognitive Therapies

305 Seventh Avenue - 16th Floor
New York, NY 10001 | www.abct.org
(212) 647-1890 | Fax: (212) 647-1865

Editor: Richard LeBeau

Editorial Assistant: Julia Yarrington

Associate Editors

RaeAnn Anderson

Trey Andrews

Lily Brown

Gregory Chasson

Amanda Chue

Nicholas Crimarco

Najwa Culver

Brian Feinstein

Resham Gellatly

Angela Haeny

Angela Moreland

Samantha Moshier

Alayna Park

Jae Puckett

Jennifer Regan

Amy Sewart

Tony Wells

Katherine Young

Lucas Zullo

ABCT President: Jill Ehrenreich-May

Executive Director: Mary Jane Eimer

Director of Publications: David Teisler

Convention Manager: Stephen Crane

Managing Editor: Stephanie Schwartz

Membership & Marketing Manager:

Rachel Lamb

Copyright © 2023 by the Association for Behavioral and Cognitive Therapies. All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.

Subscription information: *tBT* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at \$40.00 per year (+\$32.00 airmail postage outside North America). **Change of address:** 6 to 8 weeks are required for address changes. Send both old and new addresses to the ABCT office.

ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

All items published in *the Behavior Therapist*, including advertisements, are for the information of our readers, and publication does not imply endorsement by the Association.

The Post-Convention Issue

Angela Moreland

“Psychological Science’s Role in Addressing Mental, Physical, and Social Health Epidemics: A Call to Action”: Reflections on the Invited Panel • 74

Sol Rabine and Jae A. Puckett

“Open Science: The Future of Psychology”: Reflections on the Invited Panel • 72

Angela Moreland

“Funding Mechanisms for Behavioral Science Research”: Reflections on the Invited Panel • 79

News

Lillian Reuman

ABCT Spotlight on a Mentor 2022 • 81

Op-Ed

Alana Egan, Melissa R. Schick, Victoria Pipolo, Keoni Bermoy, Nichea S. Spillane

Letter to the Editor: Response to “Call to Action: Mobilizing Clinical Psychology Programs to Support AAPI Trainees” • 83

At ABCT

Call for Champions | 85

Call for Award Nominations | 86

Call for Applications: Fellows | 89

Annual Convention

Call for Abstracts—General Sessions | 90

Call for CE Sessions—Ticketed Sessions | 91

Preparing to Submit an Abstract | 92

Continuing Education | 93

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>): *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.

behavioral interventions have been used to harm, as well as heal. Confusion and delay following this in terms of allowable and legal actions regarding articles about SOGICES in ABCT's journals, specifically *Behavior Therapy*, then followed. We are at a critical moment for our organization and for the field of cognitive and behavioral therapy (CBT) more broadly. I'd like to take a moment to reflect on how we can actively address these harms and minimize the likelihood that our methods are used by practitioners in unethical and actively hurtful ways.

So, how does an organization move forward in the wake of such a challenging time? What are the critical issues and values that I can emphasize in my term as President of ABCT that might help us become a more engaged, welcoming organization that is also willing to openly address and correct its failures? Below, I briefly identify the critical issues and values I see as necessary for this evolution, as well as where we have hit roadblocks in addressing these before, and why the time is now to build consensus on a plan for ABCT's future.

Communication and Consistent Action

To be honest, before I ran for ABCT President back in late 2020, I knew very little about how the organization was run day to day, or even how to get involved with leadership. Part of this was surely my naivete, but this lack of knowledge also reflects a historic problem with ABCT's patterns of communication. ABCT has struggled for a long time with providing savvy, clear, and easily digestible information to its membership about its operations and has faced challenges regarding opaque or delayed responding when changes or actions are requested. The lack of clear, effective communication also furthered misinformation and confusion in the wake of the statement regarding SOGICES and the subsequent retractions policy debate. Clearly, it is imperative that ABCT commit to a more responsible, transparent, and rapid plan for managing information about its operations, actions, and developments in real time.

Several actions are already underway to improve our communications in 2023. The engagement of an excellent media and public relations consultant during 2022 highlighted the need for this expertise in our central office. To that end, the Board recently approved the hiring of a Senior

Communications Manager to spearhead public relations campaigns, enhance social media engagement, work with other media outlets, and provide direct, real-time communications to membership. Central to this hire is the ability to quickly and deftly provide our membership with a clear understanding of important, values-driven messages about the organization's work, and CBT, more broadly. As an individual leader, I have also made it my mission to frequently and openly communicate in a clear manner with our membership. For example, we have started ABCT Office Hours to allow members the opportunity to meet with me one-on-one about any issue they would like to share with leadership, so that I can directly follow with actions, where appropriate, and communicate back to the individual. I have increased the frequency of communications between the President and our Board members, Committee Chairs, and SIG Leaders to advance actionable items quickly and efficiently.

As important as it is to improve our communications, no amount of savvy communications can overcome poor follow-through on actions important to our membership. Only a couple of months into my term, I can see how easy it is for a leader in ABCT to lose their way in ensuring that actions important to our membership are seen, and sufficiently responded to, given the volume of requests and inquiries. So, I am committing to you all in writing that, if you bring an issue to our Board members, we will take actions to ensure that idea or concern is either addressed or clarified back to you in a timely manner. If you feel you are getting inadequate follow-through on an important item, I am happy to address your concern personally.

Respecting Our Members

In a world facing deep ideological divides, and in an organization with members and staff that span decades in age, work in different settings, and have varied lived experiences, it is assured that people will disagree about many things. Such disagreements became visible and public on social media during the time frame following the apology statement. Disagreement and dissent are essential for growth. As painful and uncomfortable as it feels when others do not agree with our point of view, there is a necessity in understanding those points of view that differ from your own, and their potential validity, in order to

bridge divides. As an organization, I believe we cannot evolve if we do not respectfully and clearly prioritize seeing other points of view, particularly the views of those that have been historically excluded from our organization and its associated fields of research. This may be uncomfortable for members who are used to their points of view being centered historically, but now is the time to embrace that discomfort and reach out to those who disagree with you. The field of cognitive and behavioral interventions risks becoming a dinosaur if we do not better understand how to respond to its critics with humility. ABCT can and should be a central player in this change.

Addressing DEI Issues and Oppression in Our Ranks via an Intersectional Lens

While advancing our organizational mission to advance the science and practice of CBT, ABCT must continue to evolve as a more welcoming, accessible space now. Our recent conference in New York was an excellent example of convention programming consistent with our values for a more inclusive, welcoming environment. For example, there was a tremendous amount of wonderful programming on sexual and gender minority mental health issues. Past Board members and central office staff have also worked hard to advance the organization's mission in this regard. As a result, much of our other educational resources are incredibly thoughtful in their handling of DEI issues, and our website is now a model for accessibility, among other highlights. However, this is not nearly enough. We have a wonderful consultation team in BARE Mental Health and Wellness on DEI issues that is spending a great deal of time engaging with our membership via surveys and focus groups on how we can improve. We have also had both new and prior task forces that addressed similar questions. There are some action items on our Board agenda for early 2023 that I hope will start to bring our student membership and those from underrepresented and historically marginalized and minoritized groups to the forefront in ABCT. These are groups that have served as leaders in ABCT and yet have not had the same access or rights as the rest of our membership or have experienced oppression within our group. This is unacceptable for an organization operating in 2023. Now is the time to invest our time and resources in DEI goals. In addition to more immediate Board actions on the horizon, we will host

a strategic planning retreat in May 2023 to synthesize the feedback of BARE and other groups that have meaningfully addressed DEIJ problems in ABCT. I expect we will leave this retreat with an inclusion roadmap that should act as a guide for future Boards to follow in this regard.

The 2022-23 ABCT Board is the first all-woman Board in ABCT's history. Although this is great progress, it is important to note that the Board is composed entirely of White, cisgender women. In order to be inclusive and effective, the decisions being made by this Board actively require purposeful interaction with minoritized persons (e.g., BIPOC, gender diverse folks) that bring other lenses to our process. We need to make this organization a place worth investing in for all of our members so that we can join together in crafting meaningful actions for all. By making ABCT an organization worth investing in, it is also my hope that we will increase the likelihood that future Boards are more diverse in their membership.

Caring for ABCT

I personally feel that ABCT, its Board, and its central office have not struggled as much with misalignment of core values, but more with how to enact our vision about how to address significant structural problems. At this point, leaving ABCT running "business as usual" is not a viable path to a more inclusive future. Some might wish to say that ABCT is fundamentally flawed and cannot be fixed (and similar arguments have been made about cognitive and behavioral interventions themselves). However, I suspect that if you have made it this far in reading this column, it is because you care about our organization, view it as your professional home, and truly wish to see it evolve. It is my responsibility to take the lead in acting within these values I have just laid out and live by example as your President this year. I hope you will join me in this effort.

...

The author has no conflicts of interest or funding to report.

Correspondence to Jill Ehrenreich-May, Ph.D., University of Miami, 503 Almeria Ave., Miami, FL 33134-5703; j.ehrenreich@miami.edu



AT ABCT

Entering 2023 With Positivity

Mary Jane Eimer,
Executive Director

BEGINNING A NEW YEAR comes with big changes and small: new leadership, a new convention theme, a new line-up of webinars, new and evolving sets of priorities; and a new calendar to keep us on schedule in meeting numerous deadlines.

A few initiatives coming in 2023:

- ABCT leadership will be receiving a report from BARE Mental Health and Wellness, our DEIAJ consulting firm, with recommendations on how we can be a more welcoming and inclusive organization.
- Staff member Rachel Lamb has been promoted to our Membership and Marketing Manager position.
- We will hire a Senior Communications Specialist to handle our public relations needs.
- Our Policies and Procedures will have undergone a thorough revision and update, making it easier for members of governance to understand their role in addition to ABCT policies and operations.
- Our Triannual Strategic Planning Retreat will be held this spring where the Board of Directors, Coordinators, and staff will revise and add to our strategic intent to address the changing needs of ABCT and its stakeholders.

Our November 2022 convention was a major success. What a delightful change to meet in person with over 3,700 colleagues after two years of virtual meetings! One of the highlights of our Annual Convention is our Awards and Recognition ceremony. We recognized the excellent work of our members, congratulated the 2022 Fellows class, and acknowledged the contributions of our nonmember Champions. Photographs and listing of our winners are posted on the website. Now is the time to consider nominating a colleague or yourself for one of our awards: deadline for nominations is March 1.

Plans are well under way for our 57th Annual Convention in Seattle, Washington, at the Hyatt Regency Hotel. This year's

theme is *Cultivating Joy With CBT*. Please keep in mind that attendance to the convention theme is no longer a review criterion for submissions. We hope you will consider presenting your work and attending the convention over the dates of November 16–19. The Call for Papers closes March 14.

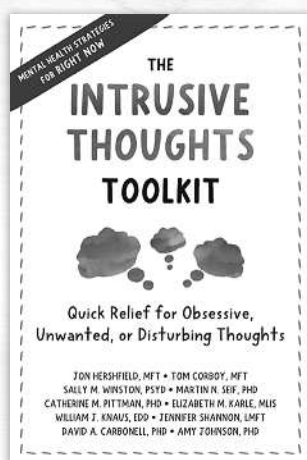
Save the date: the 11th World Congress will be held June 1–4 in Seoul, Korea. This is a unique opportunity to meet and network with colleagues from around the world. The congress theme, *Global CBT Dissemination, Accessibility and New Technology*, acknowledges the global need to continue research while addressing a comprehensive dissemination strategy. There is still time to submit abstracts for Open Papers, Symposia, Half-Day in-Congress Workshops, Panel Debates, Clinical Round Tables and Posters, but the deadline is fast approaching: February 12, 2023. Click here to submit: https://wccbt2023.org/program/program_04.html?sMenu=04 or visit ABCT's website and click on the International page for more details and links.

These congresses are different from the ABCT meetings in that there are many opportunities for networking and getting to know a little bit about of the culture of the city and country where we are meeting. For you long-range planners, ABCT will be hosting the 2026 World Congress in San Francisco from June 24–28. And yes, ABCT will be holding its traditional November Annual Convention.

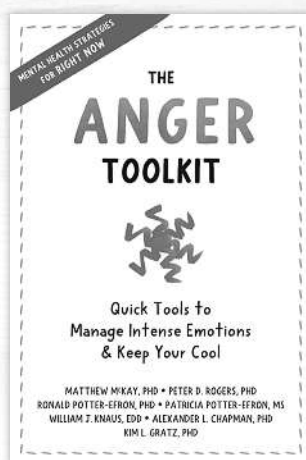
Friday, April 7 has been designated World CBT Day by the World Confederation of Cognitive and Behavioral Therapies. The initiative is to offer global presentations directed towards the public that address issues related to uncertainty, the psychosocial aspects of anxiety and threat, using evidence-based strategies to manage stress and anxiety based on CBT principles. ABCT will be coordinating presentations by our members using social media platforms. Information on this will be posted on our website.

We want ABCT to be your professional home. Your staff take pride in the work you do and our efforts to support it. If you have a question or would like to get involved in our governance, please be encouraged to contact me or another staff member. We look forward to working with you over the coming year. ■

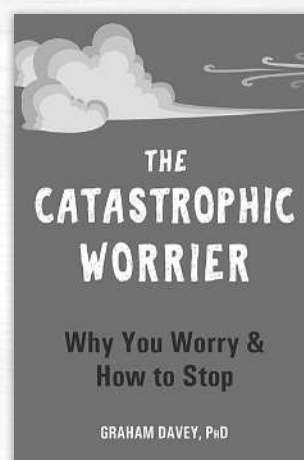
ESSENTIAL RESOURCES *for YOUR PRACTICE*



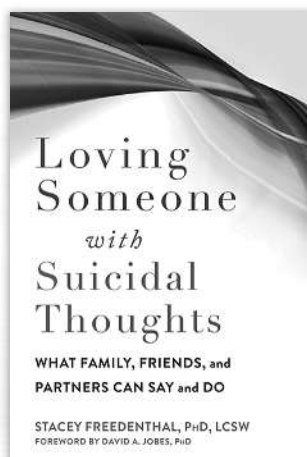
ISBN: 978-1648481390 | US \$16.95



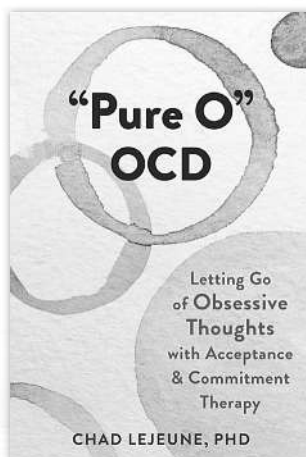
ISBN: 978-1648481338 | US \$16.95



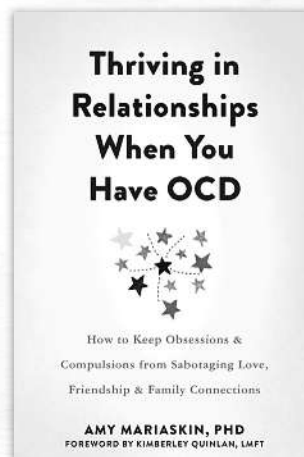
ISBN: 978-1648480348 | US \$18.95



ISBN: 978-1648480249 | US \$19.95



ISBN: 978-1648480409 | US \$18.95



ISBN: 978-1648480584 | US \$18.95

 newharbingerpublications

1-800-748-6273 | newharbinger.com

Learn more about evidence-based continuing education and training with

 PRAXIS praxiscet.com

CLINICIANS
CLUB 

 newharbingerpublications

Join today for 35% off professional books, free e-books, client resources, and more at

newharbinger.com/clinicians-club

Introduction to the Post-Convention Issue

Richard LeBeau, *University of California, Los Angeles*



FOR MORE THAN A HALF CENTURY, the ABCT Annual Convention has been a time when clinicians and researchers dedicated to the advancement of cognitive and behavioral therapies have come together to present new findings, learn about the latest advancements in the field, discuss key issues facing our field, expand their professional networks, and reconnect with colleagues. The transition of the convention from in-person to virtual in 2020 and 2021 due to the COVID-19 pandemic was a significant disappointment to the thousands of people who look forward to attending the convention. Although the ABCT staff did an extraordinary job of making these virtual conventions informative and meaningful experiences, many were thrilled to return to an in-person convention last November. I was one of the thousands of eager ABCT members who convened in the heart of Manhattan from November 17 to November 20 for the 56th Annual Convention, and it did not disappoint. I left the conven-

tion feeling invigorated by new ideas, proud of what our field is accomplishing, and moved by the many wonderful reunions I had with colleagues.

A tradition of the *Behavior Therapist* that I have enthusiastically continued during my time as Editor is devoting an issue to what transpired at the convention. The so-called post-convention issue contains pieces that both summarize and reflect on the numerous invited addresses and panels. This past November, we were fortunate to have nine invited sessions, including: the Presidential Address by Dr. Laura Seligman; the Lifetime Achievement Award Address by Dr. Patricia Resick; three invited panels moderated by Dr. Rosaura Orenge-Aguayo and Dr. Daniel McNeil; and four invited addresses by Dr. Melissa Brymer, Dr. Cheryl Holder, Dr. Carmen Zorilla, and Dr. Enola Proctor. Several of the invited sessions touched upon issues related to the convention's important and timely theme, "Emergency & Disaster Preparedness and Response: Using Cognitive and Behavioral Science to Make an Impact."

In addition to pieces reflecting on the nine invited sessions, the issue also contains the first President's Message from Dr. Jill Ehrenreich-May, whose tenure as ABCT President began at the convention; profiles of the four "Spotlight on a Mentor" winners; information about the forthcoming convention in Seattle; and more. I hope that this issue serves as a valuable resource and a thought-provoking read. I am sincerely grateful to all of the individuals who presented at and organized the convention, as well as the individuals who dedicated the time to writing the pieces contained in this issue.

