

the Behavior Therapist

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AT ABCT

Solid Steps in Addressing Transparency and DEIAJ Issues for Your Professional Home

Jill Ehrenreich-May, President

Mary Jane Eimer, Executive Director

THE LEADERSHIP and staff have taken very seriously the feedback from our membership to make ABCT more inclusive and welcoming to all members, regardless of membership category, discipline, race, ethnic origin, sexual orientation, gender identity, and/or disability. We very much want to be your professional home and be responsive to your professional development and share your values. To that end, we have started some new initiatives in 2023 and some you will experience in Seattle during our 57th Annual Convention:

- Awaiting the outcome of a vote regarding ABCT's current bylaws to permit all members, including students, postdocs, and associate members, to nominate and vote for ABCT officers (note: as of this writing, voting on this issue is still open);
- Established the CHANGE (Challenging How ABCT Now Governs and Evolves) Leaders Program, with an initial cohort of 10 Leaders selected;
- Assisted in the formation of the Inter-organizational Task Force on Sexual Orientation and Gender Expression Change Efforts between ABCT, APA, and Division 12/SSCP;

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the Behavior Therapist

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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.

- ABCT Board Meetings will now be public on a quarterly basis (via Zoom);
- September 7 Town Hall meeting on BARE Mental Health and Wellness, our DEIAJ firm that conducted the study and has made recommendations. Registration for this Town Hall is linked on the ABCT home page.
- Engaged a human resources firm to train leadership and staff to be more aware and sensitive to DEIAJ issues.

Convention specific:

- Expanded the Student Convention Pass (student scholarship program) from 5 to 20 participants;
- Offering a Presidential Panel, rather than Presidential Address, in order to encourage leadership from a variety of backgrounds, including those who are primarily practitioners, to consider running for President in subsequent years, to the extent that giving a research-focused presentation may have served as a deterrent in the past;

- The Annual Meeting of Members normal agenda will be condensed and combined with an update from BARE Mental Health and Wellness, and our ABCT leadership on DEIAJ issues in the organization.

More is in the works. We are sensitive that substantive change takes thought, commitment, and resources. We are committed to making your professional home an organization that strives to align with your opinions and values. ■

LITERATURE REVIEW

What Do We Know (or *Not* Know) About School Shooter Response Training?

Lindsey Walsh, Shannon Curran, Stephanie M. Ernestus,
Stonehill College

ACTIVE SHOOTER INCIDENTS, when an individual or individuals kill or attempt to kill others in a populated area, have been on an unprecedented rise in the U.S. over the past two decades (Federal Bureau of Investigation, 2020). Educational institutions aim to address the shooting threat, increase perceptions of school safety, and reduce fear by instituting active shooter trainings (Cornell & Mayer, 2010; Huskey & Connell, 2020). In theory, active shooter trainings are designed to train individuals in schools on how to respond in ways that will save lives if an active shooter were to enter the school (King & Bracy, 2019). Active shooter trainings also allow educational settings to alleviate liability by demonstrating to community members that the schools are being proactive and practicing prevention measures (King & Bracy, 2019). The percentage of public educational institutions that had a procedure in the case of a school shooting increased from 84% in 2017–2018 to 96% in 2019–2020 (National Center for Education Statistics, 2022). Trainings are currently being implemented at all educational levels, including K-12 and higher education (Griffith, n.d.). Legislation has also been passed to mandate school shooting drills in Illinois (School Safety Drill Act., 2005) and Georgia (Safe Schools Act, 2023).

The rise in active shooter training prevalence is concerning when considering that very few studies have gathered significant information regarding the impact on

participants' mental and emotional health (Peterson et al., 2015; Zhe & Nickerson, 2007). Not only have these trainings been underresearched in general, but different institutions' trainings have differing training models, including different evoked levels of stress. Understanding the available research and policy is imperative since trainings are increasing in prevalence nationally, especially in education settings, and it is increasingly likely that therapists will be asked to treat, advise, or counsel individuals impacted by these trainings. However, the ubiquity of active shooter trainings in the United States and the lack of information on the efficacy and psychosocial impact of the trainings significantly hinder evidence-based decision-making around policy, treatment, and prevention. The implications of little-understood prevalence reduce providers' ability to assess and treat those impacted by these trainings, reduce the ability of educators to prepare for issues related to these trainings, and limit the ability to guide policy decisions and best practices. This review aims to provide an overview of the available information on active shooter trainings to better support those in practice, policy, and education who work with schools and school-aged children.

Types of Trainings

One of the significant difficulties in discussing active shooter trainings is that they

vary dramatically in format, style, and function, and that these factors are often not described in sufficient detail to easily support the application of available research in real-world settings. Generally, active shooter trainings can be broken down into two spectra of classification: teaching format and content. The teaching format category focuses on *how* individuals are taught training material, ranging from showing a video to participating in a simulation that contains realistic components. Training content highlights *what* is taught during the trainings, ranging from lockdown with clear procedures to options-based responses and specific protocol (e.g., ALICE training as an options-based response).

Teaching Format

When considering how information is taught, on one end of the spectrum is video or discussion-based active shooter training; this format is similar to other classroom or lecture-style learning and could include simply showing a video or conducting seminars, workshops, or lessons (National Association of School Psychologists & National Association of School Resource Officers, 2020). In contrast, operations-based exercises include more active learning through drills and advanced simulations (National Association of School Psychologists & National Association of School Resource Officers, 2021). Drills can come in the form of walk-throughs, preannounced drills, and unannounced drills (National Association of School Psychologists & National Association of School Resource Officers, 2021). Simulation drills allow participants to rehearse emergency responses in an active environment with simulated emergency conditions and stimuli (National Association of School Psychologists & National Association of School Resource Officers, 2021). It is essential that therapists are aware that a simula-

tion environment may create a highly sensorial experience with props (e.g., simulated gunfire, simulated weapons, fake blood), technology (e.g., intercommunications system announcements or text message alerts), and/or district-level support, emergency responders, and volunteer actors (Huskey & Connell, 2020; Jonson et al., 2018; National Association of School Psychologists & National Association of School Resource Officers, 2021).

It is likely a result of this highly sensorial experience that the simulation format tends to spark the most controversy (Varnham O'Regan, 2019) and is the most likely to be discussed within mental health settings. Realistic shooting details are frequently included in these trainings to deliberately increase stress and reactivity. An officer with the Jerome Police Department in Arizona explained incorporating these variables in trainings, stating, "We need to be in reality-based, scenario-based integrative training that hits all the components to create both psychological arousal and physiological arousal" (Birnbaum, 2021). Examples of these details have been well documented in higher education and include when schools use Nerf Guns when simulating a shooting incident, such as Emerson College or Northern Kentucky University (Emerson College, n.d.; Hamren & Kelly, 2018). San Jose City College has used airsoft guns loaded with plastic pellets to shoot at students when running their trainings (ABC7, 2013). However, these realistic scenarios have also been instituted in K-12th grade education (National Association of School Psychologists & National Association of School Resource Officers, 2021); for example, Branford High School in Florida armed their simulated active shooter with a water gun wrapped in black tape (Cox & Rich, 2018). Some institutions have also conducted unannounced drills intended to better rehearse real-time responses and protocols; however, a guidance document for schools from the National Association of School Psychologists (NASP) and the National Association of School Resource Officers (NASRO) explicitly discourages unannounced drills due to concerns of negative physical, emotional, traumatic, and legal consequences (National Association of School Psychologists & National Association of School Resource Officers, 2020).

Training Content

Where training format teaches how information is provided, the content of the

shooting response training (e.g., what the student should do in response to a shooting) can also vary. In trainings that teach lockdown strategies, five general procedures are emphasized: shutting off all light sources, relocating to an area away from points of entry within the classroom, minimizing visibility, staying calm and silent, and waiting for the established safety signal (Trump, 2011, p. 213). In contrast to lockdown strategies, which offer clear steps that should be taken each time in order, options-based content trainings teach individuals numerous ways to respond to an active shooter and enable learners to make independent and informed decisions (Jonson et al., 2018; National Association of School Psychologists & National Association of School Resource Officers, 2021). General survey data indicates that single-option/lockdown active-shooter response strategies are the most common, with only 6.7% of students (in one national poll) reporting using options-based responses (Moore-Petinak et al., 2020).

Both options-based and lockdown-based responses as a whole can be taught via different format; for example, Navigate 360's ALICE Training has been provided in discussion (Jonson et al., 2020) and simulation-based trainings (Jonson et al., 2018). This training is named after the acronym highlighting the response options: A – Alert, L – Lockdown, I – Inform, C – Counter, and E – Evacuate (ALICE Training, 2021). This training program has become the largest for-profit private provider of active shooter training in the United States (Varnham O'Regan, 2019). The program has been adopted by 1,700 public K-12 districts, 100 private schools, and 400 universities (Griffith, n.d.). However, it is just one of the examples of trainings that providers, students, and parents may encounter. Determining the training format and content (regardless of what the training is called) is a key component to informed treatment, assessment, and decision-making around active shooter response training.

Training Outcomes

Much of the research on school shooting prevention training has focused on preparedness and safety as a primary outcome, but parents, providers, students, administrators, and policymakers may also want to know about the immediate and long-term impacts of participation. Below, we detail the currently available literature on these questions.

Safety and Preparedness

Preparedness after a training could be impacted both by the training format (how) and content (what). Drills may prepare elementary school students on lockdown content (Dickson & Vargo, 2017; Zhe & Nickerson, 2007). A more recent study conducted in a large urban school district found that trainings utilizing a combined discussion/drill format increased correct implementation of lockdown procedures and greater feelings of preparedness in students and staff (Schildkraut & Nickerson, 2020). One study directly compared options-based and lockdown strategies in adults and found that options-based scenarios ended more quickly and resulted in fewer people being shot (Jonson et al., 2018), but may have limited applications in younger populations. In one training with a drill format and lockdown content, elementary school students had higher knowledge of safety protocols after the training (Zhe & Nickerson, 2007). In another study, 32 kindergarten students were instructed on lockdown procedures using behavioral skills training (direct discussion/instruction with practice) and were not able to complete the lockdown procedures perfectly, though the students did improve in mastery of the skills and were quieter over numerous trials (Dickson & Vargo, 2017).