I am very excited for what *tBT* has in store in 2023, which will mark my last year as Editor. In addition to the exciting special issues we have planned, we are working on various enhancements to the journal to maximize its usefulness as a resource for our field and increase its attractiveness as a publication outlet. As always, I welcome all of you to email me at rlebeau@ucla.edu to communicate ideas, suggestions, questions, or constructive criticisms regarding *tBT*.

. . .

No conflicts of interest or funding to disclose.

Correspondence to Richard T. LeBeau, Ph.D., Department of Psychology, University of California, Los Angeles, 1285 Franz Hall Box 951563, Los Angeles, CA 90095; rlebeau@ucla.edu

NEWS

"CBT for the Public Good: Why We Need to Be More Comfortable Using Someone Else's Toothbrush": Reflections on Dr. Laura Seligman's Presidential Address

Dominique Legros, *Pace University*

Nicholas Crimarco, *Columbia University*

THE PRESIDENTIAL Address at ABCT's 56th Annual Convention highlighted the impacts of cognitive behavioral science, as well as various factors that may increase the potential of the field to better benefit larger society. This timely presentation by the 2021–22 ABCT President, Dr. Laura Seligman, compellingly reviewed the current

methods in psychological research that often may emphasize productivity over meaningful public impact.

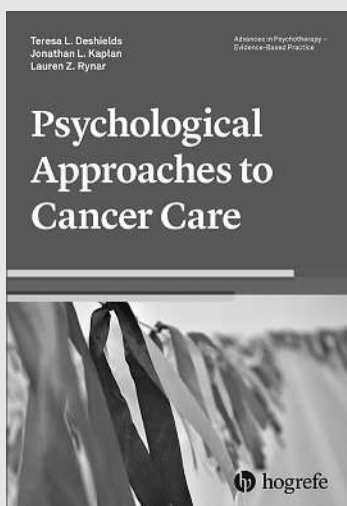
ABCT's President-Elect, Dr. Jill Ehrenreich-May, introduced Dr. Seligman as a hardworking and passionate psychologist, and a caring and supportive individual who deeply values family life and connection.

Dr. Seligman's successful career as a psychologist led her to her current work focusing on internalizing disorders among youth populations and evidence-based behavioral health treatments, including the prevention of dental anxiety. She works toward the promotion of inclusion and equity, which is apparent in her work to develop culturally appropriate treatments for dental phobia among youth.

Dr. Seligman's Presidential Address had little to do with sharing toothbrushes, however, and much to do with meaningful impacts of science, collaboration, honesty, and transparency within scientific work. Like an aversion to sharing toothbrushes, Dr. Seligman pointed out the tendency for our field to avoid the use of others' theories, perhaps to produce novel findings. The presentation began with Dr. Seligman illustrating the shortcomings of this approach, the reality that although many individuals are fortunate to be helped by the progress



A comprehensive, evidence-based guide to the role of psychology in cancer care



*Advances in Psychotherapy –
Evidence-Based Practice, vol. 46*
2023, vi + 86 pp., \$29.80
ISBN 978-0-88937-511-6
Also available as eBook

Teresa L. Deshields / Jonathan L. Kaplan / Lauren Z. Rynar

Psychological Approaches to Cancer Care

This volume provides psychologists, physicians, and other health care providers with practical and evidence-based guidance on the delivery of psychological interventions to patients with cancer. The authors succinctly present the key principles

and theoretical models of cancer-related distress and explore clinical assessment and interventions in cancer care, in particular psychological and psychiatric treatments, multidisciplinary care management, and supportive interventions.

“This is a go-to resource for clinicians and trainees seeking to provide state-of-the-art, evidence-based supportive care for patients and families affected by cancer.”

Joseph A. Greer, PhD, Associate Professor of Psychology, Harvard Medical School, Boston, MA



www.hogrefe.com

 **hogrefe**

and products of science, some are not as fortunate in this regard. Dr. Seligman demonstrated that, in some cases, scientific findings are translated into valuable practice, while in other cases the lack of translation may lead people to not receive the most relevant and up-to-date treatment or care.

Dr. Seligman emphasized that these benefits of scientific progress strongly rely on science that is done well, asks many important questions, and disseminates information to the people who might benefit most. To provide an example, Dr. Seligman described two strategies when playing the game 20 Questions (i.e., a game in which one may ask 20 yes-or-no questions to determine the object that the other player is thinking of). When playing this game, one strategy may be to ask seemingly random but specific questions that eliminate one object at a time. Another strategy may be to approach the game with a plan to obtain broader information to help deduce

what the object is in a more efficient and systematic manner. When we do not incorporate existing theory into our hypothesis testing, it is akin to approaching the game randomly. As a result, the observed effects do not always extend beyond what we already know, leading to research that continues to benefit and help the same sets of individuals and groups. Dr. Seligman called on our field to return to already established scientific theory to inform our research questions to ensure that findings are meaningful and advance established knowledge. Dr. Seligman maintained that theories seek to explain reality in both a broad and specific way. They ask about what is going on in the world, rather than what is going on within specific populations or groups of people. Moreover, theories focus on accumulation of knowledge rather than frequent discovery of new effects. And, importantly, Dr. Seligman emphasized that theories can be wrong, and that being wrong can result in mean-

ingful contributions to scientific knowledge.

Dr. Seligman closed her presentation by asking important questions. Do we always need more? Or do we need more meaningful work? Her presentation was timely and inspiring during a moment in history when the need for mental health care is exceedingly present, and access is not equitable to people of all backgrounds. An emphasis on theory, collaboration, and building on others' work will expand scientific knowledge and deepen our contributions to the public.

...

The authors have no conflicts of interest or funding to report.

Correspondence to Nicholas Crimmarco, Ph.D., 155 White Plains Rd., Suite 200, Tarrytown, NY 10591; nc2716@cumc.columbia.edu

NEWS

“Cognitive Processing Therapy: Where Have We Come and What Is Next”: Reflections on Dr. Patricia Resick’s Lifetime Achievement Award Address

Julia S. Yarrington, *University of California, Los Angeles*

DR. PATRICIA RESICK received the ABCT Lifetime Achievement Award at the 55th Annual ABCT Convention. Dr. Resick is a Professor of Psychiatry and Behavioral Sciences at Duke Health and an Adjunct Professor at the University of South Carolina. Prior to her current position, Dr. Resick was a Professor at the University of Missouri–St. Louis. She also developed and served as the first Director of the Center for Trauma Recovery and later became the Director of the Women’s Health Sciences Division of the National Center for PTSD. Dr. Resick is a leader in the study and treatment of post-traumatic stress disorder (PTSD). She is perhaps most well-known for developing Cognitive Processing Therapy (CPT) for PTSD in 1988 and subsequently conducting numerous clinical trials examining treatment effects. CPT is a brief evidence-based treatment that can be delivered in individual or group formats and is now considered

a first-line therapy for PTSD. Dr. Resick’s program of research has been highly influential; she has published over 350 articles and chapters and 11 books on PTSD. She has held numerous leadership positions, including serving as President of both the International Society for Traumatic Stress and ABCT, and has received numerous research and mentoring awards.

In her Lifetime Achievement Address, Dr. Resick began by reviewing the origins and components of CPT. Dr. Resick noted that CPT was developed to treat survivors of sexual assault, with a goal of providing group treatments to women in rape treatment centers. Dr. Resick described the content of CPT, stating that the 12-session treatment begins with psychoeducation about trauma and PTSD symptoms, asking patients to write a statement that describes the impact of a trauma, and sometimes asking patients to provide a written account

of their trauma. Patients subsequently learn to differentiate between events, thoughts, and feelings. In later sessions, patients receive psychoeducation about faulty thinking patterns and then work through their thoughts that have been impacted by and contributed to nonrecovery from trauma. Ultimately, patients learn to notice their own faulty thinking patterns and to develop alternative thoughts. Next, patients address overaccommodated thoughts, or those that are overgeneralized and tend to be present or future-focused, through modules on beliefs that are commonly impacted by trauma (e.g., beliefs related to safety) with the same skills, such as noticing unhelpful thoughts, evaluating the evidence, and developing more effective alternative thoughts. Treatment concludes with patients writing a posttreatment statement regarding the impact of their trauma, with the goal of contrasting the pre- and post-treatment statements to highlight the learning that has taken place throughout the course of the treatment.

Since the initial trial of CPT in 1992 (Resick & Schnicke, 1992), over 36 randomized-controlled trials (RCTs) have been conducted to examine effects of CPT when applied to various types of traumas, in different populations (e.g., civilians, active-duty military, veterans, men, women, adolescents, children), and across six different countries (e.g., Matulis et al., 2014; Resick et al., 2015; Schnurr et al.,

2007; Surís et al., 2013). Dr. Resick described major findings from the body of literature on CPT. Broadly, individual CPT has been found to be highly effective in treating PTSD, although Dr. Resick noted that effect sizes were slightly weaker in veteran populations. Additionally, trials of group compared to individual CPT have demonstrated that group CPT is noninferior to individual CPT (Resick et al., 2017), with exceptions among individuals with current symptoms of traumatic head injuries, suggesting that in many cases, group treatments could reduce wait times and increase the number of patients served without compromising treatment outcomes. Beyond highlighting the efficacy of CPT, RCTs have been helpful in elucidating predictors of treatment outcomes and dropout. Overall, data suggests that more frequent sessions (i.e., 2 times per week), completion of homework assignments, higher cognitive flexibility, and lower avoidance of engaging with therapists predicted better PTSD outcomes. However, data also suggested that patient expressions of anger, fear, and sadness did not predict

treatment outcomes, indicating that patients' expressed emotion is not a barrier to effective treatment and symptom reduction. Dr. Resick also detailed therapist predictors of treatment outcomes. Therapist fidelity to the CPT protocol predicted reductions in negative cognitions and depression. Therapist competence in Socratic questioning and prioritizing targeting assimilated as opposed to overaccommodated thoughts predicted greater improvements in PTSD symptoms. Interestingly, therapists' expressions of empathy did not predict PTSD outcomes, and results broadly indicate that skillfulness in Socratic questioning is a key therapist factor in treatment outcomes. Last, in terms of predictors of dropout, practical or logistical issues emerged as one of the strongest predictors of terminating treatment (e.g., lack of time, length of commute to therapy), although some patients who dropped out reported a belief that therapy would not help. Notably, Dr. Resick stated that veterans who received support from loved ones regarding treatment are twice as likely to remain in treatment, underscoring

the importance of interpersonal support. Strong therapeutic alliance was also associated with reductions in dropout.

Next, Dr. Resick described several dismantling or adaptation studies. Dr. Resick noted that in the past, a critique of CPT had been that exposure to the trauma through a written account was the most helpful aspect of the treatment, rather than changes in cognition. This critique inspired a dismantling study, which probed the effects of CPT+A (i.e., CPT with the trauma account) compared to CPT alone (Resick et al., 2008). Results showed that individuals who received CPT alone demonstrated a significant drop in symptoms earlier in treatment than those who received CPT+A. Furthermore, those in the CPT+A group had a 15% higher dropout rate. Dr. Resick noted that the study demonstrated no benefit to exposure to the trauma through a trauma account, with the exception being among individuals who experienced dissociation, and therefore that only in specific circumstances is inclusion of the trauma account helpful or necessary. As far as adaptations,

Barry Lubetkin, Ph.D., ABPP
Steven Fishman, Ph.D., ABPP
Founders



INSTITUTE *for* BEHAVIOR THERAPY

New York City

Celebrating Our 51st Year

Barry S. Lubetkin, Ph.D., ABPP, Director

Since 1971, our professional staff has treated over 30,000 patients with compassionate, empirically-based CBT. Our specialty programs include: OCD, Social Anxiety Disorder, Panic Disorder, Depression, Phobias, Personality Disorders, and ADHD-Linked Disorders, and Child/Adolescent/Parenting Problems.

Our externs, interns, postdoctoral fellows and staff are from many of the area's most prestigious universities specializing in CBT, including: Columbia, Fordham, Hofstra, Rutgers, Stony Brook, St. John's, and Yeshiva Universities.

Conveniently located in the heart of Manhattan just one block from Rockefeller Center. Fees are affordable, and a range of fees are offered.

For the safety and welfare of our patients and our mental health colleagues, the Institute is offering virtual individual therapy sessions, as well as virtual supervisory sessions by our senior staff members.

For referrals and/or information, please call: (212) 692-9288

— or call or text Dr. Lubetkin directly at 917-744-0131 —

20 East 49th St., Second Floor, New York, NY 10017 | e-mail: info@ifbt.com | web: www.ifbt.com

Dr. Resick reviewed several trials examining flexible-length CPT, based upon evidence that some individuals may not need the full 12-session treatment (e.g., early responders) whereas some nonresponders may simply need additional sessions. Broadly, flexible-length studies demonstrated that additional sessions, including “stressor sessions” (i.e., sessions intended to address major psychosocial stressors), yielded beneficial clinical outcomes, including greater symptom reduction and remission from diagnosis across civilian and veteran samples (e.g., Galovski et al., 2012; Resick et al., 2021). Conversely, Dr. Resick described other studies that have assessed intensive CPT treatment. For example, CPT delivered in a 3-week intensive treatment program predicted significant reductions in PTSD symptoms (Smith et al., 2022). Other work has found that intensive CPT delivered in a 2-week program also led to significant reductions in trauma symptoms (Goetter et al., 2021). Recent work has shown that 2-week intensive CPT treatment programs are noninferior to 3-week intensive treatment programs (Held et al., 2022). Together, these studies highlight that flexible length and condensed treatments using CPT can be highly effective.

Importantly, Dr. Resick also reviewed culturally adapted versions of CPT. An early study demonstrated that CPT was highly effective at treating PTSD among Bosnian refugees when delivered directly by a therapist who spoke Serbo-Croatian or when delivered through a translator (Schulz et al., 2006). Other work has shown that CPT adapted for specific cultural beliefs and for individuals who are illiterate was highly effective at improving functionality among torture victims in Kurdistan (Bolton et al., 2014). CPT applied in a simplified group format (i.e., oral completion of assignments due to illiteracy; simplification of materials; individual psychoeducation sessions) for Congolese women who survived sexual violence was also found to be effective in reducing trauma and depressive symptoms and improving functionality (Bass et al., 2013). Finally, a culturally adapted version of CPT for Native American women demonstrated that, compared to a waitlist control, women who received culturally adapted CPT experienced significant reductions in PTSD symptoms, depressive symptoms, substance use, and risky sexual behaviors (Pearson et al., 2019). Collectively, these and other studies demonstrate that culturally adapted CPT can be effectively delivered to diverse clinical

populations. Additionally, several studies demonstrated the effectiveness of CPT when applied by lay mental health providers, highlighting the promise of community providers in improving the reach of treatments.

In part due to the COVID-19 pandemic, but also due to the advancement and convenience of telehealth and digital interventions, Dr. Resick noted that recent studies have compared effects of CPT when provided through different formats (e.g., in person at an office, in person at one's home, or virtually at one's home). Findings demonstrated that dropout was significantly higher when patients were required to come to an office, and while clinical outcomes across conditions all demonstrated improvement, effects were strongest in the in-home conditions (Peterson et al., 2022). Dr. Resick highlighted that this study suggests that telehealth services should be prioritized, given the potential to reach more patients and improve clinical outcomes. Relatedly, a recent study examined an adapted version of CPT delivered through a mobile app, Talkspace (Stirman et al., 2021). A 12- or 18-week text-based CPT treatment was compared to treatment-as-usual. The CPT group demonstrated a significant reduction in trauma-related symptoms and there was a large between-condition effect size. Collectively, these findings highlight that CPT delivered through telehealth or digital formats is a promising approach that can increase the reach of therapeutic interventions.

Finally, Dr. Resick detailed the monumental CPT training efforts that have taken place at the VA and elsewhere. Dr. Resick noted that she received funding in 2006 to develop material to promote the dissemination of CPT through the VA system. After developing and soliciting feedback on treatment materials, the national rollout of CPT in the VA began in 2007. She noted that between 2007 and 2015, over 2,600 VA mental health clinicians were trained to deliver CPT, and that regional trainings have yielded many more trained clinicians in year since.

The development of CPT has had a marked impact on the field of trauma treatment and on the lives of countless patients suffering from PTSD. Dr. Resick's talk demonstrated not only the widespread efficacy of this treatment, but also the thoughtful empirical efforts that have sought to maximize CPT's effects, understand causes for nonresponse, adapt CPT for diverse populations, and disseminate CPT both through major healthcare systems and

through digital or telehealth formats. Dr. Resick truly represents excellence in clinical science, and her immense contributions to the field in developing CPT and contributing to a robust body of research cannot be overstated.