In addition to measurable preparedness, subjective "feeling of preparedness" is a common outcome measure when studying active shooter trainings. Research has found that these feelings of preparedness can shift in response to even video-based trainings (Peterson et al., 2015; Scott et al., 2021). One national study surveying youth and active shooter drills found that the minority of youth felt more prepared (20.3%) as a result of trainings and that many (24.0%) believed these trainings do not make schools safer (Moore-Petinak et al., 2020). Without diminishing the importance of looking at "feelings of preparedness" in this area of research, it is also important to consider that this may not be the best measure to use when assessing effectiveness and may instead be a result of complacent attitudes towards emergency procedures in schools (Davis et al., 2019). When learning about ALICE Training (options-based) through discussion-based classroom protocol, 88% of elementary school students and 94% of junior high/high school students felt safer after the training, and 86.9% of junior high/high school students felt more prepared (Jonson

et al., 2020). However, this study asked students after completing ALICE Training and compared responses to theoretical questions on other types of training (e.g., fire drills, tornado drills) without a control, placebo, or simulation-comparison condition and relying on self-report (Jonson et al., 2020). In contrast to this, students in schools that were in higher-violence areas felt more prepared but less safe after receiving a discussion-based training and participating in a lockdown drill (Schildkraut et al., 2020).

Immediate Effects on Stress and Physiological Arousal

There is limited research on the psychobiological effects these trainings have on individuals who participate, which may impact the outcomes seen by providers in real-world settings. The impact of training on stress and physiological arousal appears to vary dramatically between training formats (by design). First, discussion-based (Jonson et al., 2020; Peterson et al., 2015) and drill-based (Zhe & Nickerson, 2007) classroom lessons appear to cause only limited increases in stress and arousal. However, integrating realistic components is intended to increase stress during training (Huskey & Connell, 2020; National Association of School Psychologists & National Association of School Resource Officers, 2021). Participating in active shooter training with realistic components increases blood and salivary markers of stress during/immediately after the police training (McAllister et al., 2020), so the realistic components in active shooter drills likely meet the intended goal for children and students.

What remains unclear is if increasing stress is beneficial. Though students may demonstrate higher levels of learning when put into stressful situations during trainings (Zhe & Nickerson, 2007), they may have a more challenging time remembering and implementing tactics later during an active shooter incident due to stress's impact on memory retrieval and updating (Vogel & Schwabe, 2016). Similarly, though high-fidelity training has some benefits, stressors can also induce fear and emotional sensitivity, lower self-confidence, and impede task acquisition and learning (Keinan et al., 1990). These criticisms suggest that training in less stressful environments could result in more positive outcomes (Keinan et al., 1990). Further conclusions on the effect of these realistic components are also complicated by the fact that many research studies do not

include enough information to determine if the training contains realistic components and (if so) what components are included.

When examining the effects of the specific response strategy on fear and arousal, one study found no significant differences in fear between watching a documentary about a school shooter (control) compared to a video that provided a combination of video (discussion) and options-based active-shooter response strategies; this may suggest that students are neither more scared nor reassured when they learn strategies generally (Peterson et al., 2015). However, limited research on this question makes it unclear if teaching options-based vs. lockdown-based strategies affect arousal and fear differently. For example, options-based strategies give students more options and autonomy in active-shooter scenarios when compared to lockdown procedures. It is possible that this leaves students with different levels of stress and fear during training compared to those provided with clear lockdown steps. However, this question needs to be examined.

Emotional and Psychological Effects

While there is evidence that students experience immediate psychophysiological effects of training, the larger impact on psychological outcomes is unclear. Critics have long suggested that these trainings, particularly those with realistic components, are traumatizing students (Krisch, 2021; Magliozzi, 2018), which makes the lack of psychological research on trauma particularly troubling. In a large survey poll of youths aged 14–24, 50.9% reported that active shooter response trainings generally make them feel unsafe or scared (Moore-Petinak et al., 2020). However, another study found that no more than 13% of participants across grade levels felt more afraid after discussing ALICE Training in school within the past month (2020). Research examining school counselors' experiences with a drill formatted training with lockdown content revealed that many students expressed to counselors that they experienced increased anxiety after lockdowns (Goodman-Scott & Eckhoff, 2020). However, other studies have suggested that most students do not experience negative psychological impacts of active shooter training and do not feel more fearful of one occurring (Peterson et al., 2015). One large machine-learning interrupted time series analysis found that anxiety, stress, and depression (as measured by social media posts) increased in the 90 days following

trainings regardless of the content utilized (ElSherief et al., 2021). However, this study looked at school stakeholders more broadly, which may not be largely represented by students but may capture parents and other community members with whom the psychiatric community might intersect. Research on the long-term impacts of these trainings is still needed.

Impacts on Specific Populations

The impact and differing experiences of training on specific populations is a necessary and frequently overlooked consideration in assessing or treating the impact of active shooter trainings. Although some research has started investigating the impacts of these trainings on specific populations, that research is in its infancy. Below, we discuss three examples of characteristics and how they might impact an individual's experience with these trainings, to better provide an understanding of the importance of assessment and stakeholder-centered consideration in best practice.

Students of Different Ages

We do not know how these trainings are being delivered to and affecting individuals of different ages, leading to repeated calls that training and learning objectives be developmentally appropriate (ElSherief et al., 2021; National Association of School Psychologists & National Association of School Resource Officers, 2020; Schildkraut & Nickerson, 2022; Schonfeld et al., 2020). One aspect that complicates the interpretation and comparison of what research exists is that studies on active shooter response training have investigated vastly different ages and developmental levels: kindergarteners (Dickson & Vargo, 2017), elementary schoolers (Bonanno et al., 2021; Jonson et al., 2020; Zhe & Nickerson, 2007), middle and high schoolers (Jonson et al., 2020; Nickerson & Schildkraut, 2021; Schildkraut et al., 2020), and university students (Davis et al., 2019; Huskey & Connell, 2020; McAllister et al., 2020; Peterson et al., 2015; Scott et al., 2021; Welch & Villalta, 2019) in addition to police officers, school employees, and other professional roles.

In many studies and trainings, it is also unclear how these trainings have been adapted (if at all) to be appropriate for different ages, leading many to argue that these tactics may, at times, be developmentally inappropriate (ElSherief et al., 2021; King & Bracy, 2019). For example, promot-

ing options-based training as superior to lockdowns may be true for adults (Jonson et al., 2018) but is likely inappropriate for kindergarteners. The NASP and NASRO's statement discussing the appropriate demographics for different training contents asserted that options-based trainings are only appropriate for some older middle and high school students (2020). Techniques that involve fighting off an assailant should not be taught to elementary or preschool-age participants (2020). In addition, where advanced simulations are not appropriate for most students, lockdowns are presented as the training content appropriate for most students (2020). The American Academy of Pediatrics issued a policy statement recommending that schools discontinue the conduction of advanced simulation trainings. The policy statement explains that even lockdowns, when conducted in a developmentally inappropriate manner, can create a traumatic situation for younger students (Schonfeld et al., 2020).

Black Students and Students of Color

School safety procedures are typically assessed under the assumption that academic institutions are racially neutral and that racial bias is nonexistent (Edwards, 2021). Perhaps because of this assumption, the majority of research has been conducted primarily on White student populations (Peterson et al., 2015; Zhe & Nickerson, 2007) and often ignore the effects of race entirely in the results and discussion (e.g., Jonson et al., 2018; Zhe & Nickerson, 2007). When examined, all too often, studies will compare White and non-White students (e.g., Huskey & Connell, 2020; Jonson et al., 2020) or have limited numbers of Black participants (Peterson et al., 2015). Thus, a large and noteworthy gap exists in active shooter research and its impact on individuals of color and Black students specifically.

As emphasized by Edwards (2021), school safety procedures offer colorblind paradigms that ignore the racialized experiences of Black students, to the detriment of those students. The effect of racialized experiences also likely colors the experience of active shooter response training. For example, police officers in schools negatively impact racial and ethnic minority students within school generally; students of color report fewer positive perceptions of school resource officers, and Black and African American students have been found to feel less safe when a school resource officer is present (Nakamoto et al.,

2017; Pentek & Eisenberg, 2018; Theriot & Orme, 2016). This could significantly affect how students feel during advanced simulation active-shooter training, with police role-playing as aggressors. Considering that some advanced simulation active-shooter training involves police and resource officers (Jonson et al., 2018) and that these officers may be yelling or even shooting students with projectiles, we cannot ignore the differential impact of participating in the training for students of color (particularly Black students).

When studies have examined the impact of race on training outcomes, some have found no significant effect (Jonson et al., 2020; Peterson et al., 2015). However, some research suggests anxiety after active shooter training has been found to vary significantly among students of differing ethnicities. Latinx students were significantly more anxious about the possibility of an active shooter event occurring on campus than students identifying as White after a discussion-format and options-based content training (Welch & Villalta, 2019). In another study, while Black students were not more fearful after lockdown training and drills, students identifying as races other than White (including Black students) were more likely to skip school following discussion/drill formatted lockdown trainings (Schildkraut & Nickerson, 2022). This avoidance could have significantly detrimental impacts on well-being and academic achievement, contributing to racial gaps that have been well-documented elsewhere. Thus, to understand the complex impacts of these trainings on Black students and other marginalized and racialized communities, it is essential that these racialized factors be considered and integrated from the onset of assessment and policy decision-making.

Students With Past Trauma Experiences

Another important population to consider when implementing active shooter trainings is individuals who have experienced traumatic events or other adverse experiences. Exposure to violent crime and community violence may leave traumatized individuals less able to identify, appraise, and process future threat cues (McCoy et al., 2015), leading some to question the efficacy of trainings given the potentially traumatizing impacts of the trainings and ubiquitous school shooting media coverage (Krisch, 2021; Magliozzi, 2018).

School and home environments may also moderate the impact of active shooter training; Huskey and Connell (2020) surveyed students' experience with unspecified active shooter drills and found a significant, positive correlation between experiencing a drill and students' fear. However, students who went to school in an urban area were more fearful and had a higher perceived risk than those who went to school in a suburban area (Huskey & Connell), suggesting that the home or community environment had a significant impact. Disparities in the effects of the training may be related to violent crime rates (Federal Bureau of Investigation, 2018) and firearm homicides (Firearm Homicide, 2021) being higher in urban areas. Experiencing a higher level of crime and gun violence could lead to the experience of trauma responses during trainings that reference or simulate gun violence or death. School and community violence have also been proposed to explain why some students felt less safe after some trainings (Schildkraut et al., 2020). However, the mechanism and explanation for this potential link still need to be examined.

Implications

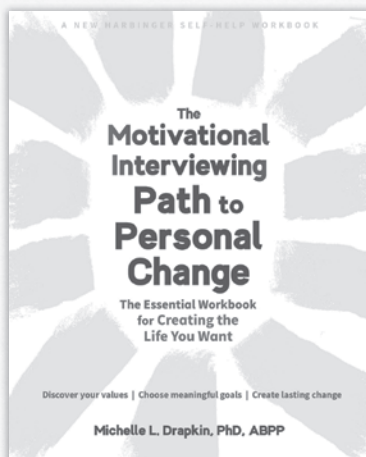
Despite a research gap, trainings are often disseminated in high-intensity formats. Below, we detail a few important considerations to support the best steps moving forward.