References

- Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., ... Bolton, P. A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, 368(23), 2182-2191.
- Bolton, P., Bass, J. K., Zangana, G. A. S., Kamal, T., Murray, S. M., Kaysen, D., ... Rosenblum, M. (2014). A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq. *BMC psychiatry*, 14(1), 1-15.
- Galovski, T. E., Blain, L. M., Mott, J. M., Elwood, L., & Houle, T. (2012). Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy. *Journal of Consulting and Clinical Psychology*, 80(6), 968-981. <https://doi.org/10.1037/a0030600>
- Goetter, E. M., Blackburn, A. M., Stasko, C., Han, Y., Brenner, L. H., Lejeune, S., Tanev, K. S., Spencer, T. J., & Wright, E. C. (2021). Comparative effectiveness of prolonged exposure and cognitive processing therapy for military service members in an intensive treatment program. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(6), 632-640. <https://doi.org/10.1037/tra0000956>
- Held, P., Smith, D. L., Pridgen, S., Coleman, J. A., & Klassen, B. J. (2022). More is not always better: 2 weeks of intensive cognitive processing therapy-based treatment are noninferior to 3 weeks. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication.
- Matulis, S., Resick, P. A., Rosner, R., & Steil, R. (2014). Developmentally adapted cognitive processing therapy for adolescents suffering from posttraumatic stress disorder after childhood sexual or physical abuse: A pilot study. *Clinical Child and Family Psychology Review*, 17(2), 173-190.
- Pearson, C. R., Kaysen, D., Huh, D., & Bedard-Gilligan, M. (2019). Randomized control trial of culturally adapted cognitive processing therapy for PTSD substance misuse and HIV sexual risk behavior for native American women. *AIDS and Behavior*, 23(3), 695-706.
- Peterson, A. L., Mintz, J., Moring, J. C., Straud, C. L., Young-McCaughan, S., McGeary, C. A., ... & Resick, P. A. (2022). In-office, in-home, and telehealth cognitive processing therapy for posttraumatic

- stress disorder in veterans: a randomized clinical trial. *BMC psychiatry*, 22(1), 1-11.
- Resick, P. A., Galovski, T. E., Uhlmann, M. O., Scher, C. D., Clum, G. A., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, 76(2), 243-258. <https://doi.org/10.1037/0022-006X.76.2.243>
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60(5), 748-756. <https://doi.org/10.1037/0022-006X.60.5.748>
- Resick, P. A., Wachen, J. S., Dondanville, K. A., LoSavio, S. T., Young-McCaughan, S., Yarvis, J. S., ... Strong Star Consortium. (2021). Variable-length cognitive processing therapy for posttraumatic stress disorder in active duty military: Outcomes and predictors. *Behaviour Research and Therapy*, 141, 103846.
- Resick, P. A., Wachen, J. S., Dondanville, K. A., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., ... STRONG STAR Consortium. (2017). Effect of group vs individual cognitive processing therapy in active-duty military seeking treatment for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, 74(1), 28-36.
- Schnurr, P. P., Friedman, M. J., Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., ... Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *JAMA*, 297(8), 820-830.
- Resick, P. A., Wachen, J. S., Mintz, J., Young-McCaughan, S., Roache, J. D., Borah, A. M., ... Peterson, A. L. (2015). A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology*, 83(6), 1058.
- Schulz, P. M., Resick, P. A., Huber, L. C., & Griffin, M. G. (2006). The effectiveness of cognitive processing therapy for PTSD with refugees in a community setting. *Cognitive and Behavioral Practice*, 13(4), 322-331.
- Stirman, S. W., Song, J., Hull, T. D., & Resick, P. A. (2021). Open Trial of an Adaptation of Cognitive Processing Therapy for Message-Based Delivery. *Technology, Mind, and Behavior*, 2(1). <https://doi.org/10.1037/tmb0000016>
- Surís, A., Link-Malcolm, J., Chard, K., Ahn, C., & North, C. (2013). A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress*, 26(1), 28-37.
- ...

The author has no conflicts of interest to report. The writing of this article was supported by the NIMH T-32 Pre-Doctoral Training Grant.

Correspondence to Julia Yarrington, 2244A Franz Hall, University of California, Los Angeles, Los Angeles, CA 90095-1563. yarringtonjs@ucla.edu



Become an ABPP Board Certified Specialist in Behavioral and Cognitive Psychology — Virtual (Zoom) Exams Available —

Why Become Board Certified?

- **"Gold standard"** of professional practice
- **ABPP** is a **"trusted credential"** (i.e., psychologists have met their board's specialty's standards and competencies)
- Potential for **increased financial compensation** (VAs, PHS, DOD, some hospitals)
- **Reflects a higher standard of expertise** over a generalist license
- **Enhances one's qualifications** as an expert witness; facilitates applying to insurance companies' networks
- **Candidates will get up to 40 CE credits** after passing the exam (# CE accepted up to the state where candidates are licensed)

3 Steps to Board Certification:

1. Submission of educational/training materials.
2. Review of a practice sample (clinical case or supervision with a student), or senior option (≥ 15 years of experience)
3. Collegial exam.

- **We encourage diversity of all types and we recognize diversity has breadth**
- We offer a **discounted application fee** for graduate students, interns, and postdoctoral residents
- We conduct exams at APA and ABCT conferences, and other locations as possible (virtual and face-to face)
- Online application: <https://abpp.org/application-information/learn-about-specialty-boards/behavioral-cognitive-psychology/>

“Addressing the Mental Health Crisis Facing Youth: We Need to Respond Now to Promote the Growth of Our Youth!”: Reflections on Dr. Melissa Brymer’s Invited Address

Samantha Moshier, *Emmanuel College*

DR. MELISSA BRYMER is the Director of the Terrorism and Disaster Programs at the University of California, Los Angeles, and Duke University National Center for Child Traumatic Stress and its National Child Traumatic Stress Network (NCTSN). As a leader of the NCTSN’s COVID-19 response and an expert in development of acute interventions, assessment, and educational materials in the area of terrorism, disasters, public health emergencies, and school crises, Dr. Brymer was the ideal person to speak on the ABCT convention theme of Emergency & Disaster Preparedness and Response.

Dr. Brymer opened with an introduction to the mission and work of the NCTSN. Funded by the Substance Abuse and Mental Health Services Administration, the NCTSN began in 2001 and now has 164 sites across the U.S. Its mission is to support children affected by trauma by improving access to services and raising the standard for care for such services. This work is increasingly crucial, as evidenced by the Surgeon General’s 2021 advisory calling for an urgent response to a youth mental health crisis. Dr. Brymer emphasized that it is all of our responsibility to meet this call.

Dr. Brymer discussed the complex factors that shape youth mental health, emphasizing interactions between societal, environmental, community, family, and individual factors. She emphasized the need to acknowledge the disproportionate impact of the COVID-19 pandemic on youth of color, and also highlighted a variety of other groups of youth who have been highly vulnerable during the pandemic, such as low-income, immigrant, and LGBTQ+ youth, those with disabilities, and those involved in the child welfare system. The pandemic exacerbated longstanding inequities and disparities, resulting in increased mistrust, stress, and negative emotional and physical outcomes among vulnerable populations.

Although there has been much attention paid to rising rates of depression and anxiety among youth, Dr. Brymer noted that we may be overlooking the way that grief, loss, and intimate partner violence may contribute to these issues. Over 203,000 U.S. children have lost a primary or secondary caregiver to COVID-19, with higher rates among non-White youth. Intimate partner violence has increased during the pandemic, and estimates suggest that over half of youth have experienced emotional abuse by a parent or caregiver. LGBTQ+ youth have reported the highest rates of abuse (Krause et al., 2022). Among youth, the most commonly experienced traumatic events include domestic violence and bereavement. Most children experience multiple traumatic events; for instance, surveys have found that 79% of youth experienced more than one trauma, while 46% experience four or more.

Dr. Brymer emphasized the need to not only focus on anxiety and depression in youth, but to treat underlying trauma. She reviewed 12 core concepts that have been introduced by the NCTSN to aid agencies and practitioners in understanding trauma in their work with children and families (an online interactive course is available here: <https://www.nctsn.org/resources/12-core-concepts-online-interactive-course>). Dr. Brymer discussed that there is room for improvement in trauma screening, and one common barrier is the concern that trauma screening will “retraumatize” children. To address such misconceptions and educate organizations and service providers about best practices in trauma screening, the NCTSN recently developed the Screen-TIME course (www.traumascreentime.org).

The NCTSN is also involved in advancing trauma-intervention services and research; it has identified five empirically supported intervention principles that can guide intervention and prevention efforts in the early to mid-term phases after trau-

matic events (Hobfoll et al., 2007). Specifically, intervention strategies should promote: (a) a sense of safety, (b) calming, (c) a sense of self- and community efficacy, (d) connectedness, and (e) hope. Dr. Brymer also noted the need to ensure that children who receive trauma treatment actually complete treatment. A recent study of over 7,000 children in trauma treatment showed that the majority (56%) did not complete treatment and that clinical outcomes were worse for this group compared to completers (Steinberg et al., 2019).

The NCTSN promotes a tiered approach to trauma intervention. Universal programs, such as psychological first aid, can be used with all who have experienced trauma. Many programs address not only the child, but also include caregivers and parents. Child-Adult Relationship Enhancement (CARE) is a universal intervention strategy that focuses on enhancing and maintaining the relationship between parents (or other adults) and child during crises and traumatic events. The second tier of interventions are designed for at-risk populations; many such programs can be administered in schools, such as the Bounce Back program for young children or the Cognitive Behavioral Interventions in Schools program. Finally, the third tier of interventions are designed for those who are most impacted by trauma, and include full-course treatments such as trauma-focused CBT, Parent-Child Interaction Therapy, and Trauma and Grief Component Therapy.

A number of initiatives are under way to evaluate the evidence base for additional intervention strategies, such as self-help resources for children and families. Dr. Brymer described a website called “Together for Wellness” developed by a community organization in California; the site provides self-help services in 11 languages, and research shows that spending time on the website was associated with reduced depression and reduced use of helplines. Dr. Brymer also described research focused on service implementation. She highlighted a study conducted by ABCT members Rosaura Orengo-Aguayo and Regan Stewart, who piloted a telehealth Trauma-Focused CBT program that yielded a treatment completion rate of 88.6%, much higher than completion rates seen in standard care (<https://telehealthfor-trauma.com>). The NCTSN is also partnering with communities to reimagine where support is received; for instance, a partnership with a local Walmart allowed for services to be provided in a highly accessible

setting following the 2022 school shooting in Uvalde, Texas.

Dr. Brymer wrapped up her address by acknowledging the secondary traumatic stress commonly faced by those who work with trauma-exposed youth. She discussed the need for agencies and providers to be knowledgeable about the signs and symptoms, to be able to self-assess, and for there to be mechanisms through which team members can safely share their experiences. The NCTSN has developed a new framework for practitioner wellness called Pause–Reset–Nourish (PRN) to Promote Wellbeing. PRN encourages practitioners to check in with their internal experiences, actively do something to feel steadier, calmer, or focused, and “soak in” something positive that nourishes one’s mind, body, or spirit (for a fact sheet, see <https://www.nctsn.org/resources/prn-to-promote-wellbeing-as-needed-to-care-for-your-wellness>).

Dr. Brymer’s address was timely and informative, offering wide-ranging per-

spective on both the progress and the continued needs in youth mental health services and research. Practitioners, administrative leaders, and researchers can find a wealth of resources and guidance around these topics from the NCTSN (www.nctsn.org). To reiterate the words of Dr. Brymer, the responsibility to respond to the current mental health crisis in our youth belongs to us all.

References

- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B., de Jong, J., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315. <https://doi.org/10.1521/psyc.2007.70.4.283>
- Krause, K. H., Verlenden, J. V., Szucs, L. E., Swedo, E. A., Merlo, C. L., Niolon, P.

- H., Leroy, Z. C., Sims, V. M., Deng, X., Lee, S., Rasberry, C. N., & Underwood, J. M. (2022). Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic - Adolescent Behaviors and Experiences Survey, United States, January-June 2021. *MMWR supplements*, 71(3), 28-34. <https://doi.org/10.15585/mmwr.su7103a5>
- Steinberg, A. M., Layne, C. M., Briggs, E. C., Liang, L. J., Brymer, M. J., Belin, T. R., Fairbank, J. A., & Pynoos, R. S. (2019). Benefits of treatment completion over premature termination: Findings from the national child traumatic stress network. *Psychiatry*, 82(2), 113-127. <https://doi.org/10.1080/00332747.2018.1560584>

...

The author has no conflicts of interest or funding to report.

Correspondence to Samantha Moshier, Ph.D., Emmanuel College, 400 The Fenway, Boston, MA 02115
moshiers@emmanuel.edu

NEWS

“Climate Change, Health, and Equity”: Reflections on Dr. Cheryl Holder’s Invited Address

Gregory S. Chasson, *The University of Chicago*

PERHAPS THE EXISTENTIAL crisis of our time, climate change is often overlooked in mental health research, practice, and policy. Not in 2022, and not with ABCT. During the convention in New York, Cheryl Holder, M.D., delivered a memorable invited address that emphasized the perils of climate change and provided insights into how ABCT members—and health professionals more generally—can make a difference.

Dr. Holder is an Associate Professor in the Department of Humanities, Health, and Society of The Herbert Wertheim College of Medicine at Florida International University, where she also holds the position of Associate Dean for Diversity, Equity, Inclusivity, and Community Initiatives. She specializes in Internal Medicine, in which she is board certified, as well as social determinants of health, among other areas. She serves as the Co-Chairs of the

Florida Clinician for Climate Action and the Miami Dade Health, Health Task Force.

During her presentation, Dr. Holder leveraged wisdom across her various areas of expertise to highlight the nuances of climate change and its effects, including the growing awareness of how the adverse consequences of climate change—particularly as it relates to mental and physical health—are experienced disproportionately by the least privileged and most underserved in the community. Her mission for the invited address included describing ways in which climate change impacts mental and physical health; characterizing how climate change affects vulnerable populations; identifying policies that adversely influence vulnerable populations vis-à-vis climate change; and highlighting ways in which clinicians can facilitate solutions and health.

A master at integrating enriching case studies to punctuate key points, Dr. Holder launched her discussion of climate change health effects by describing a 64-year-old Black and low-SES female who was faced with choosing between paying her energy bill—which had escalated to exorbitant prices due to record-breaking heat—or the costs of her asthma medication. Dr. Holder continued with more examples of climate change and detrimental health consequences, often touching on direct effects, such as health complications from heat; risk from air pollution (e.g., pregnancy complications, which are exacerbated by racial disparities); injury and death from extreme weather events; and emotional distress from the ongoing and anticipated effects of climate change.

She also adeptly characterized downstream health impacts of climate change that many people do not consider. Examples include the negative consequence for physical and mental health resulting from poor and disrupted sleep due to muggy nights, especially for those who cannot afford air conditioning. She described the dangerous effects of disease as a result of contaminated water and food from increasing incidents of flooding (e.g., hurricanes). She illustrated how insect migration has changed due to climate change, bringing with it new patterns of vector-borne diseases (e.g., Zika transmission

from mosquitos; Anoopkumar & Aneesh, 2022). According to Dr. Holder, this in turn increases the risk of Zika-related birth defects, which disproportionately impacts underprivileged populations. Alarming, Dr. Holder highlighted a destructive self-perpetuating cycle in which the healthcare sector emits a large percentage of greenhouse gases (Mortimer & Pencheon, 2022), in turn contributing to poorer health outcomes, which then necessitates more climate-harming services from the health sector, *ad infinitum*.

What could have been a profoundly demoralizing invited address artfully shifted to an optimistic focus and action plan. Dr. Holder started with a figure based on Gallup polling that illustrated how different healthcare professions hold the top spots of the most trusted professions in America (Saad, 2022). This was a clear call to arms for mental health providers, who can capitalize on the public trust in healthcare providers and advocate for climate change and for those most affected. Dr. Holder encouraged ABCT members to engage in climate change efforts, educate those around us, and advocate and vote for policies that address climate change.

Dr. Holder reinforced these general principles with specific actions. She echoed a recommendation by McDermott-Levy et al (2021) to develop new International Classification of Disease diagnostic codes for classifying medical complications that

are secondary to climate change effects, and ensuring that these codes facilitate financial reimbursement by third-party payers for associated medical procedures. Such codes would also provide rich data for investigating the health and economic impact of climate change. Dr. Holder also recommended the need to prioritize climate change and its effects in school curriculum, particularly for degree programs in health service provision (McDermott-Levy et al., 2019). Similarly, she stressed the need for advancing societal understanding of climate change and law, including a suggestion for adding more material on climate change to law school curricula. Dr. Holder then implored all of us to work toward green practices in our personal and professional lives, including advocating to healthcare sector employers to reduce their emissions.

Ultimately, Dr. Holder's invited address was a powerful and timely reminder that ABCT is in a fortuitous position as a publicly trusted guild to advocate for change and encourage its members to develop and implement evidence-based psychosocial strategies to mitigate suffering from what is perhaps the existential crisis of our time.

References

- Anoopkumar, A., & Aneesh, E.M. (2022). A critical assessment of mosquito control and the influence of climate change on mosquito-borne disease epidemics. *Environment, Development & Sustainability*, 24, 8900–8929. doi.org/10.1007/s10668-021-01792-4

McDermott-Levy, R., Jackman-Murphy, K. P., Leffers, J. M., & Jordan, L. (2019). Integrating climate change into nursing curricula. *Nurse Education*, 44(1), 43–47. doi: 10.1097/NNE.0000000000000525. PMID: 29595567.

McDermott-Levy, R., Scolio, M., Shakya, K. M., & Moore, C. H. (2021). Factors that influence climate change-related mortality in the United States: An integrative review. *International Journal of Environmental Research & Public Health*, 18(15), 8220. doi: 10.3390/ijerph18158220

Mortimer, F., Pencheon, D. (2022). Do no harm: addressing the environmental impact of health care. *Nature Reviews Disease Primers*, 8, 38. doi.org/10.1038/s41572-022-00372-8

Saad, L. (2022, January 22). *Military brass, judges among professions at new image lows*. Gallup.com. <https://news.gallup.com/poll/388649/military-brass-judges-among-professions-new-image-lows.aspx>

...

The author has no conflicts of interest or funding to report.