1. Therapists should be aware that active shooter response training may use entirely different methods and be comprised of vastly different intensities. Assessment should clearly define and describe the training model used, including content (lockdown, options-based) and teaching format (discussion, drill, etc.), as well as the inclusion of realistic components. Providers should also consider important patient factors (such as racialized experiences in school or trauma exposure) from the start of assessment to better understand the potential impacts of past or future trainings. Providers working with students with trauma should also be aware of how some of these issues (including that trainings be unannounced or contain realistic components) might impact treatment and work with schools to reduce the negative impact of these potential factors.

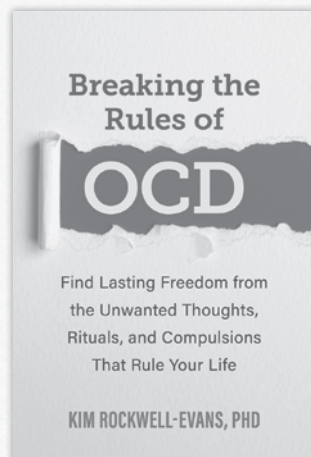
2. This paper echoes the calls of others to stress that trainings should be developmentally appropriate in learning goals and training content (Dickson & Vargo, 2017;

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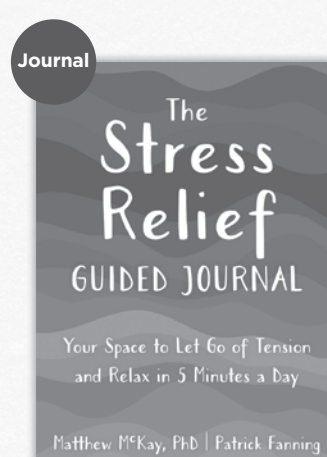
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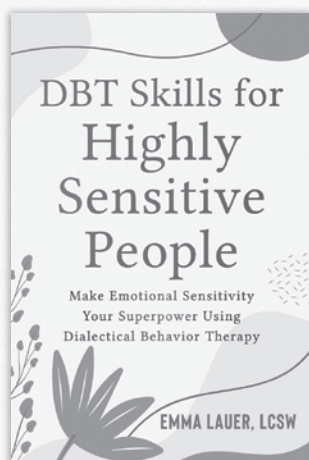
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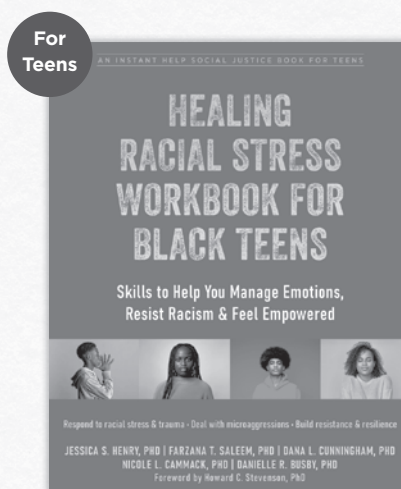
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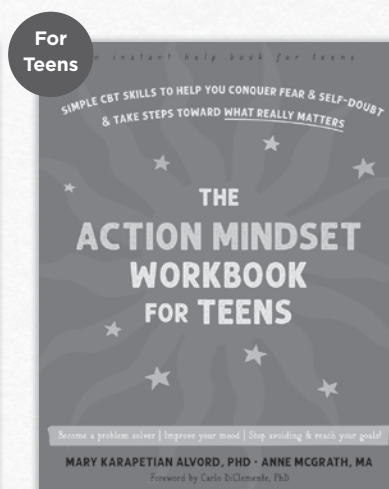
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ElSherief et al., 2021; Schildkraut & Nickerson, 2022), should consider the experience of marginalized and racialized students from the start (Edwards, 2021), and should consider that some students may have trauma or psychological backgrounds placing them at greater risk of harm from the training (Huskey & Connell, 2020; Krisch, 2021; Magliozzi, 2018). Given ongoing concerns about the implementation of realistic components in trainings (and the potential limited effectiveness of these components), realistic experiences during training should be avoided unless there is significant justification, and post-training emotional and psychological support should be provided if needed (National Association of School Psychologists & National Association of School Resource Officers, 2021). Therapists can support educational systems in developing training protocols that combine best practices with substantial stakeholder input in educational settings (such as including teachers, school psychologists, students, and others) to develop procedures that fit the needs of specific student bodies, minimize potential adverse consequences, and provide resources if additional support is needed.

3. Given the wide variability of trainings, there is a critical need for national policy standards to help schools implement active shooter trainings in ways that empower rather than harm. Guidance on best practices should be developed in consultation with mental health experts based on available research, knowledge of research from other trainings (e.g., emergency weather preparedness drills), and common developmental and cultural factors.

Conclusion

Overall, the gap between the available research and the seeming ubiquity of active shooter response training is startling and hinders the ability of providers to provide effective treatment to those experiencing these trainings. Current understanding and provision of effective treatment are hampered by many factors, including (a) changeable definitions of what constitutes an active shooter response training format and content, (b) multiple different outcomes that are underexamined from practical (short- and long-term preparedness) to psychological (resulting anxiety and stress from the training), and (c) different populations that have different needs and responses. Behavioral therapists have an essential role in the needed coordination of

treatment, education, research, and policy that can guide decision-making and support best practices moving forward.

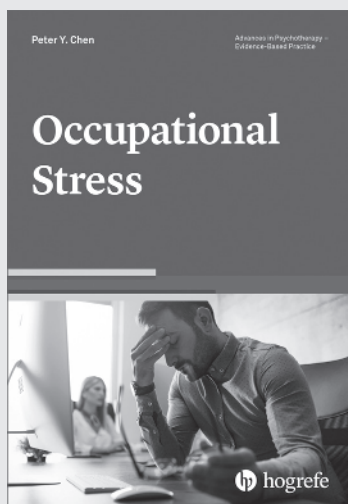
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Exploring the Link Between Social Support on Substance Use Recovery and Correlates of Support During the COVID-19 Pandemic

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IN MARCH 2020, the COVID-19 pandemic began to spread rapidly throughout the United States. While stay-at-home orders and social restrictions were vital to public health, there were concerns about the unintended consequences for mental health and the result of social isolation for many vulnerable populations (Kavoor, 2020). One concern was the loss of perceived social support, especially for individuals with substance use disorders in early recovery. The consequences of extended stay-at-home orders were unknown for individuals in recovery who rely heavily on social support and social engagement (Smith et al., 2022). Past research has shown that early recovery is a vulnerable phase, with an increased risk of relapse and returning to active addiction (DiClemente et al., 1994). Prior research has also shown that social support helps people cope with stressful or challenging situations (Fondacaro & Moos, 1987). In addition, social interactions between people new to recovery and those with extended time in recovery-related programs can contribute to a person's overall perception of social support (Stevens et al., 2015). Due to the unprecedented circumstances related to COVID-19, it is largely unknown how perceived social support was related to recovery outcomes during that time. Additionally, it is important to understand individual characteristics that are associated with greater or lesser social support during this risky period of isolation for those in early recovery.

Substance Use Recovery and Social Support

Social support refers to the external resources available to a person and can be divided into three distinct subcategories: emotional, instrumental, and informational support. Emotional support includes

love, sympathy, and esteem derived from others; instrumental support refers to help in obtaining financial or external resources; and informational support includes general advice or information provided (Thoits, 1995). Perceived social support is an individual's observation and awareness of the support available to them at any given time. Past research has shown that perceived social support is important for protection against relapse during early recovery—a period of time defined by actively pursuing personal growth and changes in various life domains related to addiction recovery for up to 1 year (Betty Ford Institute Consensus Panel, 2007). Specifically, perceived support has been associated with greater psychological health and linked to greater lengths of abstinence in substance use after detoxification (Atadokht et al., 2015), whereas low social support may increase psychological distress, which is shown to be a predictor of relapse (Lakey & Cassady, 1990). A person's perception of social support also influences quality of life and is associated with greater self-efficacy (Laudet & Stanick, 2010). Self-efficacy is particularly important for this population given known associations with sustained abstinence (Ilgen et al., 2005). Given the degree of social isolation that occurred during the height of the pandemic, and the likely impact on perceptions of available support, it is important to examine perceived social support and its correlates for people in recovery.

Correlates of Social Support

In addition to the role of social support and isolation in substance use recovery, it is also important to consider factors that could be relevant to experiencing perceived support. One such factor is trait gratitude, which is the tendency to experience grati-

tude or be aware of benefits (e.g., social support) received in daily life (McCullough et al., 2002). Gratitude is also associated with a wide range of positive outcomes and is negatively correlated with relapse in past studies (Chen, 2016). The presence of social connections—the opposite of social isolation—would likely be another important factor to perceiving social support and has been linked with positive recovery outcomes (Ellis et al., 2004). Mindfulness might also be relevant to perceptions of social support if it contributes to greater awareness of support when it is available. Last, tendencies to cope with stressors might involve the implementation of strategies that include using instrumental or emotion-focused social support (Carver, 1997), which may also increase the amount of perceived social support. If someone seeks emotional or instrumental support to cope with a given stressor, they could be more aware of the social network and sources of support that are available to them, whereas someone engaging in avoidant coping styles may perceive potential social support as limited after avoiding or isolating from others. Examining coping strategies could be particularly important to understanding perceived social support in the context of the pandemic that involved novel stressors with occasional periods of forced social isolation.

Current Study

This study aimed to examine the associations between perceived social support, quality of life, psychological distress, and abstinence-related outcomes among people pursuing early substance use recovery during the COVID-19 crisis. We hypothesized perceived social support would be associated with (H1) higher quality of life, (H2) lower psychological distress, (H3) higher self-efficacy related to the ability to abstain from substances in specific tempting situations (H4) and ability to abstain over the next year. Additionally, we aimed to explore how gratitude, connectedness, mindfulness, and coping style were associated with perceived social support within this population.

Methods

Participants and Procedures

Participants were recruited from online support groups for individuals pursuing recovery (e.g., Facebook recovery groups) and through snowball sampling methods between January and May of 2021. Partici-

pants were entered into a raffle to win a \$100 Amazon gift card if they completed the survey. Eligible participants had to be at least 18 years old, reside in the United States, and provide informed consent. All participants completed screening tools for a history of alcohol and substance use: the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) and Drug Abuse Screening Test (DAST-10; Skinner, 1982). Only participants who screened positive for alcohol (AUDIT score > 7; Babor et al., 2011) or drug use (DAST-10 score > 1; Skinner, 1982) within the last year were included in analyses. Participants were also asked if they were currently using substances, but were not excluded if they endorsed current use. After screening, participants completed a battery of self-report questionnaires. Participants who failed two attention screeners embedded within the survey were also excluded from analyses. The local Institutional Review Board approved all materials and procedures.

Measures

The DAST-10 assessed recent substance use. Ten items are rated on a dichotomous yes (1) or no (0) scale, then summed to create a total score with higher scores indicating a higher degree of substance use problems. The AUDIT assessed alcohol use with 10 items rated on a 0 to 4 scale, then summed to create a total score with higher scores indicating higher severity of alcohol use ($\alpha = .91$). The Multidimensional Scale of Perceived Social Support Questionnaire (MSPSS; Zimet et al., 1988) assessed perceived support with 12 items rated on a 1 to 7 scale. A total scale score was calculated by averaging item scores, with higher scores indicating higher levels of perceived social support ($\alpha = .93$).

The 26-item World Health Organization Quality of Life (WHOQOL-BREF; Aigner et al., 2006) assessed 4 domains of quality of life: physical, psychological, social relationships, and environment. Items were rated on a 1 to 5 scale, then domain scores were calculated by summing domain items with higher scores indicating higher quality of life (α range = .67–.84). The 21-item Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) assessed psychological distress in the past week. Items were rated on a 0 to 3 scale and summed to create subscale scores for depression ($\alpha = .91$), anxiety ($\alpha = .91$), and stress ($\alpha = .87$), with higher scores represent higher levels of symptomatology. The 8-item Drug-Taking Confidence Questionnaire (DTCQ-8; Sklar

& Turner, 1999) assessed participants' self-efficacy related to their ability to abstain from substances in specific tempting situations. Items were rated on a 0 to 100 scale, then summed to create a total score, with higher scores indicating higher levels of self-efficacy ($\alpha = .90$). Past work has found evidence supporting the validity of the DTCQ-8 as a valid global measure for assessing coping self-efficacy to abstain from heavy alcohol consumption and drug use in high-risk situations (Sklar & Turner). There is also evidence supporting predictive validity of alternative versions that suggest DTCQ scores are related to abstinence during treatment (Ramo et al., 2008). A single-item question asked participants how confident they are that they will be completely abstinent in 1 year. The item was rated on a sliding scale ranging from 0 (*not at all confident*) to 10 (*extremely confident*).

The Gratitude Questionnaire (GQ-6; McCullough et al., 2002) assessed dispositional gratitude with 6 items ranging from 0 to 6 (*very much like me*). Items were summed to create a total score with higher scores indicating higher levels of gratitude ($\alpha = .83$). The 10-item Cognitive and Affective Mindfulness Scale (CAMS-R; Feldman et al., 2007) assessed trait mindfulness with 10 items rated on a 1 to 4 scale. All items were summed to create a total score with higher values reflecting greater mindfulness ($\alpha = .65$). The Brief COPE scale (B-COPE; Carver, 1997) assessed coping styles with 28 items rated on a 1 to 4 scale. We focused on the emotional ($\alpha = .59$) and instrument support subscales ($\alpha = .63$), which included summing 2 items each with higher scores indicating greater use of the coping strategy. The Friendship Scale (FS; Hawthorne, 2006) assessed social connectedness with 6 items rated on a 0 to 4 scale, then summed to create a total score with higher scores indicating higher connectedness ($\alpha = .74$). Participants also rated their level of worry regarding COVID-19 using a single item ranging from 0 (*not at all*) to 4 (*extremely*).

Analytic Strategy

We used linear regression analysis to fit separate regression models with perceived social support as the predictor and distinct outcome variables including 4 quality-of-life domains (H1), 3 psychological distress domains (H2), situational self-efficacy for abstinence (H3), and long-term self-efficacy for abstinence (H4). COVID-19-related stress was added as a covariate in each model to understand the unique con-

tribution of perceived social support on outcome variables above and beyond the potential stress linked with the overall pandemic. Significance level for alpha was set at $p < .006$ after using a Bonferroni correction to account for potential Type I error across the 9 models that examined social support as a predictor. Next, we fit another regression model to examine gratitude, connectedness, coping style, and mindfulness as predictors of perceived social support (significance level at $p < .05$). All analyses were completed using R (R Core Team, 2017), including the tidyverse package (Wickham, 2019).

Results

A total of 504 people were recruited, and 276 participants were excluded from analysis: 2 did not provide consent, 13 did not screen positive for history of drug or alcohol use, 223 failed the attention screen question, and 38 were removed because of duplicate IP addresses. The final sample size included 228 participants (M age = 33.35, $SD = 10.07$) who were predominantly male (53.95%), and White (88.16%), followed by Hispanic, Latinx, or Spanish (7.89%), Asian or Asian American (2.63%), Black or African American (1.75%), and American Indian or Alaskan Native (1.32%). Last, 117 participants (51.32%) endorsed currently using substances.

Perceived Social Support and Recovery Related Outcomes

After controlling for the effects of COVID stress, perceived social support was significantly positively associated with quality of life across all four domains: physical health ($\beta = 0.49$, $SE = 0.06$, $p < .001$), psychological health ($\beta = 0.44$, $SE = 0.06$, $p < .001$), social relationships ($\beta = 0.53$, $SE = 0.06$, $p < .001$), and environment ($\beta = 0.52$, $SE = 0.06$, $p < .001$). Additionally, perceived social support was significantly negatively associated with depressive ($\beta = -0.35$, $SE = 0.06$, $p < .001$), anxiety symptoms ($\beta = -0.35$, $SE = 0.06$, $p < .001$), and overall stress ($\beta = -0.22$, $SE = 0.07$, $p = .001$). Furthermore, perceived social support was significantly positively associated with self-efficacy in staying abstinent in high-risk situations ($\beta = 0.43$, $SE = 0.07$, $p < .001$) and self-efficacy for long-term abstinence ($\beta = 0.27$, $SE = 0.08$, $p = .001$).

Examining Factors Linked With Perceived Social Support

Results indicated connectedness ($\beta = 0.22$, $SE = 0.06$, $p < .001$), trait gratitude (β

= 0.33, SE = 0.07, $p < .001$) and mindfulness were significantly positively associated with perceived social support ($\beta = 0.20$, SE = 0.06, $p < .001$). Last, the emotional support coping was significantly associated with higher perceived support ($\beta = 0.16$, SE = 0.07, $p = .027$), but instrumental support coping was nonsignificant ($\beta = 0.07$, SE = 0.07, $p = .317$).

Discussion

This study aimed to better understand the role of perceived social support during the COVID-19 pandemic for individuals in early recovery. As hypothesized, there was a positive relationship between social support and quality of life across all four domains. These findings are important because quality of life can positively impact recovery outcomes (Laudet et al., 2009; Mawson et al., 2015; Mokhtari et al., 2020). Additionally, past work has highlighted that lower levels of quality of life were prevalent during the COVID-19 pandemic, especially during periods of signifi-

cant societal disruption (e.g., lockdowns, increased health risk; Ferreira et al., 2021; Leong Bin Abdullah et al., 2021). Perceived social support was also negatively associated with anxiety symptoms, depressive symptoms, and overall stress in this sample, as hypothesized. Therefore, the perception of social support might be important in buffering experiences of distress that are highly comorbid with substance use and the recovery period (Kushner et al., 2005; Weaver et al., 2000). Finally, as expected, social support was positively associated with both situational and long-term self-efficacy. This is important because both social support and self-efficacy have been shown to influence positive substance use outcomes, especially within the earlier stages of recovery (Kadden & Litt, 2011; Laudet et al., 2004). These findings might be attributed, in part, by the tendency for people in early recovery to heavily rely on and invest in abstinence-focused social networks (Davis & Jason, 2005). Thus, the presence and use of social

support may play an integral role in self-efficacy for abstinence.

Due to the potential impact of perceived social support, it is also crucial to explore characteristics or modifiable factors that might be linked with higher levels of social support. In this sample, connectedness, trait gratitude, mindfulness, and emotional support coping were significantly associated with higher social support. Significant findings for connectedness could highlight the importance of pursuing meaningful or close relationships, rather than superficial connections when developing a social support network. Future research should examine whether people in recovery who form stronger connections report greater recovery-based benefits because of their social support. Both trait gratitude and mindfulness are associated with a greater awareness of benefits received from others or awareness of one's environment more broadly; therefore, people in recovery with these characteristics may be more likely to perceive and value social support when provided. The significant results for emo-

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tional support coping, but nonsignificant results for instrumental support coping, further suggests tendencies to use social support for the emotional benefits in particular are linked with greater perceptions of support for people in recovery. Perhaps tendencies to use social support for information or advice, as is the case with the instrumental support coping style, is less relevant for perceiving support in this population. Future research should explore whether greater use of emotional support coping strategies, along with enhanced connectedness, gratitude, and mindfulness, could positively impact substance use outcomes via social support as a potential mechanism to recovery.

Limitations and Future Directions

This study included several limitations. First, because the survey was cross-sectional, we cannot make causal claims about the relationships between social support and recovery-related outcomes or personal characteristics and perceived social support. Second, due to the unexpected nature of the pandemic and timing of data collection, there was no baseline measurement of perceived social support prior to the pandemic or stay-at-home orders; therefore, it

is unclear how experiences and availability of social support have changed for this sample of people in recovery, and it is unknown how these contextual factors might impact the observed relationships. Future research should attempt to collect longitudinal data now that COVID-related restrictions have reduced to better understand the prospective impact of personal factors on social support, and subsequently, on recovery-related outcomes. Additional limitations include suboptimal internal consistency for some measures (B-COPE, WHOQOL) and limits to generalizability (study sample was predominantly White and male).

Conclusion

Data collected during the COVID-19 pandemic when many were forced to stay at home provides a unique insight into perceived social support within an at-risk population whose recovery tools are largely based on social interactions. Exploratory research has identified associations between social support and positive recovery outcomes, which require further investigation. Additionally, this study identified characteristics associated with social support and explored the potential impacts

they may have on individuals in recovery. Our findings extend the research on the role of social support within this population by demonstrating the presence of these associations during a unique period in which access to standard social engagement was severely restricted. Future studies should expand on these findings and identify additional ways to effectively use social support for those in recovery in various contexts.