Correspondence to Greg Chasson, Ph.D., Department of Psychiatry & Behavioral Neuroscience, The University of Chicago, 5841 S. Maryland Ave., MC3077, Chicago, IL 60637-1470 gchasson@gmail.com

NEWS

“The Role of the University of Puerto Rico Medical Sciences Campus in the COVID-19 Public Health Response in Puerto Rico”: Reflections on Dr. Carmen Zorrilla’s Invited Address

Alice I. Cohen, *American University*

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

THE 2022 ABCT Annual Convention featured Dr. Carmen Zorrilla’s invited address, “The Role of the University of Puerto Rico Medical Sciences Campus in the COVID-19 Public Health Response.” Dr. Zorrilla is a professor of obstetrics and gynecology at the University of Puerto Rico (UPR) School of Medicine and is certified by the Ameri-

can Board of Obstetrics and Gynecology and the American Academy of HIV Medicine. She has a storied record of leadership in public health emergency response in Puerto Rico. She established the first longitudinal clinic for women living with HIV on the island and participated in the Pediatric AIDS Clinical Trials Group, which was

instrumental in expanding the availability of medication to treat and prevent HIV in pregnant women. Her clinic, in which more than 600 infants have been born to HIV-positive women, has had a nearly zero transmission rate during the past 17 years. Dr. Zorrilla also implemented the first program for group prenatal care in Puerto Rico. She was a leader in the research response to the Zika epidemic among pregnant women on the island and established a multidisciplinary clinic for pregnant women with Zika.

Fitting with this year’s convention theme, “Emergency & Disaster Preparedness and Response: Using Cognitive and Behavioral Science to Make an Impact,” Dr. Zorrilla was invited to the conference to speak specifically about how she and the larger UPR Medical Sciences Campus were able to mount an integrated and highly successful response to the COVID-19 pandemic in Puerto Rico, despite economic and structural challenges facing the island.

During the pandemic, Dr. Zorrilla spearheaded the development of a molecular testing program, phase 3 vaccine trial, and a COVID-vaccine center at the campus. She also continues to serve as a member of the scientific coalition named to the Puerto Rico Governor, Pedro Pierluisi, to advise on issues related to the COVID pandemic and public policy.

Dr. Zorrilla began her talk by emphasizing that Puerto Rico was already dealing with the aftermath of several major disasters when the COVID-19 pandemic began in March of 2020. She highlighted that Puerto Rico had been experiencing an economic crisis at this time, with almost half of its residents living in poverty, a 9.1% unemployment rate, and a high rate of people without medical insurance. She also described the severe impact of the Zika virus epidemic in 2016, which infected as many as 10,000 pregnant women in the area, as well as hurricanes Irma and Maria in 2017 and a 6.6-magnitude earthquake in January 2020, which together caused lasting damage to the island's power grid and infrastructure, as well as massive loss of life.

It was in this context that Dr. Zorrilla outlined her first major lesson on disaster preparedness. She explained that Puerto Rico experienced between 1,000 and 3,000 excess deaths in the aftermath of its two hurricanes, mostly concentrated in elderly and chronically ill populations. However, this increase in mortalities was not reflected among Puerto Ricans living with HIV and AIDS. Dr. Zorrilla explained that this resiliency was attributable to a strong community network and system of comprehensive care in this population. Individuals in this community were able to care for one another and share medications, as well as access multi-month prescriptions from pharmacies in advance of the storms. Dr. Zorrilla believes that building similar healthcare delivery systems for other vulnerable populations with chronic conditions can build resiliency in future crises.

This was just one of the lessons that she, the Medical Sciences Campus, and the larger Puerto Rican government drew on in creating an action plan to combat COVID-19. This plan was developed early in the pandemic, and crucially incorporated a large range of public health stakeholders, including the Puerto Rican Department of Health (DoH), medical schools, local laboratories and pharmacies, community organizations, and religious groups. Before vaccines were available, the plan focused on testing and reporting. With resources in very limited supply, UPR and the DoH organized a com-

munication network between pharmacies, laboratories, hospitals and the medical school to share necessary testing supplies and personal protective equipment. The action plan also included data-driven decision-making processes for implementing lockdowns and easing restrictions based on hospital capacity, positivity rates, and morality rates.

Once vaccines became available, Dr. Zorrilla turned her attention to their distribution. She was involved in the planning of both the larger Puerto Rican vaccination effort and the coordinated campaign to vaccinate UPR Medical Campus personnel. In the general population, multilevel community coordination was once again central to success. Expanding on the same coalition of stakeholders as the testing efforts, vaccines were provided in a range of community centers, including shopping malls and churches. By engaging community leaders and an existing network of provaccine organizations, the government was also able to disseminate positive information about vaccines to the public. In July 2021, Puerto Rico passed a vaccine mandate for members of high-risk occupation groups. The result was that by July of 2021, 58% of the population was fully vaccinated, and by July of 2022, 95% of the population had received at least one dose. These numbers make Puerto Rico a leader in COVID-19 vaccination rates in the United States, which Dr. Zorrilla attributes to a combination of early planning and comprehensive community engagement.

Vaccinating those involved with the UPR Medical Sciences Campus, though a smaller task, was also crucial in combatting COVID-19, as the school is responsible for training the majority of healthcare workers on the island. In developing a vaccination plan for the campus, Dr. Zorrilla focused on fairness and equity. The campus used a decentralized prioritization system, in which the deans of each program established their own vaccination order based on exposure risk, and members of every program were vaccinated each day. She explained that this choice avoided the pitfalls of a first-come, first-served strategy or an online or phone scheduling system, which would have unequally benefitted those with access to transportation or technology resources. She also ensured that wheelchairs were available for elderly and disabled individuals at the vaccination center but emphasized that they were being provided because those individuals were deeply valued, and not because they were perceived as incapable. Later in the pandemic, when pediatric vaccines became

available, the campus made itself welcoming to children by incorporating therapy dogs, decorations, and fun activities. With this combination of fair distribution and a warm and equitable environment, the center was able to maximize vaccine accessibility and achieved 98% coverage within 4 months.

In her address, Dr. Zorrilla also highlighted the importance of integrated and transparent data management in Puerto Rico's COVID-19 response. She explained that, initially, the island was tracking issues related to the pandemic in many discrete databases. By 2021, however, the DoH created a comprehensive data source to track pandemic infection, hospitalization, mortality, and vaccination rates, and made this resource available to the public online. This centralized system allowed the government to monitor trends in real time and to make informed policy decisions based on data as the pandemic evolved and also gave the public greater confidence in these choices.

Dr. Zorrilla ended her talk by highlighting her concern about the ongoing public health risk posed by post-COVID conditions, or post-acute sequelae of SARS CoV-2 infection (PASC). She believes that the symptoms experienced by those with PASC could cause significant suffering for individuals, overwhelm the medical system, and damage the economy for years to come. She urged the audience and the public generally to begin planning for its impacts as the possible next public health emergency.

Dr. Zorrilla's impactful address provided many lessons for those in the mental health field interested in emergency and disaster preparedness and response. As we consider the role our field might play in ongoing and future crises, we should remember the importance of engaging interested parties at every level of society, from community businesses to government organization, just as Puerto Rico did in its vaccination campaign. We should also emulate the UPR Medical Campus's innovation and dedication in our approach to issues of equity, accessibility, and person-centered care. Finally, we should strive to make important data as centralized and widely available as possible so that it can be used effectively and broadly.

...

The authors have no conflicts of interest or funding to report.

Correspondence to Alice I. Cohen, Ph.D., American University, 4400 Massachusetts Ave., Washington, DC 20016
ac2364a@american.edu

“Evidence for Emergency and Disaster Response: We Need a Faster Lane for Science”: Reflections on Dr. Enola Proctor’s Invited Address

Anna D. Bartuska, Alyssa Herman, Alayna L. Park,
University of Oregon

THE FINAL INVITED address of the 2022 ABCT Annual Convention was delivered by renowned implementation expert Dr. Enola Proctor, who is the Shanti K. Khinduka Distinguished Professor Emeritus and Director of the Implementation Research Institute at Washington University in St. Louis. Dr. Proctor’s research focuses on ensuring people receive the highest quality healthcare and has been funded for 29 consecutive years by the National Institute on Aging, the Agency for Healthcare Research and Quality, and the National Institute of Mental Health. Dr. Proctor brought to bear her extensive experience within social work and public health to deliver a prudent message for responding to future mental health emergencies. Reflecting upon the successes and shortcomings of the COVID-19 pandemic response, Dr. Proctor framed her remarks around three questions:

What science is needed from cognitive and behavioral science?

What science is needed from implementation science?

How fast can we deliver and act on scientific evidence?

In this article, we highlight key takeaways from her address and related research using the same three-question framework.

What Science Is Needed From Cognitive and Behavioral Science?

Dr. Proctor began her address by outlining how cognitive and behavioral science is uniquely equipped to address current barriers to COVID-19 response efforts. She emphasized that within the current stage of the COVID-19 pandemic, we know what to do (e.g., vaccinate, mask as indicated, hand wash) but continue to face several obstacles to doing it. Within cognitive and behavioral science, we have long

faced similar obstacles to service delivery. For example, attitudinal beliefs (e.g., stigma or skepticism of the benefits of therapy) deter many individuals who could benefit from cognitive behavioral therapy from seeking treatment. Knowledge barriers (e.g., not knowing where to find treatment) and structural barriers (e.g., lack of health insurance, transportation, and workforce capacity) also impede initial help-seeking and treatment engagement (Andrade et al., 2014; Ann Priester et al., 2016; Williamson et al., 2019).

Regarding the COVID-19 pandemic response, Dr. Proctor discussed the need to combat attitudinal barriers in the form of vaccine hesitations, including vaccine deliberation (e.g., waiting for more data on vaccine safety), vaccine dissent (e.g., feeling wary about vaccines in general), vaccine distrust (e.g., feeling wary about vaccines due to historical ethical violations), vaccine indifference (e.g., feeling unconcerned about COVID), and vaccine skepticism (e.g., feeling wary about vaccines due to conspiracies) (Elwy et al., 2021). Dr. Proctor also reminded audience members of knowledge barriers—*viral misinformation*—which poses great threats to current and future disasters (Larson, 2018). Additionally, Dr. Proctor noted structural barriers in accessing COVID-19 vaccines. In particular, she drew attention to the mismatch between those who were initially recruited to administer vaccines (e.g., the National Guard) and those trusted by communities in need of the vaccines (e.g., healthcare providers; e.g., Vázquez et al., 2021).

Acknowledging the expertise of cognitive and behavioral scientists in changing attitudes and [re]actions, Dr. Proctor called upon audience members to tackle ongoing barriers to the COVID-19 response efforts. She charged attendees with developing and testing interventions to improve health communication, increase trust in science,

change attitudes about vaccination, heal interpersonal relationships that were strained by quarantine protocols, and address the emotional sequelae of the past 2 years. Yet, she noted that developing and testing interventions is only part of the work that needs to be done. Dr. Proctor emphasized that cognitive and behavioral scientists must make their work more accessible and recommended establishing repositories of interventions for preventing and responding to disasters. Last, Dr. Proctor encouraged all who embark on this type of work to remember the importance of considering the context in which interventions are implemented. She challenged cognitive behavioral scientists and practitioners to consider using effectiveness-implementation hybrid designs (Curran et al., 2012) to answer the question, “What works for whom when?”

What Is Needed From Implementation Science?

Dr. Proctor introduced this question by reiterating that “knowing what to do does not ensure doing what we know.” This is where we can leverage implementation science. Implementation science is the scientific study of methods and strategies for facilitating the use of evidence-based interventions in routine healthcare. Stated more simply, implementation science measures how much and how well the stuff we do increases use of an intervention (Curran, 2020). Dr. Proctor’s brief overview of the field alluded to decades of research that has identified and evaluated methods for intervention uptake and usage, including seminal papers penned by Dr. Proctor herself. For example, the Expert Recommendations for Implementing Change (ERIC) project has identified over 73 unique strategies to consider when implementing an intervention (Powell et al., 2015). These strategies include individual-level considerations, such as identifying early adopters and involving consumers in the implementation process, to organizational-level considerations, such as altering incentive structures and developing academic partnerships. The ERIC strategies have been shown to facilitate successful implementation along key variables (feasibility, sustainability, and acceptability) (Proctor et al., 2011).

Applying implementation science to emergency and pandemic response, Dr. Proctor discussed necessary efforts to help people/places use tested interventions—in this case, get vaccinated. She provided

examples of implementation strategies that have facilitated the adoption of the COVID-19 vaccine, including policies (e.g., workplaces requiring employees to be vaccinated), messaging from trusted physicians and clinicians that emphasized altruism (e.g., “we are [getting vaccinated] for our children”), and mass media campaigns aimed at increasing the general public’s vaccine knowledge and acceptance. Dr. Proctor also discussed the outcomes of these implementation strategies, including public awareness of vaccine efficacy and availability, changes in attitudes about getting vaccinated, and the number of vaccines administered.

Summarizing what is needed from implementation science, Dr. Proctor inquired aloud, “How do we do what we know to do?” In answering her own query, Dr. Proctor called for the advancement of knowledge about implementation science through research that addresses the following: *What works where, what works at multiple levels, and what works for multiple evidence-based interventions?* Dr. Proctor also emphasized the importance of bringing community members to the table for discussions about vaccine development: “We need to be inclusive. We are not going to be the successful messengers. Communities are going to be the successful messengers. We need to bring voices to the table to discuss the process, not wait until we have a product.” She also stressed the need for documentation and dissemination of strategies (Hooley et al., 2020). For the second time in her address, Dr. Proctor highlighted the need for a repository for access-ready solutions. She underscored her point by inviting audience members to imagine how much better our response to COVID, gun violence, and mental health needs would be if we had access to information about how to do what we know to do.

How Fast Can We Deliver and Act on Scientific Evidence?

The final question that Dr. Proctor asked audience members is one that remains largely unanswered. Dr. Proctor referenced the infamous 17-year gap between translating research evidence and adoption to routine healthcare (Balas & Boren, 2000; Morris et al., 2011). Once a rallying call for investment in implementation research, Dr. Proctor reframed the persistence of the 17-year gap (Khan et al., 2021) as an impetus for focusing on speed. Although there is consensus that the speed of knowledge translation needs to increase,

there is limited research on the current speed of various implementation strategies and whether increasing their speed could affect outcomes. For example, some argue that rushing certain areas of research, such as replication studies or building community relationships, could negatively impact outcomes (Kegler et al., 2016; Khuroo et al., 2020). To address this issue, Proctor and colleagues proposed the Framework to Assess the Speed of Translation (FAST), which provides an outline of (a) ways to measure and capture speed, (b) factors that accelerate or inhibit speed, and (c) impacts of accelerating implementation (2022).

For emergency and pandemic response, Dr. Proctor stressed the importance of identifying implementation accelerators—namely, that quick responses to the COVID-19 pandemic saved lives. Dr. Proctor highlighted the work of Geng and colleagues (2021), which found that a single week delay in COVID-19 policy implementation resulted in nearly triple the projected number of lives lost in Missouri. While emphasizing the need for accelerated disaster response, Dr. Proctor advocated for evidence and stakeholder feedback, which can often inhibit speed. Such considerations raise questions about how to balance fast versus slow science, whether fast science can reasonably be sustained, and what policies must be in place to rapidly respond to urgent public health needs.

Dr. Proctor’s final call to action was straightforward: measure speed. Her suggestions included measuring the time to attain outcomes (e.g., number of months to attain a predetermined uptake amount), rates of progress (e.g., increase in adoption within given timeframe), and duration of implementation phases (e.g., number of months to conduct the exploration phase of the EPIS framework; Moullin et al., 2019). She also encouraged audience members to ask, “Who cares about speed and why” when deciding when and how to evaluate time-based variables. Dr. Proctor noted that studying time-based metrics (e.g., knowing how fast is best and whether fast efforts last) will enable us to better and more readily respond to circumstances that necessitate speed. Today, and when responding to future disasters, Dr. Proctor reminds us that “We need to move fast, but with data.”

Conclusion

Dr. Proctor’s address was particularly impactful because of its applicability and relevance. Regardless of specialty or

research focus, Dr. Proctor provided actionable takeaways for anyone dedicated to promoting mental health in the wake of emergencies and disasters. Skillfully summarizing decades of research and outlining inefficiencies within the current pandemic response, Dr. Proctor challenged audience members to apply their expertise to address ongoing barriers to the pandemic response, develop and test strategies for increasing uptake of effective interventions, and evaluate how fast we can do what we know to do. Dr. Proctor’s address was a paragon of the convention theme of using cognitive and behavioral science to make an impact in emergency and disaster preparedness and response, and her message contained a clear charge for building upon current work to prepare for future challenges.