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Table 1. Descriptive Statistics for Study Variables

| Variable | Mean | SD | Range |
|--|--------|--------|--------|
| <i>Screeners</i> | | | |
| Drug Abuse Screening Test | 3.72 | 2.83 | 2.83 |
| Alcohol Use Disorders Identification Test | 14.33 | 9.71 | 9.71 |
| <i>Social Support</i> | | | |
| Multidimensional Scale of Perceived Social Support Questionnaire | 60.20 | 13.63 | 13.63 |
| <i>Recovery Related Outcomes</i> | | | |
| WHOQOL: Physical | 25.78 | 4.46 | 4.46 |
| WHOQOL: Psychological | 20.67 | 3.83 | 3.83 |
| WHOQOL: Social | 14.30 | 3.61 | 3.61 |
| WHOQOL: Environment | 29.41 | 5.65 | 5.65 |
| DASS-21: Depression | 8.64 | 5.37 | 5.37 |
| DASS-21: Anxiety | 8.28 | 5.70 | 5.70 |
| DASS-21: Stress | 8.99 | 4.72 | 4.72 |
| Drug-Taking Confidence Questionnaire-8 | 503.53 | 175.75 | 175.75 |
| 1 Year Abstinence Self Efficacy | 5.91 | 2.77 | 2.77 |
| <i>Correlates of Social Support</i> | | | |
| Gratitude Questionnaire-6 | 29.43 | 7.20 | 7.20 |
| Cognitive and Affective Mindfulness Scale | 26.18 | 4.13 | 4.13 |
| B-COPE: Emotional | 5.67 | 1.47 | 1.47 |
| B-COPE: Instrument | 5.45 | 1.63 | 1.63 |
| Friendship Scale | 14.30 | 4.53 | 4.53 |

Note. WHOQOL = World Health Quality of Life-BREF; DASS = Depression, Anxiety, and Stress Scale-21; B-COPE = Brief COPE Scale.

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OP-ED

Call to Action: Shift Funding Priorities Toward Serving the Needs of Autistic People

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MORE SO THAN EVER before, autistic self-advocates are taking control of their narratives and utilizing platforms to give feedback to researchers and medical professionals (e.g., Autistic Self Advocacy Network). Namely, concerns have been raised about the lack of services for autistic adolescents and adults (Gerhardt & Lainer, 2011). Gender, racial, and socioeconomic disparities in diagnostic services mean that autism identification is often delayed for girls, people of color, and low-income families (Wiggins et al., 2020), although the prevalence ratios are shrinking (Maenner et al., 2023). Moreover, some interventions we have in place to help our youngest autistic kids may be increasing youth distress when not delivered with a neurodiverse-affirming lens (Anderson, 2023). But are we as clinical scientists in the mental health field really listening? As a field, we seem to have decided that funding these initiatives is not our top priority.

One of the most notable funding shifts in autism research in recent history arose with the formation of the National Alliance of Autism Research (NAAR) and Cure Autism Now (CAN) organizations. Both pushed for biomedical and genetic testing (1994–1995) to determine the “why” of autism. In 2005, Autism Speaks was created, absorbed NAAR and CAN, and maintained this same priority of biomedical and genetic testing. But while Autism Speaks has shifted away from the focus of finding a cure (previously articulated in the “CAN” name), many autism advocates still associate biomedical and genetic research with modern-day eugenics and deprioritizing autistic services and needs (see Autistic Self Advocacy Network, 2022; Huggett, 2023). While autism researchers studying genetic or biological variables may now have more supportive goals, the autism community has clearly communicated its frustration with and confusion about this continued funding over supportive, applied research (Byres et al., 2023). These concerns are amplified when research initiatives fail to collaborate with the autistic community, explain ethical procedures, and establish clear data-sharing guidelines

(Sanderson, 2021). Unfortunately, genetic and biological research may be even more distrusted among those with intersectional marginalized identities (e.g., autistic individuals of color), thus further isolating our most vulnerable autistic populations (Shaia et al., 2020).

This is where things become complicated. Having large organizations dedicated to autism research has allowed our field to boom. For example, the Combating Autism Act (2006) allocated \$1 billion toward autism research; however, this funding was labeled as a pathway to eliminate the autism “epidemic.” Indeed, it has led to important discoveries and permitted more money to be spent on expanding knowledge for associated medical concerns, biological markers, and contributing factors. At the same time, funding avenues for applied work (e.g., supportive care implementation, exploring factors that promote autistic individuals’ long-term well-being) have not kept pace. Recent data suggests we continue to prioritize genetic and biological research over what the autistic community really wants: assistance and support now.

There are several major autism funding streams that researchers turn to when trying to fund their work with autistic individuals such as Autism Speaks, Simons Foundation Autism Research Initiative (SFARI), National Institute of Health (NIH), Department of Defense–Autism Research Program, the Eagles Autism Foundation, and the Autism Science Foundation. To understand the current state of research funding, I explored these organizations’ websites on grants in their most recently published fiscal year. I defined funding as any grants given (according to the organization’s publicly available records). Grants were then broken up into (1) research grants or (2) other forms of support (of note: some of the included organizations appeared to provide family-based or other forms of applied grants, but if the database did not clearly indicate each amount distributed/active, I did not include the statistics). Finally, research grants could be either (a) applied research

(work that is not biological or genetic in nature but instead aims to directly [and more immediately] benefit autistic individuals across the lifespan to live good lives, improves the way intervention work is measured, informs future service delivery, etc.) or (b) nonapplied research (e.g., work that focuses on biological factors and genetic mechanisms). The purpose of this exercise was to provide a basic presentation for the state of funding as available through organizational websites (rather than confirmations of exact money totals or discrepancies between claimed vs. actual spending). Here is what I found:

- **Autism Speaks:** 23 active grants (2021–2022) totaling \$1,839,501 in direct costs were identified. \$1,322,837 was dedicated toward research initiatives ($n = 9$). Of that \$1.3 million, only 1 grant (11.1%) was funded for applied research (~\$300,000; 22.7% of all research funds). The remaining nonresearch funds (i.e., other forms of support) were given to already established clinics (~\$517,000; 28.1% of all funds). Importantly, Autism Speaks funds the Autism Care Network, which supports autistic individuals and their families (other forms of support). Due to the lack of data clearly indicating the amount of money distributed or active in the last fiscal year, these statistics were not included.
- **SFARI:** 19 active grants were indicated (2022). All grants were research focused. SFARI did not clearly indicate how much money each grant received, but the funding stream indicated that for 2022, each project could receive either \$500,000 over 2 years or \$900,000 over 3 years. Thus, I approximated conservatively and estimated each of the 19 grants received \$250,000 that year, meaning ~\$4,750,000 was distributed.
- **NIH:** 1,899 active research grants (2022) that utilized the term “autism” in their application document were found. These projects were narrowed down to research grants with the NIH spending categorization of “autism” or those with “autism,” “autism spectrum disorder,” or “ASD,” in the title. Once duplicates were eliminated, a total of 604 active research grants remained. Of the 604 grants, only 56 were toward applied research (9.3%). Approximately \$304 million was granted by NIH for autism research, of which ~\$26 million was given toward applied research (8.7%).
- **Department of Defense Autism Research Program:** 13 active research grants totaling \$12,441,449 were given in 2021 (latest data available). Of those, \$6,637,817 (53.4%) was given toward



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applied research. Only 4 of the 13 grants funded were applied (30.8%). So, although money between applied and nonapplied research was approximately equal, a smaller proportion were applied research grants.

- **Eagles Autism Foundation:** 19 active grants totaling \$3,915,000 were shown for 2022. Of those, \$3,690,000 was dedicated toward research initiatives ($n = 9$ research studies, $n = 2$ postdoctoral fellowships). Of that \$3.9 million, 0% went toward applied research. A total of \$225,000 were grants toward applied services in the community ($n = 8$; 5.7% of all grant funds).
- **Autism Science Foundation:** The 21 grants awarded in 2022 were provided for research in profound autism ($n = 4$), undergraduate summer research funding ($n = 5$), predoctoral fellowships ($n = 7$), postdoctoral fellowships ($n = 2$), and grants to accelerate early career researchers ($n = 3$). Although Autism Science Foundation did not indicate how much each recipient received, each funding opportunity had a maximum award amount. Profound autism grants could receive \$35,000; undergraduate summer research funding could be up to \$4,000; predoctoral fellowships could be \$35,000; postdoctoral fellowships could be \$50,000; and accelerator grants could be \$7,500. In total, approximately \$527,500 was spent. Of those, 12 of the 21 grants (57.1%) appeared to have an applied focus with approximately \$259,500 spent (49.2%). No other forms of support were indicated.

The positives of this quick dive into recent funding streams are that \$327 million from these organizations were distributed in 2021/2022 for autism-specific research and that a portion of the funding went toward applied initiatives (~\$34 million). However, a vast majority of organizations dedicated their funding toward nonapplied work (~90% of funds). This is not a new concern in the area of autism research (Cervantes et al., 2021), but from this current exploration, it is clear that changes to funding are still not being made. A call to action is necessary! In particular, funding organizations need to allocate a greater proportion of their monies and greater number of their grants toward research, services, and clinics that address the needs and values of autistic individuals. These organizations continuously communicate

that they are allies, and still the money is not distributed in such a way to help demonstrate the immediate needs or desires of autistic individuals. In this way, autism funders may be outliers when it comes to backlash stemming from nonapplied funding initiatives, and we should be held to a higher standard as the population we claim to serve is so adamantly against it. Ten percent of funds is not enough. We have to start listening, and shifting funds is a good place to start.

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Krystal M. Lewis, Ph.D. (she/her), *Associate Program Chair*, Clinical Psychologist, National Institute of Mental Health

As your 2023 ABCT Program Chairs, we joyfully welcome you to ABCT's 57th Annual Convention in Seattle, WA. The Pacific Northwest has unparalleled natural beauty, and the city of Seattle boasts a rich cultural history. Take some time to explore the city while also enjoying our enriching ABCT Annual Convention. As always, we aim to uphold the ABCT vision of promoting "human wellness and the understanding and treatment of behavioral, emotional, and health problems through science" by disseminating high-quality research and clinical presentations. The 2023 Annual Convention offers a unique opportunity to gather with colleagues across mental health disciplines and all levels of experience to exchange expertise and share what brings us joy.

In developing a program around the theme of "Cultivating Joy With CBT," we are most excited to bring you innovative and cutting-edge research and clinical presentations focused on improving well-being by reducing burden of disease; examining interventions dedicated to well-being and meaning making; increasing inclusivity to combat systemic injustice and historical exclusion of minoritized populations; improving access to care; understanding risk factors and systemic barriers facing mental health professionals; and combating stigma in mental health and clinical research. We accepted a diversity of submissions, some of which relate directly to the theme and many others which showcase novel assessment and therapeutics, highlight consequences of psychological illness, explore response to treatment, share advanced statistical methods, and focus on implementation and dissemination research.

To underscore key elements of our theme, we are privileged to have invited addresses featuring leading experts in science and practice. We are thrilled to welcome four amazing keynote speakers:

Dr. Dean Kilpatrick (Saturday, November 18, at 12:30 pm)—ABCT 2022 Lifetime Achievement Award Recipient
"My Adventures in the Traumatic Stress Field: Lessons Learned and Thoughts About the Future"

Dr. Michelle Craske (Friday, November 17, at 10:00 am)
"Reward Sensitivity as a Risk Factor and Treatment Target for Depression and Anxiety"

Dr. Michael Southam-Gerow (Saturday, November 18, at 9:00 am)

"Working Out the Irrigation System: Toward Better Access to Quality Mental Health Services"

Dr. Thema S. Bryant (Saturday, November 18, at 2:00 pm)
"Psychology's Path Forward: Trauma-Informed and Culturally Attuned Care"

Dr. Wilson Okello (Sunday, November 19, at 10:00 am)
"Are You Sure You Want to be Well?: On Healing and the Practice of Joy"

Please mark your calendars for three additional invited talks. On Friday, November 17, we are hosting a panel on "Affirmative Care Across Domains," moderated by **Dr. Donte Bernard**, with presentations by **Dr. Melissa Anderson**, **Dr. Ashleigh Coser**, **Dr. Isha Metzger**, **Dr. Susan White**, and **Dr. Alexander Wilkins**. On Friday, November 17 we will also host a Spanish-language clinical grand rounds presentation on trauma-focused care, led by ABCT's 2022 Program Chair, **Dr. Rosaura Orengo-Aguayo**. Finally, on Saturday, November 18 there will be a clinical grand rounds presentation on Dialectical Behavioral Therapy with a live demonstration by members of ISITDBT (International Society for the Improvement and Teaching of DBT), including **Dr. Vibh Forsythe Cox**, **Dr. Aditi Vijay**, **Dr. Alison Yaeger**, and **Dr. Maureen Zalewski**.

In addition to selecting invited speakers, this year we also prioritized an equitable and data-driven review process initiated by last year's chairs. This entailed upholding changes related to masking reviews and offering more objective reviewer rating scales. Additionally, in response to feedback from members, we omitted review criteria related to convention theme and attempted to disseminate the review criteria more broadly in advance of the submission deadline. (Volume 46, issue 6, of the *Behavior Therapist* contains a detailed description of our review and selection process.) We are thrilled with the resulting peer-reviewed convention programming consisting of 221 symposia, 81 panels, 42 clinical round tables, 3 clinical grand rounds, and 1,300 posters. These presentations encompass a broad range of topic areas, including (but not limited to): addictive behaviors; ADHD;

anxiety; autism spectrum; culture, race, and ethnicity; dissemination and implementation science; eating disorders; LGBTQ+; obsessive compulsive and related disorders, parenting, suicide and self-injury. For a more detailed overview of the accepted submissions and topic areas, please see the 2023 ABCT Convention itinerary planner.

In addition to offering top-notch presentations, the ABCT Annual Convention is a great place to meet up with colleagues, make new connections, and spend time engaging in self-care. We encourage you to participate in our special programming focused on joy and well-being, which includes a cardio dance class on the morning of Saturday, November 18 at 7:00 am. Additional thematic programming will be announced as the convention approaches. As we look forward to the convention, we invite you to reflect on and align with your values so that we can continue to move the field forward by enhancing treatments, decreasing barriers to care, celebrating and supporting trainees, reducing stigma, and promoting a culture of inclusivity. To that end, we encourage all attendees to bring a welcoming, generous, and curious attitude with you to the convention. You might operationalize this by attending a presentation on a topic you know very little about, thanking a colleague who has been influential in your career, or perhaps sharing a positionality statement at the beginning of your presentation. If none of these suggestions

speak to you, we welcome you to ask yourself: *How can I foster joy at ABCT this year?*

It has been an honor to serve as your program chairs for the 2023 ABCT Annual Convention. Words cannot express our gratitude for the opportunity granted to us by President Jill Ehrenreich-May and the ABCT Board. We give thanks to the 2022 program chairs, Rosaura Orengo-Aguayo and Emily Thomas, for being such excellent models and for guiding us during the transition into our roles. Convention planning is a team effort, and we would also like to acknowledge the 2023 Convention Committee for their steadfast dedication and commitment to planning such a wonderful convention. ABCT Central Office staff, especially Mary Jane Eimer and Stephen Crane, are invaluable to the success of the Annual Convention and organization; thank you for being so patient and generous with your wisdom. We would also like to thank Jacqueline Howard who provided significant administrative support in the convention planning process. Last, we want to extend our deepest appreciation to those on the Program Committee who volunteered their time as scientific reviewers. There were many hands involved in creating this wonderful scientific program and we give thanks to all.

Wishing everyone a joyful and fulfilling conference. We can't wait to see you there!

Itinerary Planner

* Available in August *

> *Browse by day, time, or session type*
> *Search by author or keyword*

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2023 convention. In order to learn more details about the sessions, including full descriptions and times, skill levels, and learning goals, please utilize the Itinerary Planner. Feel free to access the Itinerary Planner at <https://www.abct.org/2023-convention/>. To view the entire convention program—including SIG meetings, poster sessions, invited addresses—you can search by session type, date, time, presenter, title, category, or keyword, or you can view the entire schedule at a glance. After reviewing this special Convention 2023 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!

www.abct.org/convention-ce/

Continuing Education Credits

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. Below is a list of organizations that have approved ABCT as a CE sponsor. Note that we do not currently offer CMEs.



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

The Association for Behavioral and Cognitive Therapies has been approved by 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 Therapist (MFT) to offer continuing education as Provider #4600.

New York State Psychologists

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.

For full information about our CE program, visit:

<https://www.abct.org/Conventions/index.cfm?m=mConvention&fa=ceOpportunities>

Presidential Panel



Saturday, November 18 | 6:15 PM – 7:30 PM

An ABCT Presidential Panel: Transformative Ideas to Address the Ongoing Youth Mental Health Crisis

♦ *Participants earn 1 continuing education credit*

Moderator: Jill Ehrenreich-May, Ph.D., *University of Miami*

Panelists: Riana Elyse Anderson, Ph.D., *Columbia University*, Miya Barnett, Ph.D., *UC-Santa Barbara*, Rob Morris, Ph.D., *Koko, Inc.*, Maggi Price, Ph.D., *Boston College*, Jessica Schleider, Ph.D., *Stony Brook University*, Shirley Wang, Ph.D., *Harvard University*

For most of ABCT's history, the President has given an address to the membership at the Annual Convention highlighting their innovative scholarship or vital ideas to move our clinical science forward. While upholding the value of this rich history, this year, I wish to offer another paradigm of how this time at our convention could be spent. Specifically, as a youth treatment researcher, I have observed the steep increase in youth with mental health concerns, while the number of therapists equipped to address this crisis remains stagnant and our implementation of efficacious psychotherapies in community settings often fails. Youth and families, particularly those who are minoritized, marginalized, and/or historically underserved, are routinely being left without the resources we as a field have worked so hard to develop. Thus, I've convened a "Presidential Panel" including a new generation of great thinkers and innovators addressing this youth mental health crisis head-on through a variety of game-changing ideas. Following a brief introduction, Drs. Riana Elyse Anderson, Miya Barnett, Rob Morris, Maggi Price, Jessica Schleider, and Shirley Wang will each present 5-minute flash talks highlighting one "big idea" to address this crisis. Following this, I will moderate a discussion on next steps for collaborative, scalable solutions to inform both current clinical practice and future research ideas to aid youth in need.

Clinical Intervention Trainings

TICKETED SESSIONS

Thursday, November 16 | 8:30 AM – 5:00 PM

CIT 1 | **Acceptance and Commitment Therapy for Children and Adolescents: A Process-Based Approach to Shaping Psychological Flexibility**

♦ Participants earn 7 continuing education credits

Lisa Coyne, Ph.D., *Founder & Executive Director, New England Center for OCD and Anxiety*

This training is for clinicians with some experience with cognitive behavior therapy, behavior therapy, or Acceptance and Commitment Therapy (ACT) and will explore how to use ACT to enhance psychological flexibility with children, adolescents, and parents through supporting curiosity, willingness, mindfulness, and values-guided trial and error learning. Specifically, the presenter will introduce a transdiagnostic process-based developmental model of ACT (the DNA-V; Hayes & Ciarrochi, 2015) and discuss how to shape psychological flexibility through incorporate specific ACT strategies in exposure-based treatment. Clinical examples, role-play demonstrations, and opportunities for participants to practice will augment this training's didactic content to illustrate case conceptualization and pragmatic applications of therapeutic techniques. Clinicians can expect to leave the CIT with an understanding of how to identify and address skills deficits contributing to psychological inflexibility in disorders of childhood and adolescence. The practical skills in contextual behavioral, process-based assessment and treatment they will gain can be used as stand-alone intervention or may be incorporated into other cognitive behavioral or behavioral approaches.

Thursday, November 16 | 8:30 AM – 5:00 PM

CIT 2 | **An Introduction to Compassion-Focused Therapy**

♦ Participants earn 7 continuing education credits

Russell Kolts, Ph.D., *Professor of Psychology, Eastern Washington University*

Compassion-Focused Therapy (CFT) is a form of cognitive-behavior therapy that draws upon contextual behavioral science, evolution science, affective neuroscience, and attachment theory in assisting individuals who suffer with emotional difficulties. Utilizing the purposeful cultivation of compassion, mindfulness, and a host of treatment strategies such as imagery, chair-work, breath-body work, and behavioral and thought experiments, CFT is a transdiagnostic therapy developed to assist clients who struggle with issues of shame and self-criticism. In this training, participants will learn an operational definition of compassion and why it can be a helpful component of psychotherapy. We'll introduce a behaviorally based framework for approaching CFT, and participants will learn a way of organizing CFT into a set of layered processes and practices that will allow them to systematically understand, train, and begin to implement the practices of CFT. We'll explore the therapeutic relationship in CFT, the role of modeling and shaping in applying compassion-work in therapy, and participants will gain exposure to a number of core CFT concepts and we'll explore how to implement them through experiential practice. Ultimately, the goal of the training is to provide therapists of all behaviorally oriented modalities tools they can use to help clients overcome avoidance and shame.