References

- Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Hinkov, H. R., Hu, C., Huang, Y., Hwang, I., Jin, R., Karam, E. G., Kovess-Masfety, V., . . . Kessler, R. C. (2014). Barriers to mental health treatment: Results from the WHO World Mental Health surveys. *Psychological Medicine*, 44(6), 1303–1317. <https://doi.org/10.1017/S0033291713001943>
- Ann Priester, M., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *Journal of Substance Abuse Treatment*, 61, 47–59. <https://doi.org/10.1016/j.jsat.2015.09.006>
- Balas, E. A., & Boren, S. A. (2000). Managing clinical knowledge for health care improvement. *Yearbook of Medical Informatics*, 09(01), 65–70. <https://doi.org/10.1055/s-0038-1637943>
- Curran, G. M. (2020). Implementation science made too simple: A teaching tool. *Implementation Science Communications*, 1(1), 27. <https://doi.org/10.1186/s43058-020-00001-z>
- Curran, G. M., Bauer, M., Mittman, B., Pyne, J. M., & Stetler, C. (2012). Effectiveness-implementation hybrid designs: Combining elements of clinical effectiveness and implementation research to enhance public health impact. *Medical Care*, 50(3), 217–226. <https://doi.org/10.1097/MLR.0b013e3182408812>
- Elwy, A. R., Clayman, M. L., LoBrutto, L., Miano, D., Ann Petrakis, B., Javier, S., Erhardt, T., Midboe, A. M., Carbonaro, R., Jasuja, G. K., Maguire, E. M., Kyrish,

- A., Asch, S. M., Gifford, A. L., & McInnes, D. K. (2021). Vaccine hesitancy as an opportunity for engagement: A rapid qualitative study of patients and employees in the U.S. Veterans Affairs healthcare system. *Vaccine: X*, 9, 100116. <https://doi.org/10.1016/j.jvax.2021.100116>
- Geng, E. H., Schwab, J., Foraker, R., Fox, B., Hoehner, C. M., Schootman, M., Mody, A., Powderly, W., Yount, B., Woeltje, K., & Petersen, M. (2021). Outcomes associated with social distancing policies in St Louis, Missouri, during the early phase of the COVID-19 pandemic. *JAMA Network Open*, 4(9), e2123374. <https://doi.org/10.1001/jamanet-workopen.2021.23374>
- Hooley, C., Amano, T., Markovitz, L., Yaeger, L., & Proctor, E. (2020). Assessing implementation strategy reporting in the mental health literature: A narrative review. *Administration and Policy in Mental Health*, 47(1), 19–35. <https://doi.org/10.1007/s10488-019-00965-8>
- Kegler, M. C., Blumenthal, D. S., Akintobi, T. H., Rodgers, K., Erwin, K., Thompson, W., & Hopkins, E. (2016). Lessons learned from three models that use small grants for building academic-community partnerships for research. *Journal of Health Care for the Poor and Underserved*, 27(2), 527–548. <https://doi.org/10.1353/hpu.2016.0076>
- Khan, S., Chambers, D., & Neta, G. (2021). Revisiting time to translation: Implementation of evidence-based practices (EBPs) in cancer control. *Cancer Causes & Control*, 32(3), 221–230. <https://doi.org/10.1007/s10552-020-01376-z>
- Khuroo, M. S., Khuroo, M., Khuroo, M. S., Sofi, A. A., & Khuroo, N. S. (2020). COVID-19 vaccines: A race against time in the middle of death and devastation! *Journal of Clinical and Experimental Hepatology*, 10(6), 610–621. <https://doi.org/10.1016/j.jceh.2020.06.003>
- Larson, H. J. (2018). The biggest pandemic risk? Viral misinformation. *Nature*, 562(7727), 309–309. <https://doi.org/10.1038/d41586-018-07034-4>
- Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: Understanding time lags in translational research. *Journal of the Royal Society of Medicine*, 104(12), 510–520. <https://doi.org/10.1258/jrsm.2011.110180>
- Moullin, J. C., Dickson, K. S., Stadnick, N. A., Rabin, B., & Aarons, G. A. (2019). Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Science*, 14(1), 1. <https://doi.org/10.1186/s13012-018-0842-6>
- Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, 10(1), 21. <https://doi.org/10.1186/s13012-015-0209-1>
- Proctor, E., Ramsey, A. T., Saldana, L., Maddox, T. M., Chambers, D. A., & Brownson, R. C. (2022). FAST: A Framework to Assess Speed of Translation of Health Innovations to Practice and Policy. *Global Implementation Research and Applications*, 2(2), 107–119. <https://doi.org/10.1007/s43477-022-00045-4>
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health*, 38(2), 65–76. <https://doi.org/10.1007/s10488-010-0319-7>
- Vázquez, A. L., Alvarez, M. de la C., Navarro Flores, C. M., González Vera, J. M., Barrett, T. S., & Domenech Rodríguez, M. M. (2021). Youth mental health service preferences and utilization patterns among Latinx caregivers. *Children and Youth Services Review*, 131, 106258. <https://doi.org/10.1016/j.childyouth.2021.106258>
- Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2019). Barriers and facilitators of relationship help-seeking among low-income couples. *Journal of Family Psychology*, 33, 234–239. <https://doi.org/10.1037/fam0000485>
- ...

The authors have no conflicts of interest or funding to report.

Correspondence to Anna D. Bartuska, Department of Psychology, University of Oregon, 1227 University of Oregon, Eugene, OR 97403. abartusk@uoregon.edu

NEWS

“Psychological Science’s Role in Addressing Mental, Physical, and Social Health Epidemics: A Call to Action”: Reflections on the Invited Panel

Angela Moreland, *Medical University of South Carolina*

THE COVID-19 pandemic has taken the lives of over 1 million Americans, with minority groups showing disproportional rates of death at more than 2.7 to 3.3 times that of White Americans. The pandemic has exacerbated already existing high rates of suicide, substance use, mass violence, systemic racism, and other negative outcomes (Panchal et al., 2020). Given that minority populations have historically

experienced greater difficulties accessing both medical and mental health care, recent attention has been brought to the role of psychological science in addressing these disparities and making efforts to reduce these disparities. As mental health professionals, there is a critical need to bring these conversations into our clinical care and to discuss ways that both COVID-19 and systemic racism impact the clients

that we serve, as well as how the field should respond as a whole.

Dr. Rosaura Orengo-Aguayo, Associate Professor at the National Crime Victims Research and Treatment Center at the Medical University of South Carolina, led this panel of experts in the field to discuss the role of the field of psychological science in addressing mental, physical, and social health epidemics, as well as a call to action for psychological science. Dr. Orengo-Aguayo provided background to the discussion by sharing a brief overview of impact from the COVID-19 pandemic, including that rates of stress, anxiety, or depression, suicide, substance use, and trauma or stress-related disorder significantly increased over the course of the pandemic. The safety and emotional health of children and adolescents was significantly impacted over the course of the COVID-19 pandemic and over 10 million children lost a parent or caregiver. As described above, the pandemic disproportionately impacted

people of color due to multiple factors, including jobs placing them at increased risk, lack of access to healthcare, vaccine hesitancy, and systemic racism.

Dr. Orengo-Aguayo introduced the panel of five experts in the field, whom she asked four overall questions and integrated their responses into overall recommendations and a call to action. The panel was comprised of (1) Dr. Melissa Brymer, Director of Terrorism and Disaster Programs at the National Center for Child Traumatic Stress, University of California, Los Angeles; (2) Dr. Neetu Abad, Demand for Immunization Team Lead, US Centers for Disease Control and Prevention; (3) Dr. Celia Fisher, Director of the Center for Ethics Education, Director of the HIV and Drug Abuse Prevention Research Ethics Training Institute, and Director of the Human Development and Social Justice Lab at Fordham University; (4) Dr. Lauren Weinstock, Professor in the Department of Psychiatry and Human Behavior at the Alpert Medical School at Brown University; and (5) Dr. Eduardo Lugo-Hernandez, Associate Professor in the Department of Psychology at the University of Puerto Rico, Mayaguez Campus and Executive Director of Impacto Juventud GC Inc. The remainder of this overview includes the questions posed by Dr. Orengo-Aguayo and the responses from the expert reviewers.

Available data suggests that the COVID-19 pandemic has had detrimental effects on mental, physical, and social outcomes:

- In your respective fields of study/expertise, what are some important gaps in the literature or practice that warrant future research and why?
- How can we best leverage the data that we do have so that we can take a more proactive versus reactive approach in our response to disasters and public health emergencies?

The panelists each mentioned important gaps in the literature and practice and ways to leverage available data to take a proactive response to disasters and public health emergencies. Specifically, Dr. Fisher mentioned the impact of social media on youth during the COVID-19 pandemic and the importance of conducting more research on social media and the consequences on youth. Dr. Abad discussed the significant stress placed upon front-line public health workers and how to address these job-related stressors moving forward. On a similar but different note, Dr. Lugo-Hernandez

highlighted the gaps in the literature surrounding children and youth who face multiple disasters, using children residing in Puerto Rico as an example, suggesting that we not ignore the compound consequences of multiple traumas. Dr. Lugo-Hernandez recommended that we embrace cultural humility to listen to communities and ensure that we help meet shared goals, while simultaneously measuring the effects of international collaboration and research. To build upon this, Dr. Brymer discussed the critical need to pay attention to the difference between stress and traumatic stress and consider who was impacted the most, so that we can think about the risk factors, assess for them, and intervene when needed to ensure that we do not miss people that had the most impact following the event. From a suicide research lens, Dr. Weinstock provided insight on the massive lag in data before we know results about suicide, as she described that research on suicide often takes longer to report than that of other mental health disorders, which creates a large gap in the literature. Rather than waiting to take action, Dr. Weinstock recommends that we focus on what we can do around risk factor management and attempt to prevent suicide using information that is available. Overall, researchers all touched on how we conceptualize what we are doing and move forward in the field when the data we need is not always available.

Public mistrust in science and leaders is on the rise, thus leading to strife on many levels (home, workplace, communities):

- What are some important considerations in terms of earning back trust, particularly in the context of historical racism, oppression of marginalized communities, colonialism for U.S. territories, etc.?
- What is the role of psychological science in rebuilding trust?

Each of the panelists highlighted critical considerations and ways that we, as a field, can earn back trust from individuals and communities. First, Dr. Lugo-Hernandez recommended that we truly listen to what people and communities have to say and what people have experienced. Given that historical trauma is passed from generation to generation, it is imperative to pay attention and be honest about the pervasiveness of mistrust and ways we can prevent it moving forward, although this will likely require difficult conversations. Relatedly,

Dr. Abad noted that this is a time in history that health authorities need to be transparent about the knowledge we have, and the methodologies used to obtain it, in order to build trust. Dr. Fisher built upon this by suggesting that we take a look at vaccine hesitancy and listen to what people are telling us about why they are refusing and the contributing role of unequal access to vaccines. This is imperative to ensure that we are not unintentionally placing blame on certain groups and that we consider scientific literacy by engaging people at early periods to increase scientific literacy. Drs. Weinstock and Brymer discussed key important factors in rebuilding trust focused on being honest and revising ways that we deliver care to better treat individuals and communities. For example, Dr. Weinstock noted that psychologists frequently tell people that help is available for suicide prevention and that you can get help. However, oftentimes help is not available when people need it given that there are often waiting lists for treatment. Dr. Brymer highlighted this gap in mental health availability right now and suggested that we broaden our lens and consider how we can train and provide skillsets to community members so that they have the tools to help people in the community. These suggestions may help build trust because individuals in the community can receive the help that they need and not be constantly referred or recommended for services that are not currently available.

The COVID-19 pandemic won't be the last pandemic we see. Additionally, natural and human-made disasters and acts of violence are on the rise.

- What does the world most need from psychological science and practice right now?
- How can we better influence public health outcomes, including vaccination, particularly during an emergency or crisis?
- What aspects of pandemic preparedness and behavioral science should we double down on now?

In discussing what the world needs from psychological science and practice right now, as well as how we can better influence public health outcomes, all of the panelists discussed the need for transdisciplinary work and collaboration. Dr. Lugo-Hernandez noted that psychologists are often trained in a silo and highlighted the importance of joining with other disciplines (e.g.,

Webinar

Dr. Jessica L. Schleider

April 27

Scaling Single-Session Interventions to Bridge Gaps in Mental Healthcare Ecosystems

The discrepancy between need and access to mental health services is uncontested. An estimated 57% to 67% of adults experiencing mental illness in the United States do not receive needed services. The need-to-access gap is even wider for children and adolescents: Up to 80% of youths with mental health needs go without services each year. Even among those who do access care, treatment is often brief: international service-use data suggests that the modal number of sessions attended is just one. This creates a need to quantify and capitalize on what can be accomplished therapeutically, given appropriate targeting and structure, in a short period of time. Therefore, this talk will outline recent innovations in single-session interventions (SSIs) for mental health problems, including the evidence supporting their effects; how they might yield clinically-meaningful change; resources for delivering evidence-based SSIs; and where, when, and how they can be delivered. Understanding SSIs' promise creates an opportunity for a paradigm shift in our field's thinking about constructing services for broad-scale impact. SSIs can operate as stand-alone services or as adjunctive services within existing care systems; as such, learning to study and provide SSIs may improve the reach of effective mental health interventions while mitigating problems linked to long waiting lists, global provider shortages, and high costs of traditional care.

Dr. Jessica L. Schleider, Stony Brook University, founded and directs the Lab for Scalable Mental Health.

<https://elearning.abct.org/>

11 a.m. – 12:30 p.m. Eastern
10 a.m. – 11:30 p.m. Central
9 a.m. – 10:30 a.m. Mountain
8 a.m. – 9:30 a.m. Pacific

social work, public health, policymakers) and also with communities to come up with solutions. Dr. Adab recommended that these cross-disciplinary conversations include epidemiologists, community members, and psychologists to break down silos and merge expertise and background. As stated by Dr. Brymer, "If we are going to talk about psychological science, our policies and practices, and what we are doing, we must collectively work together."

The future of psychology is our undergraduate and graduate students. Yes, most programs do not have formal coursework or training in emergency disaster preparedness and response. Given the impending effects of the climate crisis, increases in mass violence events, and projections of future pandemics:

- What are the implications for psychology training programs?
- What do we need to do as a field to ensure that our workforce is ready to address the challenges of the 21st century?

The panelists responded with different implications for psychology training programs and various ways that the field can ensure that our workforce is ready to address challenges of the 21st century. First, Dr. Fisher discussed the importance of integrating marginalized populations into our research and the critical need for interprofessional training with other fields and experts to understand barriers and resistance to change across professions. Dr. Brymer highlighted that many programs often request shortened or brief training to meet basic needs and increase comfort for the trainer. However, this provides a critical gap in training because we are not training incoming professionals on the most difficult topics, such as grief and intense emotional challenges, which leaves them feeling inadequate and ill-prepared to respond to challenges that arise with clients and communities. Dr. Weinstock built upon this topic by suggesting that faculty who are experts provide training to students so that they can obtain imperative knowledge and skills and learn how to utilize these skills in a deliberate and useful way.

What is your call to action for the field of psychology in addressing the emergencies, disasters, and epidemics of the 21st century and beyond?

Regarding a call to action, Dr. Fisher stated that we will continue to face complex ethical issues, which leads to the experience of moral distress, for which we may not be prepared. Thus, as psychologists, it is imperative that we collaborate to create and implement policies to protect human rights and improve our ability to address emergencies, disasters, and epidemics in the future. According to Dr. Lugo-Hernandez, we are in desperate need for psychologists who are transdisciplinary and global in their conversations and collaborations to improve the field and increase our ability to respond. Dr. Weinstock responded with a call to action for improving trust and mental health literacy so that we can enhance trust and deliver the interventions that we are promising. Dr. Brymer suggested that we examine how we are delivering interventions and involve the community in delivery and dissemination of interventions. A call to action from Dr. Adab included figuring out effective ways to connect with policymakers to ensure that research is available and digestible to the public. Finally, Dr. Orengo-Aguayo suggested that, as a field, psychology should not be afraid to think big and look elsewhere when doors are closed to them.

This panel was extremely thought-provoking and included a range of psychologists from various subdisciplines and settings to reflect on these thought-provoking questions from the lens of psychologists specifically. All recommendations were useful and the examples provided by these panelists illustrated that they are all currently practicing what they preach in terms of being honest and using collaboration to address important topics related to the COVID-19 pandemic and related consequences.

Reference

Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., & Chidambaram, P. (2020). The implications of COVID-19 for mental health and substance use. *Kaiser Family Foundation*, 21.

...

The author has no conflicts of interest or funding to disclose.

Correspondence to Angela Moreland, Ph.D., Medical University of South Carolina, 67 President Street – 2 South, Charleston, SC 29425 moreland@musc.edu

“Open Science: The Future of Psychology”: Reflections on the Invited Panel

Sol Rabine and Jae A. Puckett, *Michigan State University*

OPEN SCIENCE is an umbrella term that describes various movements to share the output, resources, tools, and methods of research at any stage in the process. Engaging with this year’s topic of emergency preparedness and response, moderator Dr. Rosaura Orengo-Aguayo opened the panel with comments about open science in the global COVID-19 pandemic response. By sharing their research on a global scale, epidemiologists and other scientists were able to accelerate the genomic sequencing of the virus and development of vaccines and treatments. This showcases some of the many benefits of open science: accelerated innovation, greater scrutiny of data, and improved public knowledge. Although science helped to address this public health crisis more speedily, there is a notable lag in psychology’s—particularly clinical psychology’s—uptake of open science practices that could help to address other ongoing crises in our communities.

The panelists included Dr. Eric Youngstrom (University of North Carolina Chapel Hill), Dr. Mitchell Prinstein (University of North Carolina Chapel Hill, American Psychological Association), Dr. Jessica Schleider (Stony Brook University), Dr. Eiko Fried (Leiden University), Kelee Pacion (Princeton University), and Dr. John Young (University of Mississippi). This panel gathered to discuss a few key questions about open science in clinical psychology research. These questions generally covered the following: (1) how the panel viewed psychology’s stance towards open science/where the field may be behind other fields; (2) technology and other tools to promote open science; (3) the implications for graduate training programs in terms of educating future psychologists about open science; and (4) how open science can help to address misinformation, disinformation, and public mistrust in science.

Psychology and Open Science

Dr. Orengo-Aguayo opened the floor to the panelists by asking them to discuss the state of open science more broadly in the

scientific community. Dr. Schleider discussed some of the shortcomings of the clinical psychology field when it comes to open science. As a clinical intervention researcher focused on public health, she stated that she feels treatment studies have major shortcomings as a result of more traditional research practices. One issue is that clinical psychology is undergoing a replication crisis wherein treatment effects are unreliable, vary across studies, and lack consistency. In addition, she pointed out that evidence-based interventions are underutilized in practice, drawing attention to the divide between research and clinical practice. An open science approach would help to disseminate research findings and determine whether the findings researchers claim actually replicate when using these interventions in the community. Dissemination and real-world testing of these interventions could help move the field forward more effectively and more efficiently.

Although there are clear benefits to the open science approach, psychologists also may be hesitant to implement these practices for various reasons. Dr. Fried commented that his colleagues have shared concerns about whether open science practices will harm their careers. One example of such a concern was whether publishing a preprint of a manuscript online may prevent the paper from being published in a scientific journal. Researchers may also fear that they will be scrutinized or judged for their work. Dr. Fried shared that he believes in the importance of open dialogue in the scientific community and that being able to have direct communication about others’ work will benefit the field. Even so, some researchers may feel overly criticized when others bring to light errors in their work, which can lead to disinterest in open science.

Dr. Young added that incentivizing open science is necessary for it to be widely adopted. Without open science being rewarded, the systems of academia continue to reinforce the disconnect between researchers and others, including the general public, policymakers, clinicians, and

various additional groups. Considering the culture around research in clinical psychology, the panelists agreed that funding and career incentives in the field discourage collaboration. If instead open science was prioritized, community outreach and dissemination would be rewarded. Dr. Fried explained that the Dutch university funding system places an emphasis on parts of the process that do not produce published outputs, such as analyzing data or helping colleagues. By evaluating researchers on more than their authorship, departments can encourage open collaboration. Dr. Schleider also emphasized that this is a broader problem at universities, and it is the responsibility of senior faculty and department chairs to advocate for tenure review changes and funding reform. Similarly, Dr. Prinstein shared the importance of universities and administrators reflecting on what they celebrate as achievements and why—whether that be the number of publications someone has or how wide of a reach they have established in their research.

Another critical point raised by Dr. Prinstein was the importance of considering one’s audience when using open science practices. Relatedly, Dr. Schleider discussed open science within a research setting. To advance progress in the field, she shared that researchers should be making their data and code available publicly. In addition, her lab makes its evidence-based interventions free because she believes that clinicians and clients should have open access to these resources. Dr. Prinstein added that, despite pushes for open data sets from studies, there has been little uptake of researchers using these data sets. This is partially due to the nonstandardization of some measures and variability in their scoring or how data sets are constructed, which can make it challenging for others to understand the ins and outs of another researcher’s data. He went on to discuss another major audience: the public and policymakers. Dr. Prinstein highlighted that communication with this group is a major shortcoming in the field and should be a focus of training moving forward. Dr. Fried also emphasized the importance of open science to educators, who should be training their students to uphold open scholarship.

Technology and Other Tools to Promote Open Science

Pacion, a Biological Sciences Librarian and WikiJournal of Science editor, discussed her work in these roles. As open

platforms, Wikipedia and WikiJournal have a broad reach that other scientific journals do not. The journal is free to access, a priority of open science, and it is free to publish articles in and has open peer review. Dr. Youngstrom added to this point, saying that papers that are mentioned on Wikipedia have an increase in their rate of citation in the field (Thompson & Hanley, 2018), even though some may be skeptical of the use of Wikipedia. Pacion also added that librarians can be an important, yet underutilized, resource for researchers. In addition, libraries often have library guides on various topics, such as conducting systematic reviews, and researchers can even reach out to librarians at their universities to explore having new guides developed that can support their efforts or the training of students. In addition, librarians can also help provide training and support in data management practices, which can make sharing data and code easier for researchers.

The panel also discussed other tools that are making open science more accessible. R is an open source statistical analysis program that the panel noted has made complex statistical analyses more accessible. Researchers like Dr. Fried who make their analysis code available enable others to use open source programs like R to verify their work or build on their findings. Dr. Fried also recommended the Framework for Open and Reproducible Research and Training (FORRT; <https://forrt.org/>) as a resource for learning more about open science, which also includes a variety of tools for teaching trainees about open science. Another resource, mentioned by Dr. Youngstrom, is Wikiversity's page on "Helping Give Away Psychological Science" (https://en.wikiversity.org/wiki/Helping_Give_Away_Psychological_Science).

Finally, social media can be a way of promoting research findings. Researchers must be prepared to summarize their work for a general audience when using social media outlets like Twitter or others. Posting about research on social media can help to reach a wider and more diverse audience than simply publishing in academic outlets or presenting at conferences. In addition, it can lead to meaningful conversations with communities that the researchers may be otherwise missing.

Educating Future Psychologists About Open Science

There are likely many training needs related to open science. Dr. Schleider

emphasized that open science practices should become the norm in education and that researchers should model best practices for their students. She believes that students should be under the assumption they will be sharing their data and code openly with others. Through seeing the lead researchers in labs engage in open science practices, students may be more likely to implement these themselves.

Fortunately, there are many open science materials already available to educators. There are materials for teaching open science on the Open Science Foundation's website, FORRT, and Dr. Schleider has led sessions on the subject at prior ABCT conventions as well (e.g., "Open Science Practices for Clinical Researchers: What You Need to Know and How to Get Started" in 2020). Dr. Prinstein also noted that the American Psychological Association has a series called "Essential Science Conversations," which includes two webinars on open science. Given the wealth of information available publicly, it is on programs and instructors to revise their training curriculum to cover these topics. On training students, Dr. Prinstein remarked "one of the things we can do for undergraduate and graduate students is encourage discourse with people who are not scientists." Listening to the types of questions others are interested in leads researchers to work with a greater impact. Students can practice these skills through assignments or informal conversations in their program that prepare them to talk with the general public about their work. Pacion added that information literacy and scientific communication should be built into training curriculum. Again, librarians can be an excellent resource for developing training tools for students.

Helping to Address Misinformation, Disinformation, and Public Mistrust in Science

Understanding of the research process helps people to believe scientific findings. Dr. Prinstein reflected on psychology being uniquely positioned to help address public education about science in ways that can benefit the public and address mistrust. Dr. Fried also added that it is vital to speak out about bad science and work that diminishes the field's integrity. In regard to public discussion of others' work, an audience member brought up that the open science community has a problem of some individuals criticizing researchers in condescending or aggressive ways, something

they called "bropen science." The panelists were quick to condemn this behavior. Dr. Schleider explained that this is a failure of the community to uphold its own value of collaboration. Dr. Fried added that he believes scrutiny is good for science, but not when it is patronizing, racist, sexist, and otherwise hurtful. We must also attend to issues of identity, marginalization, and power in such conversations.

Conclusions

Across this discussion, the panelists provided clear steps for researchers and academics to promote open science. The first is to train students in open science. Students who are prepared to work collaboratively and share their work across platforms will be able to make a broader impact. Making work approachable to other researchers and students also encourages collaboration. Researchers in academia should be in communication with their department and their university, encouraging a focus on open science. This could mean encouraging them to use Altmetric as a way to demonstrate reach of research findings as recommended by Dr. Fried (<https://www.altmetric.com/>), community outreach efforts, and other measures of success when considering tenure and promotion. Last, it is important for researchers to consider the public as part of their audience. To produce work that is relevant, researchers must be involved in the communities they hope to serve. This will require an emphasis on dissemination outside of academic journals for researchers and educators. The clinical psychology field should be focusing on making its knowledge accessible and addressing questions the public wants answered.

Reference

- Thompson, N., & Hanley, D. (2018). Science is shaped by Wikipedia: Evidence from a randomized control trial. *MIT Sloan Research Paper No. 5238-17*. <http://dx.doi.org/10.2139/ssrn.3039505>

...

The authors have no conflicts of interest or funding to report.

Correspondence to Jae A. Puckett, Ph.D., Michigan State University, 316 Physics Road, East Lansing, MI 48824
puckett26@msu.edu

“Funding Mechanisms for Behavioral Science Research”: Reflections on the Invited Panel

Angela Moreland, *Medical University of South Carolina*

THIS INVITED PANEL, moderated by Dr. Daniel McNeil, Professor at the University of Florida, convened directors, program officers, and representatives from a variety of funding institutes/divisions/programs with specific behavioral science research portfolios, including the Patient-Centered Outcomes Research Institute (PCORI; Amanda Chue, Ph.D.); National Heart, Lung and Blood Institute (NHLBI; David Clark, DrPH); National Cancer Institute (NCI; Paige Green, Ph.D., MPH, FABMR); National Institute on Minority Health and Health Disparities (NIMHD; Monica Webb Hooper, Ph.D.); National Institute of Mental Health (NIMH; Jennifer Humensky, Ph.D.); Office of Behavioral Sciences Research at NIH (Christine Hunter, Ph.D., ABPPP); National Institute of Aging (NIA; Lisa Onken, Ph.D.); and National Institute of Dental and Craniofacial Research (NIDCR; Melissa Riddle, Ph.D.).

The panel provided the audience with knowledge regarding potential funding sources for their work, with specific emphasis on sharing goals and priorities across different institutes, as well as relevant funding priorities and opportunities for behavioral and psychological science researchers. Dr. McNeil provided an overview of the role of the panelists, stating that they are part of the grant review and funding process and provide a critical interface between investigators and funding institutions. All of the panelists have a mission and drive to create the best possible science and provide the critical leadership needed to grow research.

First, the panelists each provided a brief overview of the mission and overall funding priorities of their institute/branch/division, with specific focus on the integration of behavioral science research. A recap of each overview is provided below.

Patient-Centered Outcomes Research Institute (PCORI; Amanda Chue, Ph.D.)

Dr. Chue described that the mission of PCORI is to help people make informed healthcare decisions and improve health

care delivery and outcomes by producing and promoting high-integrity, evidence-based information that consists of research guided by patients, caregivers, and the broader health care community. PCORI primarily funds comparative clinical effectiveness research, which is the bridge between efficacy trials and dissemination and implementation science. PCORI is unique in that they aim to produce evidence that can be applied in real-world settings, focus on answering questions most important to patients and those who care for them, and engage stakeholders throughout the research process from topic development to dissemination of findings.

National Heart, Lung, and Blood Institute (NHLBI; David Clark, Dr.PH.)

Dr. Clark explained that the mission of NHLBI is to provide global leadership for research, training, and education programs to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives. The institute supports a broad range of topics related to heart, vascular, lung, blood, and sleep disorders and encourages research across the entire spectrum of research from basic and mechanistic to dissemination and implementation science.

National Cancer Institute (NCI; Paige Green, Ph.D., MPH, FABMR)

Dr. Green outlined that the NCI mission is to conduct and support cancer research across the nation to help people lead longer, healthier lives, with the Division of Cancer Control and Population Sciences focused on reducing the burden of cancer across all stages. NCI is made up of numerous branches, including those focused on behavioral and psychological research.

National Institute of Minority Health and Health Disparities (NIMHD; Monica Webb Hooper, Ph.D.)

Dr. Hooper described that the NIMHD's mission is focused on improving the health of minoritized populations, reducing health disparities, and promoting health equity. She specifically noted that the institute is not interested in just any differences, but specific types of health differences experienced by specific populations in which disadvantage is the agent. NIH health disparity populations currently include racial and ethnic minority groups, people with lower socioeconomic status, underserved rural communities, and sexual and gender minority groups.

National Institute of Mental Health (NIMH; Jennifer Humensky, Ph.D.)

According to Dr. Humensky, the NIMH is focused on improving mental health outcomes, functioning, and the delivery of mental health services. Dr. Humensky specifically mentioned NIMH priorities of COVID-19, suicide prevention, early intervention in psychosis, HIV research, mental health equity (i.e., the state in which everyone has a fair and just opportunity to reach their highest level of mental health and emotional well-being), genetics, and digital health technology. The NIMH covers the full spectrum from basic research to dissemination and implementation science and has several cross-cutting divisions including AIDS research and global mental health research.

Office of Behavioral and Social Sciences Research at NIH (OBSSR; Christine Hunter, Ph.D., ABPPP)

Dr. Hunter described that OBSSR was established in recognition of the importance of health-related behavior and social sciences and their contribution to the NIH mission. OBSSR does not fund or administer grants but looks across NIH for cross-cutting issues not covered by an institute to enhance the impact of behavioral and social sciences research and communicate research findings. Specifically, OBSSR provides funding support through its co-funding program to encourage additional funding, as well as workshops and meetings to advance the NIH mission.

National Institute on Aging (NIA; Lisa Onken, Ph.D.)

Dr. Onken reported that the mission of NIA is to support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging and to foster the development of research and clinical scientists in aging. Dr. Onken described that the institute studies the health and well-being of people as they age and funds research focused on mid-life and beyond, not just focused on geriatric populations.

National Institute of Dental and Craniofacial Research (NIDCR; Melissa Riddle, Ph.D.)

The NIDCR is focused on improving oral, dental, and craniofacial health through research, research training, and dissemination of health information. Dr. Riddle described that the NIDCR funds a range of areas outside of the dental field or areas that might be expected and encouraged individuals to look into new and unique funding opportunities through NIDCR. For example, Dr. Riddle provided some examples about how psychologists interested in anxiety can apply for funding related to dental anxiety.

Following introductions and descriptions of each funder, Dr. McNeil posed key open-ended questions with the goal of generating thought-provoking dialogue around relevant funding opportunities for behavioral and psychological science researchers. Each question is outlined below, followed by a summary of responses by the panelists.

What are current areas of focus for your institute/division/program that may specifically relate to behavioral and cognitive sciences?

Several of the panelists described that they collaborate across centers and offices to develop a systematic approach to understanding behavior change and that grant topics often span across various institutes. Panelists reported that many of the institutes are focused on understanding the mechanisms of change (i.e. how interventions work), rather than whether they work or not. Further, most panelists highlighted that various institutes are interested in the full spectrum of research from basic science to efficacy to implementation science.

Regarding specific areas of focus per institute, Dr. Riddle stated that NIDCR has a current focus on causal mechanisms at

every stage of the translational pipeline. Dr. Hunter described that OBSSR is focused on developing common vocabularies across disciplines and integrating multiple levels of data (e.g., individual, environmental, social interactions) to obtain more sophisticated information about what drives behavior and change. Several of the panelists specifically noted the importance of expanding beyond RCTs to examine what is working and why and for whom. According to Dr. Hooper, the NIMHD is specifically interested in characterizing root causes of health disparities and understanding the complex webs at multiple levels and times in the life course. Dr. Humensky discussed that the current focus of NIMH is on practice relevance, such as ensuring that end users/stakeholders are engaged from the very beginning of the grant process. Dr. Chue with PCORI stated that they are similarly interested in this, as all PCORI projects must incorporate stakeholder focus and engagement throughout the entire research process.

What is one “tip” you could provide a student or early-career behavioral/cognitive clinical scientist or scientist-practitioner about seeking federal grant funding?

Several overlapping tips were provided by the panelists in response to this question and panelists tended to agree on the tips that should be taken by students or early-career behavioral/cognitive clinical scientists or scientist-practitioners. The main tip was to talk to the program officer and to start this process very early. Panelists suggested sending an email with a draft of specific aims to the program officer, even if the aims are in very early form or not fully developed. They described that most program officers will “do their homework” and look up relevant science to provide relevant feedback and, if they do not, then it is appropriate to look for someone to provide the needed feedback. In addition, panelists suggested that applicants not just focus on RFA and PAR announcements and do not assume that the institute is not interested if a specific RFA on the topic does not exist, as most of the grants funded do not come from an RFA or PAR. Panelists recommended that students and early-career investigators familiarize themselves with the multitude of opportunities available, including career development awards, fellowships, diversity supplement opportunities, and loan repayment programs.

What is one grant application that, when receiving it, would make you smile because it relates to an area that needs further development?

Several panelists mentioned that they are very interested when an applicant goes beyond proposing a theory and hypothesis for what is causally responsible for change, but also includes how to test that mechanism in addition to the clinical outcome. Further, Dr. Clark noted that he smiles when an application includes implementation strategies tested at multiple ecological levels including patient, physician, health-care system, and even payer levels. Dr. Hooper with NIMHD described that she smiles when intervention studies specifically test intervention potential to eliminate a health disparity rather than just examining the problem, or studies that examine contributing mechanisms. Finally, Dr. Humensky highlighted the importance of the significance and innovation sections of the proposal in getting the program and reviewers excited about the topic. She stated that it is imperative that investigators show their commitment and passion for the project to get the reader excited and to sell the idea.

What can ABCT do to further help its members as they seek to secure funding from your institute/division/program?

All of the panelists gave very innovative and important recommendations for how ABCT can help members to be successful in securing funding. First, Dr. Riddle highlighted the importance of looking for funding sources across differences which may require assistance, connections, training, and mentoring in various research areas. She suggested that ABCT could assist in facilitating connections and collaborations that need to happen to improve these areas. In addition, Dr. Hunter suggested that ABCT support and encourage ways to increase the norm of students having funding and grant support already when entering their first faculty position. Finally, Dr. Clark suggested that ABCT could offer assistance in contacting program officers to help normalize and streamline this process for students and early investigators.

...

The author has no conflicts of interest or funding to disclose.

Correspondence to Angela Moreland, Ph.D., Medical University of South Carolina, 67 President Street – 2 South, Charleston, SC 29425 moreland@musc.edu

ABCT's 2022 *Spotlight* on Mentors

The ABCT Academic Training and Education Standards committee annually solicits nominations for the "Spotlight on a Mentor" recognition to highlight the diversity of excellent mentors within the membership ranks of ABCT. Its goal is to spotlight promising early-career and well-established mentors across all levels of academic rank, areas of specialization, and types of institution. We asked the four 2022 winners to share some wisdom related to their own influential mentors, their mentorship philosophy, and advice for mentees and aspiring mentors. Learn more below, and you can find more information online: <https://www.abct.org/mentor-spotlights/>.

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



Crystal Schiller, Ph.D.

Dr. Crystal Schiller is a clinical psychologist and Assistant Professor of Psychiatry at UNC Chapel Hill. She is Director of the UNC Psychology Internship Program. She is also Associate Director of the UNC Center for Women's Mood Disorders and the UNC T32 Postdoctoral Training Program in Reproductive-Related Mood Disorders. Dr. Schiller's research, funded by the NIH and HRSA, aims to determine how hormonal changes during reproductive transitions trigger depression in women and to expand access to behavior therapies. She is passionate about mentorship, translating scientific discovery to clinical care, and improving the lives of women. She has been privileged to do this work alongside a diverse and talented group of trainees with bright futures in psychology research and clinical practice.