Convention Pass (Student Scholarship)

We are very pleased to inform you that this year we will be able to offer 20 ABCT students each \$100 in travel expenses and complimentary registration for the 2023 57th ABCT Annual Convention in Seattle held at the Hyatt Regency Seattle. These awards will be offered on the basis of financial need to students who demonstrate an interest in attending the convention and/or are giving a presentation or poster. These awards aim to reduce barriers to access to the convention, consistent with ABCT's goal of increasing diversity, equity, inclusion, access, and justice (DEIAJ). At least ten of these awards will be reserved for students identifying with groups historically underrepresented in our field (including, but not limited to, students who identify as people of color, LGBTQIA+, and/or disabled).

**Submission deadline:
Friday, September 22**

For full information and to apply, go to
<https://www.abct.org/2023-convention/> and click on
Information > ABCT Student Convention Pass

Designed for clinical practitioners, discussions and display of specific intervention techniques.

Institute 1 | Thursday, November 16, 2023: 8:30 AM - 5:00 PM

◆ Participants earn 7 continuing education credits

Applying Efficacious Treatments to Improve the Home and School Lives of Youth with ADHD: Treatments for Organizational Skills and Executive Functions

Richard Gallagher, Ph.D., Associate Professor, New York University School of Medicine

Margaret Sibley, Ph.D., Professor of Psychiatry and Behavioral Sciences, University of Washington School of Medicine

Institute 2 | Thursday, November 16, 2023: 8:30 AM - 5:00 PM

◆ Participants earn 7 continuing education credits

Breathing the Science of Compassion into the Behavioral Treatment of Trauma: An Introduction to Compassion-focused Acceptance and Commitment Therapy (CFACT) for Complex PTSD

Dennis Tirsch, Ph.D., Founding Director, The Center for Compassion Focused Therapy

Laura Silberstein-Tirsch, Psy.D., Director, The Center for Compassion Focused Therapy

Talya Vogel, Psy.D., Director of The Trauma, Transformation and Resilience Program, The Center for Compassion Focused Therapy

Institute 3 | Thursday, November 16, 2023: 1:30 PM - 6:30 PM

◆ Participants earn 5 continuing education credits

A Transdiagnostic Approach to Exposure-Based Treatment

Michael W. Otto, Ph.D., Professor, Boston University

Jasper Smits, Ph.D., Professor, The University of Texas at Austin

Marie Parsons, Ph.D., Research Assistant Professor, Boston University

Institute 4 | Thursday, November 16, 2023: 1:30 PM - 6:30 PM

◆ Participants earn 5 continuing education credits

Common Elements Treatment Approach: A System of Care to Address Common Mental Health Problems

Kristie L. Metz, Ph.D., Research Associate, Johns Hopkins University

Laura Murray, Ph.D., Senior Research Scientist, Johns Hopkins University School of Public Health

Caleb Figge, Ph.D., Research Scientist, Johns Hopkins University School of Public Health

Stephanie Skavenski, M.A., Senior Research Associate, Johns Hopkins University School of Public Health

Institute 5 | Thursday, November 16, 2023: 8:30 AM - 1:30 PM

◆ Participants earn 5 continuing education credits

Parent-Child Interaction Therapy Adapted for Older Children (Ages 7 to 10 Years)

Cheryl B. McNeil, Ph.D., Professor, University of Florida

Corey C. Lieneman, Ph.D., Assistant Professor, University of Nebraska Medical Center

Erinn J. Victory, B.A., West Virginia University

Melanie M. Nelson, Ph.D., Associate Professor, University of Florida

Institute 6 | Thursday, November 16, 2023: 8:30 AM - 1:30 PM

◆ Participants earn 5 continuing education credits

Acceptance and Commitment Therapy for Managing Cravings and Addictive Behaviors

Maria Karekla, Ph.D., University of Cyprus

Megan M. Kelly, Ph.D., Professor of Psychiatry, University of Massachusetts

Advanced Methodology and Statistics Seminars

A special series of offerings for applied researchers, presented by nationally renowned research scientists. TICKETED SESSION

AMASS 2 | Thursday, November 16 | 1:00 PM – 5:00 PM

◆ Participants earn 4 continuing education credits.

The ORBIT Model for Developing and Testing Health-Related Behavioral Interventions

Kenneth E. Freedland, Ph.D., Washington University School of Medicine, St. Louis

Lynda H. Powell, Ph.D., Rush University Medical College

Sylvie Naar, Ph.D., Director, Center for Translational Behavioral Research, Florida State University

Master Clinician Seminars

TICKETED SESSIONS

These seminars involve the presentation of case material, session videotapes, and discussion to enable participants to further understand the application of cognitive and behavioral techniques.

MCS 1 | Friday, November 17: 8:30 AM - 10:30 AM

♦ Participants earn 2 continuing education credits

Cognitive Behavior Therapy for Decision Making

Robert L. Leahy, Ph.D., *Director, American Institute for Cognitive Therapy*

MCS 2 | Friday, November 17: 11:00 AM – 1:00 PM

♦ Participants earn 2 continuing education credits

Tackling Tics: A Behavioral Approach to Reducing Symptoms and Improving Functioning in Children and Adults with Tic Disorders

Michael B. Himle, Ph.D., *Associate Professor, University of Utah*

Douglas W. Woods, Ph.D., *Dean of the Graduate School, Marquette University*

MCS 3 | Friday, November 17: 1:30 PM – 3:30 PM

♦ Participants earn 2 continuing education credits

Developing Effective Imagery in Exposure-Based Therapies

Dean McKay, ABPP, Ph.D., *Professor, Fordham University*

MCS 4 | Saturday, November 18: 8:30 AM - 10:30 AM

♦ Participants earn 2 continuing education credits

Fear of Vomit – How to Calm It: Using CBT to Treat Vomit Phobia in Children and Adolescents

Deborah A. Ledley, Ph.D., *Children's and Adult Center for OCD and Anxiety*

MCS 5 | Saturday, November 18: 11:00 AM – 1:00 PM

♦ Participants earn 2 continuing education credits

Using CBT to Address Treatment Refusal: A Family Consultation Approach

Alec Pollard, Ph.D., *Professor Emeritus, Saint Louis University*

MCS 6 | Saturday, November 18: 1:30 PM – 3:30 PM

♦ Participants earn 2 continuing education credits

Using Virtual Reality to Treat Anxiety Disorders

Elizabeth J. McMahon, Ph.D., *Practice Owner, Independent Practice*

Workshops

TICKETED SESSIONS

Workshops provide up-to-date integration of theoretical, empirical, and clinical knowledge about specific issues or themes

Workshop 1 | Friday, November 17, 8:30 AM – 11:30 AM

♦ Participants earn 3 continuing education credits

CBT for Chronic GI Disorders (They're More Common Than You Think!)

Melissa G. Hunt, Ph.D., *Associate Director of Clinical Training, University of Pennsylvania*

Workshop 2 | Friday, November 17, 8:30 AM – 11:30 AM

♦ Participants earn 3 continuing education credits

Cultivating Joy and Posttraumatic Growth in Clients from Diverse Backgrounds Using Compassion and Humility

Mudita A. Bahadur, Ph.D., *Psychologist, Private Practice*

Janee Steele, Ph.D., LPC, *Counselor, Kalamazoo Cognitive and Behavioral Therapy, PLLC*

Hollie Granato, Ph.D., *Clinical Psychologist, Private practice*

Lisa Bolden, Psy.D., *Assistant Professor & Chief Clinical Officer, UCLA & Emmada Psychology Center*

Workshop 3 | Friday, November 17, 8:30 AM – 11:30 AM

♦ Participants earn 3 continuing education credits

Implementing the Collaborative Assessment and Management of Suicidality in Schools

Amy M. Brausch, Ph.D., *Professor of Psychological Sciences, Western Kentucky University*

Kurt Michael, Ph.D., *Senior Clinical Director, Jed Foundation*

Workshop 4 | Friday, November 17, 12:00 PM - 3:00 PM

♦ Participants earn 3 continuing education credits

An Introduction to Psychedelic-Assisted Therapy for CBT Clinicians

Jason B. Luoma, Ph.D., *CEO, Portland Psychotherapy*

Brian Pilecki, Ph.D., *Clinical Psychologist, Portland Psychotherapy*

Workshop 5 | Friday, November 17, 12:00 PM - 3:00 PM

♦ Participants earn 3 continuing education credits

Feeling Stuck? FA It Out! Putting the Fun Back Into Functional Assessment for Kids and Families

Sandra S. Pimentel, Ph.D., *Chief, Child and Adolescent Psychology, Montefiore Medical Center*

Brian C. Chu, Ph.D., *Professor and Clinical Department Chair, Rutgers University*

Workshop 6 | Friday, November 17, 12:00 PM - 3:00 PM

♦ Participants earn 3 continuing education credits

Fostering Queer Joy in Youth: How to Do Affirmative Cognitive Behavior Therapy with LGBTQ+ Youth and Their Families

Jeffrey M. Cohen, Psy.D., *Assistant Professor of Medical Psychology (In Psychiatry), Columbia University*

Ilana Seager van Dyk, Ph.D., *Senior Lecturer in Clinical Psychology, Massey University*

Workshop 7 | Saturday, November 18, 8:00 AM - 11:00 AM

♦ Participants earn 3 continuing education credits

Managing Implicit Bias in Clinical Interactions With Evidence-based Strategies

Freda F. Liu, Ph.D., Assistant Professor, University of Washington School of Medicine

Workshop 8 | Saturday, November 18, 8:00 AM - 11:00 AM

♦ Participants earn 3 continuing education credits

Network-Informed Personalized Treatment for Eating Disorders

Rachel M. Butler, Ph.D., University of Louisville

Cheri Levinson, Ph.D., Associate Professor, University of Louisville

Christina Ralph-Nearman, Ph.D., University of Louisville

Workshop 9 | Saturday, November 18, 8:00 AM - 11:00 AM

♦ Participants earn 3 continuing education credits

Practice Adaptations for Affirming CBT for Transgender and Gender Diverse Adults

Debra A. Hope, Ph.D., Aaron Douglas Professor, University of Nebraska-Lincoln

Nathan A. Woodruff, Trans Collaborations Local Community Board Chair, Trans Collaborations

Workshop 10 | Saturday, November 18, 11:30 AM - 2:30 PM

♦ Participants earn 3 continuing education credits

Regulation of Cues Treatment: A Novel Treatment for Overeating, Binge Eating and Weight Loss

Kerri Boutelle, Ph.D., Professor, UC-San Diego

Dawn Eichen, Ph.D., Assistant Professor, UC-San Diego

Workshop 11 | Saturday, November 18, 11:30 AM - 2:30 PM

♦ Participants earn 3 continuing education credits

RUBI Parent Training for Young Children with Autism and Mild to Moderate Disruptive Behaviors