► **On mentorship**

I approach mentorship as a sustained, collaborative partnership aimed at executing a shared vision. I strive to be radically present with my trainees in order to understand who they are, where they're heading, and how I can help get them there. Knowing a trainee's context, history, and values is critical for identifying opportunities that are likely to align with their sense of mission and help maintain motivation over time. My role in the partnership is to help identify opportunities, make connections with others in the field who may also serve as mentors or collaborators, nominate mentees for awards, advocate for resources alongside them or on their behalf, and support them in attaining their educational, training, and career goals. I strive to give candid, genuine feedback, to be transparent about both the facilitators and roadblocks inherent in conducting research and clinical care within an academic context, and to learn from my trainees—I try to recruit folks who are smarter and more talented than me, so I usually end up learning quite a lot. Mentorship requires me to maintain a sense of openness, curiosity, authenticity, and vulnerability. The way I practice it, mentorship is a big commitment but also one of the most rewarding professional activities in which I engage.

I have had the tremendous fortune to learn from some of the best mentors working at the intersection of psychology and neuroscience today: Dr. Michael W. O'Hara, Dr. David R. Rubinow, Dr. Susan Girdler, and Dr. Samantha Meltzer-Brody. Each of my mentors has their own unique style, which has empowered me to cultivate a mentorship style rooted in authenticity. Learning from great female mentors has also instilled in me the importance of a feminist psychology approach to advocacy and collectivism within the mentoring relationship—my role as I rise is to bring mentees along with me, to put them out in front to ensure they are visible and

heard, and to advocate for resources to support them and their work.

My advice is to notice mentorship opportunities in your everyday interactions with students, staff, and peers. You are a mentor already. Capitalize on these opportunities to bring folks together and have a positive impact on our field.



Rinad S. Beidas, Ph.D.

Dr. Rinad S. Beidas is Chair and Ralph Seal Paffenbarger Professor of Medical Social Sciences at Northwestern University Feinberg School of Medicine. Rinad's research leverages insights from implementation science to make it easier for clinicians, leaders, and organizations to transform the quality and equity of care. As an internationally recognized scientist, Rinad has published over 250 peer-reviewed publications and has served as MPI or PI of 11 NIH grants totaling approximately 31 million dollars. Rinad deeply enjoys the meaning and joy that comes from collaborating with her early-career colleagues and watching them soar in whatever path they choose.

► **On mentorship**

To me, mentorship is one of the most meaningful responsibilities that I have as a faculty person. I have been so lucky to have exceptional mentors and sponsors in my career, and I see it as my responsibility to support the next generation of colleagues who will do paradigm-shifting work in the area of implementation science across a range of content areas.

In mentorship, I strive to balance the relational aspects of mentorship with developing a tailored individual roadmap to ensure that mentees achieve their professional development goals. My previous mentees are now engaged in a variety of roles and responsibilities including tenure-stream positions, leading implementation practice efforts in policy and/or non-profit settings, leading evidence-based clinical programs, and delivering evidence-based care. I see it as an honor to walk alongside mentees as they develop their roadmap and as my responsibility to support them in reaching their professional goals, whatever they might be.

I strive to approach mentorship with the values of transparency, equity, inclusion, enthusiasm, humility, and collaboration.

As for advice: First, mentorship is a two-way street. Mentors get so much out of the mentorship experience. I have learned so much from my mentees and am so grateful for the meaningful expertise and new learnings they bring to our team.

Second, no one person can meet all of your needs. Assemble a mentorship team and know what strengths each mentor brings.

Third, be explicit about expectations and communication often and early.

Fourth, be proactive and know what you need from your mentorship team to maximize effectiveness.



Kristin Hawley, Ph.D.

Dr. Kristin Hawley is a clinical psychologist, director of the Center for Evidence-Based Youth Mental Health, and associate professor in the Department of Psychological Sciences at the University of Missouri. She earned her bachelor's degree from University of Missouri–Columbia, master's and doctoral degrees from University of California–Los Angeles, and completed a postdoctoral fellowship with San Diego State University, San Diego Children's Hospital and the Child and Adolescent Services Research Center. She has an active research program encompassing youth mental health services and interventions research and implementation science, specifically the identification of child, adolescent- and family-focused evidence-based practices and their implementation in a range of community-, school- and clinic-based service settings. She also provides training, consultation, mentorship and supervision to graduate students and professionals, and has a passion for mentorship and training. Her overarching career goal is to make a positive impact through her research and training on access to effective mental health care for underserved youth and families.

► On mentorship

I aim to be the kind of mentor that can flex and adapt to support the needs of each mentee, be they undergraduate, postbac, graduate, post-doc, or junior faculty. I try to provide more guidance and advice and oversight for those early in their training or new to my area of work. However, I do not strive to have every student do exactly what I do. I want each mentee to find their *ikigai*, their purpose, the sweet spot where what they love, what they are good at, what the world needs, and what they can make a living doing all come together. I am honored to have been invited on their trip, but I am not the driver. I see my role as more of a coach or a consultant. I want them to feel safe and supported coming to me with what they need to be successful and I try to help them find it. I may not always have the answer or even be able to teach them the specific skill they need to complete a specific project or help a specific client, but I am there to help figure out who does, how they can find it so they can learn and achieve what they need in the moment and so they can progress on their professional journey. In short, I want them to find their own path, to identify what gives their work meaning, and to develop the knowledge, the skills, and the confidence to pursue their work. I try to maintain my own balance of doing work that stimulates me intellectually, that I think I can do alone or with help from collaborators and stakeholders, and that feels valuable and helpful to the world, while also taking care of myself, my family, my friends, my community.

In terms of influences on my mentorship, I have been amazingly fortunate and I am incredibly grateful for phenomenal mentors who have helped guide me. John Weisz was my

advisor in graduate school, and continues to be my mentor. He taught me more things than I could possibly detail here, about how to be a clinical scientist, how to design and test hypotheses, how to communicate research to scientists and other key stakeholders, how to build and maintain partnerships to move important work forward in order to benefit public health. Most impactfully, he showed through his every action that science and service are intertwined, that the best science is in service of public health and the best service is informed by science. For my postdoctoral training I had a team of mentors, all of whom helped me immensely on my path: Greg Aarons, Ann Garland, John Landsverk, Anna Lau, Al Litrownik, May Yeh, and many others. All were compassionate and committed to improving children's mental health through impactful science. Ann Garland, in particular, showed me balance—how to “go for it” with a project that felt important but for which there was no existing model or example, how to finish and submit a paper before it felt perfect, and how to make time for family, friends, and fun.

Regarding strengths as a mentor: I see my job as helping them to make their positive mark in the world in whatever way fits them.

My advice is to seek out a range of mentors from peer colleagues to senior scientists and clinicians, and to challenge yourself to speak up and ask for the mentoring that you need.



Student Mentor: Omid V. Ebrahimi

Omid V. Ebrahimi is a second-year double-degree Ph.D. student at the University of Oslo, parallelly engaged in a clinical specialization at Modum Bad Psychiatric Hospital. He holds his degree in clinical psychology from the University of Bergen, partially undertaken at University of California Berkeley and The University of Hong Kong. Omid researches the temporal dynamics of depression to identify the boundaries and processes tied to transitions between nondiagnostic and diagnostic states. He is also engaged in the longitudinal modeling of population mental health and preventive health behaviors during infectious disease outbreaks. Omid's work has been recognized through several awards, including the International Council of Psychologist's Early Career Research Award (2022), Gordon Johnsen's Memorial Lecture Recognition (2021), and the Research Dissemination Award (2020) at the Department of Psychology (University of Oslo).

► On mentorship

I view the opportunity to mentor students as a privilege and one of the most pivotal roles in academia given its key part in shaping the future generation of researchers and helping our science take its incremental steps forward.

When it comes to mentorship style, I am greatly indebted to the wonderful mentors that I've had throughout the years, all of whom have been critical for my development and helped me grow as a person and scientist. The thank you-list is long, and some important role models for me in this area in recent years include Denny Borsboom, Andrea Cipriani, Sacha Epskamp, Cecilia Cheng, Asle Hoffart, Sverre Johnson, and Dan Bauer. Borrowing from their qualities, I aspire to teach transparency and critical thinking coupled with empathy and genuine curiosity.

I've been fortunate to get the opportunity to mentor students from an early stage in my career. This has the advantage that many of the challenges that my mentees experience are those I have recently encountered myself. This proximity aids my understanding and helps me remember the roadblocks I faced in similar situations and how I learned to address these obstacles from my own mentors. I love teaching and value spending enough time with students to build their knowledge in a stepwise fashion, as this is how I best have learned myself.

As a clinical psychologist who takes individual differences seriously, I appreciate exploring the unique strengths and needs of each mentee. I try to explain the logic and rationale for my suggestions to facilitate critical thinking and empower students to make their own choices about the proposed changes and in their future work. I also aspire to model the importance of knowing one's limitations and seeking advice from other experts when needed, informing my mentees about what I know well and less of from the get-go in order to give them the opportunity to make the choices that helps them tailor their needs.

Notably, being a first-generation immigrant and someone coming from a background with limited resources and knowledge about academia upon starting my career, I understand the crucial role of (lack of) information in academia. This motivates me to strive to help my mentees with everything I know about both explicit and less explicit norms and resources, ultimately hoping to combat gatekeeping and increase intellectual mobility. Hard work is of course an important ingredient to growth, but as an optimist, I am a firm believer that everyone can thrive if they are given the right opportunities and are matched with a mentor that fits their unique needs.

Mentorship is a lifelong skill that takes time to build and something that we must actively practice. Having this in mind while also seeking feedback from students and colleagues to identify areas you wish to improve on as a mentor is helpful. The saying goes that it takes a village to raise a child. Similarly, it takes many mentors to raise a mentor. Don't be afraid to reach out and ask role models you value for their tips on how to best facilitate growth and support students, and be patient with yourself. Your time will come. ■

OP-ED

Letter to the Editor: Response to "Call to Action: Mobilizing Clinical Psychology Programs to Support AAPI Trainees"

Alana Egan, Melissa R. Schick, Victoria Pipolo, Keoni Bermoy, Nichea S. Spillane, *University of Rhode Island*

NARINE ET AL. (2022) provide a thorough, deeply personal account of the struggles that Asian American students encounter throughout doctoral training. Special considerations for these students are often overlooked, despite the urgent need to support such trainees as they endure anti-Asian discrimination and hate speech in the current political climate. The perspectives of Asian American students are vital to understanding their training needs, and we applaud the authors' transparent disclosures of their own positionality within this discussion. However, the aggregation of Asian American and Pacific Islander ("AAPI") data can mask disparities. While the arguments within the Call to Action provide a thoughtful basis for improving outcomes for Asian American students, Pacific Islander perspectives are lacking.

The term "AAPI" likely originates from a movement to create stronger political coalitions among minoritized groups (Lee, 1982). However, its popularization has created the perception of common history, goals, and values between the two racial

categories. As early as Lee, Pacific Islanders have voiced concerns that their needs and views have become subsumed by the broader Asian American community. Given the substantial difference in overall population (0.4% Native Hawaiian/Other Pacific Islander to 5.6% Asian American; U.S. Census, 2010), the practice of aggregating "AAPI" perpetuates harm and erasure in cases in which both groups are not adequately represented. Further, this aggregation does not reflect the standards established by the Office of Management and Budget (1997), which lists Pacific Islanders as a distinct racial category.

Aggregating AAPI data plays an important role in obscuring relevant health data for both groups (Srinivasan & Guillermo, 2000). Narine et al. (2022) state their recognition of the inherent heterogeneity within AAPI populations; however, such a disclosure at the beginning of an article does not exempt the authors from a critical analysis of their statements. Narine et al. review statistics on "AAPI" representation within the psychology workforce. However, this data

only reflects the representation of Asian Americans in the psychology workforce, as the APA does not report the number of Pacific Islander psychologists. This failure to note the lack of data regarding Pacific Islander representation represents an important missed opportunity for advocacy within a Call to Action that, in title, should include both Asian Americans and Pacific Islanders. The authors note that the recommendations within their article should be considered from an intersectional stance given their recognition that Asian Americans and Pacific Islanders have fundamentally different experiences; however, the ideas and recommendations in the article should not only be "considered" from an intersectional stance, but they must also be *discussed*.

The central argument within the Call to Action rests on a series of anecdotal and empirical data that aims to describe the training struggles of Asian American and Pacific Islander doctoral students. The anecdotal section of the article provides recommendations regarding a variety of issues faced by trainees, such as experiencing Asian-coded stereotypes like the Model Minority myth. However, this section does not include the perspectives of Pacific Islander trainees and, further, does not reflect the research exploring the experiences of students from Pacific Islander communities. One study found that Native Hawaiian students in STEM fields reported feeling loneliness attributed to often being the only Indigenous Hawaiians in their program and comments that they are better suited for jobs in the hospitality

industry (Allaire, 2019). In another study, younger Native Hawaiian students reported experiencing stereotypes that Hawaiians are lazy and stupid with poor hygiene (Yeh et al., 2021). These studies highlight the vastly different experiences of Pacific Islanders from Asian American trainees (i.e., Pacific Islander students do not experience the Model Minority Myth, which stereotypes Asian Americans as industrious, successful, and superior to other minoritized groups; Kawai, 2005).

The section outlining recommendations for improving the experiences of AAPI trainees seems to be based both on the author's personal experiences as well as empirical work focusing on "AAPI individuals." However, apart from a single study that included only three Pacific Islander participants (of a total 96 participants; Gamst et al., 2003) and one study describing all participants under the aggregated "AAPI" label (Tran et al., 2018), all works cited in this section focus exclusively on either the Asian American experience or a perspective broadly described by study authors as that of minorities. Referring to this body of literature as reflecting "AAPI" people broadly misrepresents the lack of inclusion of Pacific Islander people. While the authors demonstrated their awareness of the distinct experiences of Asian Americans and Pacific Islanders in their introductory disclaimer, the repeated action of misrepresenting the groups as a monolith does not reflect that stated awareness. In the future, psychologists should take care to cite Pacific Islander scholars and accurately describe sample characteristics when summarizing literature.

If psychology truly values diversity, inclusion, truth, and reconciliation, both authors and journals must be thoughtful about the ways in which published articles perpetuate harm and erasure. In the future, these Native Hawaiian trainees (authors Egan and Bermoy) hope that data justice for Pacific Islanders is prioritized. Movement towards this data justice includes developing participant recruitment and

retention plans such that Pacific Islanders are adequately represented in research, accurately describing study samples to make clear who is represented in research, citing Pacific Islander scholars when conducting work that includes Pacific Islanders, and an overall reduction in use of the term "AAPI" (moving instead towards recognizing and referring to Asian Americans and Pacific Islanders as distinct racial categories). Such disaggregation would have numerous benefits, including (a) a step towards data justice; (b) increased knowledge regarding for whom research findings apply, allowing for increased clinical precision and identification of gaps in the research literature; and (c) providing the needed data to fully explicate the extent to which Pacific Islander people have been represented in research and supporting calls for research attention specifically focused on this important population. While the present article provides a timely and nuanced discussion of the struggles faced by Asian American trainees in psychology, the field cannot perpetuate the inclusion of Pacific Islanders in name only. We have known better for several years, if not decades. How much longer will Pacific Islander communities have to wait before psychology does better?

References

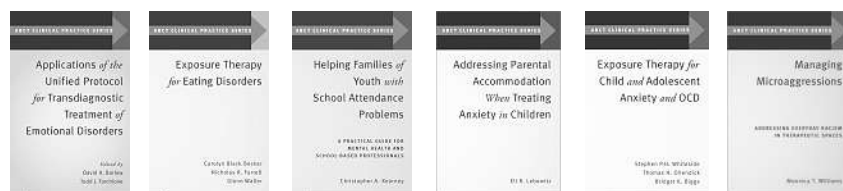
- Allaire, F. S. (2019). Navigating uncharted waters: First-generation Native Hawaiian college students in STEM. *Journal of College Student Retention: Research, Theory & Practice*, 21(3), 305-325. doi: 10.1177/1521025117707955
- Gamst, G., Aguilar-Kitibutr, A., Herdina, A., Hibbs, S., Krishtal, E., Lee, R., Roberg, Stephens, H., & Martenson, L. (2003). Effects of racial match on Asian American mental health consumer satisfaction. *Mental Health Services Research*, 5(4), 197-208.
- Kawai, Y. (2005). Stereotyping Asian Americans: The dialectic of the model minority and the yellow peril. *The Howard Journal of Communications*, 16(2), 109-130. doi: 10.1080/10646170590948974
- Lee, D. W. (1982). Asian Americans and Pacific Americans: The dilemma of inter-ethnic relations and the role of federal assistance. *Association for Asian/Pacific American Studies*, 1-78.
- Narine, K. O., Chang, C. J., Ho, E. J., Francis, C. Davis, L. S., & Vuky, C. (2022). Call to action: Mobilizing clinical psychology programs to support AAPI trainees through an anti-racism framework. *the Behavior Therapist*, 45(4), 142-147.
- Office of Management and Budget. (1997). Revisions to the standards for the classification of federal data on race and ethnicity. *Federal Register*, 62(210), 58782-58790.
- Srinivasan, S., & Guillermo, T. (2000). Toward improved health: disaggregating Asian American and Native Hawaiian/Pacific Islander data. *American Journal of Public Health* (1971), 90(11), 1731-1734. <https://doi.org/10.2105/AJPH.90.11.1731>
- Tran, N., Nakamura, N., Kim, G. S., Khera, G. S., & AhnAllen, J. M. (2018). #APIsfor-BlackLives: Unpacking the interracial discourse on the Asian American Pacific Islander and Black communities. *Community Psychology in Global Perspective*, 4(2), 73-84.
- U.S. Census Bureau. (2010). *2010 Census Brief: Overview of Race and Hispanic Origin*. <https://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- Yeh, C. J., Borrero, N. E., Suda, J. F., & Cruz, C. I. (2021). Place matters: Exploring Native Hawaiian youths' cultural selves, pride, and generativity. *Asian American Journal of Psychology*, 12(1), 76-86. <https://doi-org.uri.idm.oclc.org/10.1037/aap0000226>

...

Work on this manuscript by Melissa R. Schick was supported by National Institute on Drug Abuse grant T32DA109426. None of the other authors have conflicts of interest to report.

Correspondence to Alana Egan, The University of Rhode Island, Chafee Social Science Center, 142 Flagg Rd., Kingston, RI 02881; aeganleong@uri.edu

ABCT Clinical Practice Series



Order online
www.oup.com

Discount code:
ABCT30

<https://global.oup.com/academic/content/series/a/abct-clinical-practice-series-abct/?cc=us&lang=en&>

ABCT's **Champions of Evidence-Based Interventions**

This award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based psychological interventions, and who have thereby advanced the mission of ABCT. The primary goals of this award are:

1. To “find, connect, and celebrate” (Knudsen et al., 2019) our partners and others invested in promoting evidence-based practice. Examples include community partners and colleagues, allies, advocates, and people with lived experience, among others.
2. Increase ABCT members’ awareness of the champion role and ways to identify and engage with champions.
3. Broaden engagement of community partners in dissemination and implementation of evidence-based practices and foster relationships with ABCT and its members.
4. Build on the influence of champions to promote the mission of ABCT.

► **Potential Candidates**

Nominees should demonstrate the characteristics of champions, broadly construed, as recognized in the implementation science literature (see Knudsen et al., 2019, for examples relevant to ABCT: <http://www.abct.org/docs/PastIssue/42n1.pdf>). Champions are those individuals who support, facilitate, diffuse or implement the core assets of evidence-based interventions. Champions' efforts expand the scope and impact of evidence-based interventions beyond the reach of researchers alone. They are “change agents,” differentiating themselves from others by their visionary quality, enthusiasm, and willingness to risk their reputation for change. Ideal candidates should have demonstrated the following: (a) communicating a vision and impact of evidence-based psychological interventions; (b) going above and beyond in their efforts to relentlessly promote innovation; (c) actively leading positive social change; and (d) making a substantive impact. Although both members and nonmembers of ABCT are eligible for the Champions award, research faculty are typically not a fit for this award.

► **Recognition and Engagement**

The Champions program is our chance to show gratitude for important on-the-ground work. Nominees will be reviewed in May and September by the Dissemination Implementation and Stakeholder Engagement Committee (DISEC), and those meeting criteria will be forwarded to the ABCT Board of Directors for approval. Recipients will be notified by the ABCT President, and their names and photographs will be posted on the ABCT website, along with their accomplishments as champions. Each year's champions will also be acknowledged at our annual awards ceremony at the ABCT convention. Champions will also be invited to engage with ABCT through linkage with researchers and opportunities to share their expertise by giving talks, serving on panels, or contributing to publications.

► **How to Nominate**

Email your nomination to **Champions@abct.org** (link to nomination form is on the Champions web page). Be sure to include "Champions Nomination" in the subject line. Once a nomination is received, an email will be sent from staff, copying the DISEC Chair. The nomination will be reviewed by DISEC, and if deemed appropriate for our program, will be forwarded to the ABCT Board of Directors for final approval. Once reviewed and approved by the Board of Directors, the nominee will be contacted directly by the President, followed up with an ABCT staff member for a final review of the copy to be posted on the ABCT website.

Reference

Knudsen, K., Gutner, C., & Chorpita, B. F. (2019). Recognizing champions: Increasing the scope and impact of evidence-based therapies. *the Behavior Therapist*, 42, 4-8.



Call for Award Nominations

to be presented at the 57th Annual Convention in Seattle

The ABCT Awards and Recognition Committee, chaired by Sara R. Elkins, Ph.D., University of Houston Clear Lake, is pleased to announce the 2023 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, Patricia A. Resick, and Dean G. Kilpatrick. 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, 2023.

Outstanding Clinician Awarded to members of ABCT in good standing who have provided significant contributions to clinical work in cognitive and/or behavioral modalities. Recent recipients of this award include Albert Ellis, Marsha Linehan, Marvin Goldfried, Frank Datillio, Jacqueline Persons, Judith Beck, Anne Marie Albano, and Cory Newman. 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 Clinician" in the subject line. **Nomination deadline:** March 1, 2023

Outstanding Training Program This award will be given to a training program that has made a significant contribution to training behavior therapists and/or promoting behavior therapy. Training programs can include graduate (doctoral or master's), predoctoral internship, postdoctoral programs, institutes, or continuing education initiatives. Recent recipients of this award include the Massachusetts General Hospital/Harvard Medical School Predoctoral Internship in Clinical Psychology, the University of Nebraska-Lincoln Clinical Psychology Training Program, the Charleston Consortium Psychology Internship Training Program, the Clinical Science Ph.D. Program at Virginia Polytechnic Institute & State University, the Florida State University's Clinical Psychology Ph.D. program, and the Beck Institute. Applications should include a nomination form (available at www.abct.org/awards) and two letters of support. Please e-mail the nomination materials as one pdf document to ABCTAwards@abct.org. Include "Outstanding Training Program" in your subject heading. **Nomination deadline:** March 1, 2023

Michael J. Kozak Critical Inquiry and Analytical Thinking Award "Clarity of writing reflects clarity of thinking." This statement reflects the overarching goal that Michael J. Kozak sought to achieve himself and that he vigorously encouraged others to reach as well. His penchant for critical inquiry cut across contexts: whether in providing cognitive-behavioral treatment itself, offering supervision of treatment, in scientific inquiry and writing, or in advising investigators about how to put their grant applications in the best possible position for success. Dr. Kozak was always in search of clarity. Accordingly, recipients of the Michael J. Kozak Critical Inquiry and Analytical Thinking Award from ABCT should embody this same spirit in their own work. Michael was able to achieve this high standard and promote its achievement in others with great skill and kindness, so recipients should also conduct themselves in such a way in their professional lives. This award will be given in alternate years. The recipient will receive \$1,500 and a plaque. Please complete the online nomination materials at www.abct.org/awards. Then email the nomination materials as one pdf document to ABCTAwards@abct.org. Include "Michael J. Kozak Award" in the subject line. **Nomination deadline:** March 1, 2023.

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 early career recipient of this award was Isha Metzger, Ph.D., and the 2022 student recipient was Tia Tyndal, M.A. 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, 2023

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 2022 recipient of this award was Anu Asnaani, 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. Applications should include a nomination form (available at www.abct.org/awards), two letters of support, the nominee's curriculum vitae, and a personal statement up to three pages. 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, 2023

Charles Silverstein Lifetime Achievement Award in Social Justice Members of the Association are encouraged to nominate individuals who have made significant and sustained lifetime contributions to advancing social justice initiatives over many years. This award is given at the discretion of the Board of Directors and is primarily designed to recognize the critical, and often underrecognized, contributions from cognitive and/or behavior therapy (CBT) grassroots activists who are from and primarily work with minoritized and oppressed communities. In very rare instances, the award may be given to allies from the CBT field if nominations arise from minoritized members and their perspective is centered. A key element of this award is recognition that grassroots CBT activists typically have less access to power to directly change systems secondary to structural injustice and oppression. Thus, contributions to advancing social justice by grassroots CBT activists may look different than those of allies, even though grassroots activist contributions are no less important and typically confer increased risk for the individual. Eligible candidates for this award do not need to be a current ABCT member but must have a strong historic connection to the CBT field. ABCT membership at some point in the candidate's career is desirable. The awardee will be chosen by the ABCT Board of Directors. The President will verify that all materials are completed and that Board members agree with the recommendation. Nominations for this award should include a letter of nomination/support as well as a curriculum vitae of the nominee or other significant evidence of the nominee's social justice work. Application materials should be emailed as one pdf document to ABCTAwards@abct.org. Include candidate's last name and "Silverstein Award" in the subject line.

Nomination deadline: March 1, 2023

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, 2023

President's New Researcher Award ABCT's 2022-23 President, Jill Ehrenreich-May, Ph.D., invites submissions for the 45th 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 also 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., Psy.D., M.D., etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2016); must submit a peer-reviewed, empirical article for which they are the first author (in press, or

published during or after 2019); 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, 2023.

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 2023. 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, 2023

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, 2023

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 2023 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 2023.

Application deadline: July 22, 2023

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 2023.

Application deadline: July 22, 2023

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, 2023

Call for Applications

FELLOWS

ABCT Fellow Status for 2023

ABCT Fellows Class of 2022

Amanda Jensen-Doss, Ph.D.
Barry S. Lubetkin, Ph.D.
David C. Hodgins, Ph.D.
David W. Pantalone, Ph.D.
Kenneth E. Freedland, Ph.D.
Matthew D. Skinta, Ph.D.
Monnica T. Williams, Ph.D.
Thompson Elder Davis III, Ph.D.
Laura D. Seligman, Ph.D.

ABCT Fellows Committee

Antonette Zeiss, Ph.D., Chair
J. Gayle Beck, Ph.D.
Brian Chu, Ph.D.
Debra Hope, Ph.D.
Christopher Martell, Ph.D.
Simon Rego, Ph.D.
Maureen Whittall, Ph.D.

APPLICATION
DEADLINE:
June 1, 2023

The ABCT Fellows committee is pleased to announce that 9 new members have been recognized. 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: June 1, 2023, 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 2023. For more information, please visit the Fellowship application page <https://www.abct.org/Members/?m=mMembers&fa=Fellow>



ABCT's 57th Annual Convention Seattle | November 16-19, 2023

*Cultivating
Joy With
CBT*

Call for Abstracts — General Sessions

Program Chair: Emily Bilek, Ph.D. | **Associate Program Chair:** Krystal Lewis, Ph.D.

ABCT President: Jill Ehrenreich-May, Ph.D.

The past few years have been difficult. COVID-19 and other health emergencies, climate change, political instability, and the worsening mental health crisis are taking a toll. Recently, a bright spotlight has also been cast on the historical and present-moment pain caused by pervasive racism and discrimination targeting minoritized and marginalized groups. These recent and ongoing challenges have greatly impacted health and well-being on a global, local, organizational, and individual scale. As a field, we are also reckoning with the ways we've contributed to injustice, navigating barriers to care, addressing mental health stigma, contending with the replication crisis, bringing attention to financial hardship experienced by many trainees and early-career professionals, and coping with professional and personal burnout.

As we work to address these challenges head-on, and atone for our roles in creating them, how can we begin to heal? How can we connect with our values and demonstrate a spirit of perseverance in our research, teaching, and clinical positions? How can we use our expertise to savor and create moments of joy in our own and others' lives? How can we improve our treatments, or construct new ones, to address injustice, to center and celebrate populations that have and continue to face discrimination, inequity, and exclusion by the mental health field? How can we cultivate and sustain our own well-being while working in a meaningful but demanding profession?

ABCT is well positioned to address these questions. The 2023 Convention will highlight advances across research, practice, and education that feature approaches to addressing inequity and injustice within our field, as well as improving mental health, physical health, meaning, and well-being in the world. Please join us in Seattle in 2023 as we say, "It's been a minute, tell me how you're healing"¹ and celebrate the convention theme of **Cultivating Joy With CBT**.

We interpret this theme broadly and encourage related submissions. Topics consistent with this theme include, but are not limited to:

- Improving well-being by reducing burden of disease (broadly defined) or overcoming large-scale challenges.
- Examining interventions that focus on improving well-being, meaning-making and fulfillment, in addition to reducing burdens.
- Increasing inclusivity to combat systemic injustice and historical exclusion of minoritized populations in research, clinical practice, and educational settings.
- Highlighting scientific advances that ignite excitement or passion for your work.
- Identifying facilitators of dissemination and/or implementation of interventions.
- Improving access to evidence-based care through technological advances or other avenues.
- Understanding risk factors and systemic barriers facing mental health professionals and identifying strategies for overcoming burnout or pandemic fatigue.
- Increasing joy in the field of mental health through teaching and/or supervision.
- Combating stigma in mental health and clinical research by centering scholars, change agents and collaborators with lived experience, including public figures.

¹Slatkin, B., Frederic, E., Price, L., McLaren, M., Jefferson, M., Larkins, R., Hague, S., Thomas, T.M. (2022). *About damn time* [Song recorded by Lizzo]. On Special. Nice Life and Atlantic Records.

► *Submissions may be in the form of Symposia, Clinical Round Tables, Panel Discussions, and Posters. Submissions outside of this theme are also welcome and will not be penalized. Submissions that are judged to be especially thematic will be recognized in the online program for the 2023 Convention.*

Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2023. Online submission portal for general submission will open on February 7, 2023.



Call for Continuing Education Ticketed Sessions

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, contact the **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, contact the **Institute 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 and Saturday. Please limit to no more than 2 presenters.

- For more information or to answer any questions before you submit your abstract, contact the **Master Clinician Seminar 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, contact the **Research and Professional Development Chair, researchanddevelopmentseminars@abct.org**

Submission deadline: February 7, 2023 3:00 a.m. EST

Submissions will be accepted through the online submission portal, which will open after January 1, 2022. Submit a 250-word abstract and a CV for each presenter. For submission requirements and information on the CE session selection process, please visit www.abct.org and click on “Convention and Continuing Education.”

Preparing to Submit an Abstract



ABCT's 57th Annual Convention

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.

An individual must limit to 6 the number of submissions in which he or she is the first author (including posters), the chair or moderator, the discussant, panelist, or an invited speaker.

Attendees are limited to speaking (e.g., presenter, panelist, discussant) during no more than FOUR events.

SUBMISSION INFORMATION

- **Presentation type:** For descriptions of the various presentation types, please visit http://www.abct.org/Conventions/?fa=Understanding_The_ABCT_Convention
- **Deadline:** Tuesday, March 14 at 11:59 p.m. PST
- **Character Limit:** Character count does not include spaces.
- **Symposia:** 13,800 characters for the entire text. The summary abstract: 2800 characters.
- **Individual presentations abstracts:** 2200 characters each; three to five presentations total.
- **Spotlight Research Presentations:** 1950 characters
- **Panel Discussions & Clinical Round Tables:** 1950 characters
- **Poster Sessions:** 2800 characters
- **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. The system will ask you 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**

Questions? FAQs are at <http://www.abct.org/Conventions/> > Abstract Submission FAQs



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. Both ticketed and general session attendees must scan 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 for download by logging into the convention itinerary planner or the convention app.

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 scan in at the beginning of the session and out at the end of the session. CE will not be awarded unless the attendees scans 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:

- **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 considera-

tions 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 program flipbook and on the convention app.

How Do I Get CE at the ABCT Convention?

Those attendees who have paid the licensed professional rate receive continuing education credits after completion of each session evaluation form and verification of the time scanned in and out of each session. Then, a personalized continuing education credit letter/certificate will be available for download from the convention app or the convention itinerary planner.

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.



Counseling ABCT had been approved by the National Board of Certified Counselors (NBCC) as an approved Continuing Education Provider, ACEP No. 5797. Programs that do not qualify for NBCC credit are clearly identified. The Association for Behavioral and Cognitive Therapies is solely responsible for all aspects of the programs.



Marriage and Family Therapy The Association for Behavioral and Cognitive Therapies is recognized by the California Board of Behavioral Sciences for Marriage and Family Therapies (MFT) to offer continuing education as Provider #4600.

New York State Psychologists The Association for Behavioral and Cognitive Therapies (ABCT) is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0124.

New York State Social Workers Association for Behavioral and Cognitive Therapies (ABCT) is recognized by the New York State Education Department's State Board for Social Workers as an approved provider of continuing education for licensed social workers #SW-0657.

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.

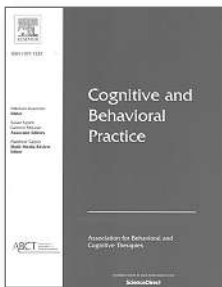
If the grievance concerns satisfaction with a CE session the Convention Manager shall determine whether a full or partial refund (either in money or credit for a future CE event) is warranted. If the complainant is not satisfied, their materials will be forwarded to the Coordinator of Convention and 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, contact Stephen R. Crane, Convention Manager, at scrane@abct.org or (212) 646-1890 for assistance.

CALL FOR PAPERS | *Cognitive and Behavioral Practice*



Special Section:

“Applications of Cognitive Behavioral Therapy to Psychological Disorders and Comorbid Medical Conditions in Pediatric Patients”

GUEST EDITORS:

Robert D. Friedberg, Ph.D., ABPP

Laura Payne, Ph.D.

Topics may include but are not limited to:

- Treating traditionally underserved and marginalized pediatric patient populations diagnosed with comorbid psychological and medical conditions with CBT spectrum approaches
- Training clinicians to deliver CBT to pediatric patients with comorbid psychological and medical conditions
- Assessment and adjunctive treatment of female-specific health conditions, including premenstrual exacerbation of psychiatric symptoms, endometriosis, etc.
- CBT for psychological disorders comorbid with pediatric medical conditions such as asthma, pain (menstrual pain, endometriosis, headache, G-I, etc.), diabetes, sickle cell disease, cystic fibrosis, inflammatory bowel disease, etc.
- CBT for anxiety and or depression presenting in primary care settings
- CBT for pediatric sleep problems
- CBT approaches to medical nonadherence in pediatric patients
- CBT for children with fears about medical procedures

► **Submission portal:** <https://www.editorialmanager.com/candbp> | **Deadline for Submissions:** February 2023

the Behavior Therapist

Association for Behavioral
and Cognitive Therapies

305 Seventh Avenue, 16th floor

New York, NY 10001-6008

212-647-1890 | www.abct.org

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

ABCT is sponsored by APA, NBCC, CAMFT, & the New York State Education Department to offer CE

Browse our extensive list of live & recorded

Webinars

<https://elearning.abct.org>