Elizabeth Cross, Ph.D., Psychologist, Center for Autism and Related Disorders, the Kennedy Krieger Institute

Ji Su Hong, M.D., Child Adolescent Psychiatrist, Assistant Professor, Johns Hopkins University School of Medicine

Kate McCalla, Ph.D., Assistant Clinical Director, Licensed Psychologist, Center for Autism and Related Disorders, Kennedy Krieger Institute

Karen Bearss, Ph.D., Associate Professor, Seattle Children's Autism Center, University of Washington

Workshop 12 | Saturday, November 18, 11:30 AM - 2:30 PM

♦ Participants earn 3 continuing education credits

The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents: An Introductory Workshop

Niza A. Tonarely-Busto, Ph.D., Postdoctoral Fellow, University of Miami

Elizabeth Halliday, B.A., University of Miami

Workshop 13 | Saturday, November 18, 3:00 PM - 6:00 PM

♦ Participants earn 3 continuing education credits

Mental Contamination in OCD: A Cognitive Approach to Identification and Treatment

Maureen L. Whittal, Ph.D., Psychologist, Vancouver CBT Centre/University of British Columbia

Roz Shafran, Ph.D., Professor of Translational Psychology, UCL

Workshop 14 | Saturday, November 18, 3:00 PM - 6:00 PM

♦ Participants earn 3 continuing education credits

Use of Motivational Interviewing for Individuals with PTSD: Ways to Increase Treatment Engagement, Retention, and Readiness to Change

Debra Kaysen, ABPP, Ph.D., Professor, Stanford University

Denise Walker, Ph.D., Research Professor, University of Washington, Seattle

CHILD CARE

Parents who require child-care services during the convention may make arrangements with **KiddieCorp**. Childcare will be available during the following hours:

Friday, November 17 | 8:00 AM- 10:00 AM

Saturday, November 18 | 8:00 AM – 10:00 AM

Services are located in the Hyatt Regency Seattle Hotel. The age range offered is between 6 months through 12 years old. There is a 2-hour minimum.

The hourly rate for the first child is \$12, \$8 for the second child, and \$5 for the third child.

Please fill out the registration form at <https://form.jotform.com/KiddieCorp/abctkids> and send to KiddieCorp by October 20 to assure we can offer this service!

Lifetime Achievement Award Address

Saturday, November 18 | 12:30 PM - 1:30 PM

♦ Participants earn 1 continuing education credit

My Adventures in the Traumatic Stress Field: Lessons Learned and Thoughts About the Future



Dean Kilpatrick, Ph.D., Professor of Clinical Psychology, Medical University of South Carolina, Director, National Crime Victims Research & Treatment Center, Director, National Mass Violence Victimization Resource Center

Dr. Kilpatrick obtained his Ph.D. degree from the University of Georgia and is a Distinguished University Professor at the Medical University of South Carolina where he has been a faculty member since 1970. His primary research interests include measuring prevalence and mental health consequences (e.g., PTSD and related disorders) of exposure to sexual violence, violent crime, mass violence, disasters, and other potentially traumatic events. His research team has conducted numerous projects on these topics funded by grants from the NIH, VA, CDC, National Institute of Justice, and Office for Victims of Crime. His 400-plus publications have more than 59,000 citations, and his h-index is 120. He was Editor-in-Chief of the Journal of Traumatic Stress, founding member of S.C.'s first rape crisis center in 1974, founding Director of the National Crime Victims Research and Treatment Center since its establishment in 1977, founding Director of the OVC-funded National Mass Violence Victimization Resource Center in 2017, and Director/Co-Director of the Charleston Consortium Psychology Internship Program since 1982.

He served on three Institute of Medicine/National Academy of Sciences Committees and was involved in revisions of the PTSD diagnosis for DSM-IV, DSM-5, and DSM-5TR. He is Chair of the S.C. Crime Victims' Advisory Board and Past President of ISTSS and the SC Psychological Association.

He received the United States Presidential Award for Outstanding Contributions to Victims of Crime, the U.S. Congressional Victims' Rights Caucus Allied Professional Award, lifetime achievement awards from ISTSS, Ending Violence Against Women International, and ABCT, and South Carolina's highest civilian honor, the Order of the Palmetto.

He is particularly gratified by the Charleston Consortium Psychology Internship Program having received the ABCT 2015 Outstanding Training Program Award because this reflects the amazing contributions to behavioral and cognitive therapy that hundreds of former interns have made over the past 51 years.

My involvement in the traumatic stress field began 49 years ago in 1974 when I helped establish a grassroots rape crisis center in Charleston. The field of traumatic stress did not exist; the PTSD diagnosis was 6 years in the future, and this work was far from the mental health, public health, and public policy mainstream.

Today, the traumatic stress field is as mainstream as you can get, and I have been privileged to be a participant-observer in the field's challenges and triumphs as it developed. Much progress has been made in understanding the scope, nature, and mental/behavior health consequences of exposure to a broad range of potentially traumatic events and in developing effective interventions. However, there still is a lack of public awareness about these issues and of sufficient public policy support to provide access to the types of information, interventions, and help that survivors need.

In this presentation, I will describe key lessons learned based on my own research, clinical, media, and public policy adventures in the field, and I will offer some thoughts about how to best address the challenges of today and tomorrow. Lessons learned are: (1) good research is key to past and future success; (2) research alone does not generate the changes we need in public awareness and public policy; (3) working with news media to disseminate research information can improve public awareness about traumatic stress and survivors' needs, which is critical to achieving needed public policy changes; (4) success is a team sport that requires collaboration with many partners; and (5) nothing happens without dedication, persistence, high frustration tolerance, hard work, and a lot of help from your friends.

Invited Address 1

Friday, November 17 | 10:00 AM – 11:00 AM

♦ Participants earn 1 continuing education credit

Reward Sensitivity as a Risk Factor and Treatment Target for Depression and Anxiety



Michelle G. Craske, Ph.D., *Director of the Anxiety and Depression Research Center, Associate Director of the Staglin Family Music Center for Behavioral and Brain Health, University of California, Los Angeles*

Michelle G. Craske, Ph.D., is Distinguished Professor of Psychology, and of Psychiatry and Biobehavioral Sciences, Kevin Love Fund Centennial Chair, Director of the Anxiety and Depression Research Center, and Associate Director of the Staglin Family Music Center for Behavioral and Brain Health, at the University of California, Los Angeles. She is also co-director of the UCLA Depression Grand Challenge. She has published extensively in the area of fear, anxiety, and depression, including over 590 peer-reviewed journal articles as well as academic books and several self-help books and therapist guides, and is on the Web of Science Most Highly Cited Researcher List. She has been the recipient of extramural funding since 1993 for research projects pertaining to risk factors for anxiety and depression among children and adolescents, neural mediators of emotion regulation and behavioral treatments for anxiety disorders, fear extinction translational models for optimizing exposure therapy, novel behavioral therapies targeting reward sensitivity and anhedonia, and scalable treatment models for underserved populations. She is Editor-in-Chief of Behaviour Research and Therapy and holds the position of Officer of the Order of Australia.

Threat and reward sensitivity are fundamental processes that become dysregulated in the context of vulnerability to, or expression of, anxiety and depression. Treatments have traditionally targeted reductions in threat sensitivity with limited effects upon reward mechanisms. Investigation of reward sensitivity is essential for our understanding of anxiety and depression and for targeted treatment approaches. I will present our latest findings regarding neural, behavioral, and subjective features of reward hyposensitivity that correlate with and predict anxiety, depression, and anhedonia. These findings led us to develop a treatment that specifically targets reward hyposensitivity, termed Positive Affect Treatment, which we have shown to be more effective than CBT, that specifically targets negative affect and threat sensitivity. I will present our replication study in anxious, depressed, and extremely low positive-affect individuals, where the symptomatic outcomes occur in parallel with changes in target measures of reward anticipation-motivation and attainment. I will also present findings from virtual reality technologies for delivering aspects of Positive Affect Treatment. I will conclude with evidence for reward-related mechanisms within the context of exposure therapy for fears and anxiety, and potential methods for targeting such mechanisms.

Invited Address 2

Saturday, November 18 | 9:00 AM – 10:00 AM

♦ *Participants earn 1 continuing education credit*

Working Out the Irrigation System: Toward Better Access to Quality Mental Health Services



Michael Southam-Gerow, Ph.D., *Professor of Psychology, Virginia Commonwealth University, and Director of the Center for Evidence-based Partnerships in Virginia*

Dr. Southam-Gerow is a professor of Psychology at Virginia Commonwealth University (VCU). He is also the director of the Center for Evidence-based Partnerships in Virginia. His research focuses on the dissemination and implementation of psychological treatments. Dr. Southam-Gerow also studies emotion processes (e.g., emotion regulation) in children and adolescents and treatment integrity. He is Associate Editor of Implementation Research and Practice, the author of dozens of scholarly papers, and is the author of Practitioner's Guide to Emotion Regulation in Children and Adolescents, now available in paperback (as well as translated into Dutch and Korean) and Exposure Therapy for Children and Adolescents, both published by Guilford Press.

A key goal of implementation science (IS) is to increase access to quality mental health services. Despite many notable and important strides achieved, the mental health crisis has only worsened in recent years in the U.S. and many other countries around the world. To address the challenge, implementation science may benefit from refocusing its efforts in several different directions. This keynote will identify these multiple avenues for research, directions with potentially large returns on investment with regard to increasing access to quality mental health services. First, a focus on workforce development, recruitment, and retention, a major challenge for many states and localities, needs additional scholarly attention. Furthermore and relatedly, service financing, especially payment for evidence-based services, would benefit from increased scrutiny by implementation scientists. Last, service coordination systems, grossly underresourced, reliant on limited and out-of-date information, and operating in a mostly opaque manner to families who need services, warrant scientific inquiry. Potential paths to addressing these areas of concern are outlined and examples from ongoing work in Virginia will be highlighted. Last, future directions that implementation scientists could take will be identified.

Invited Address 3

Saturday, November 18 | 2:00 PM - 3:00 PM

♦ Participants earn 1 continuing education credit

Psychology's Path Forward: Trauma-Informed and Culturally Attuned Care



Thema S. Bryant, Ph.D., Professor of Psychology, Graduate School of Education and Psychology, Pepperdine University

Thema S. Bryant, Ph.D., is a tenured professor of psychology in the Graduate School of Education and Psychology at Pepperdine University, where she directs the Culture and Trauma Research Laboratory. Her clinical and research interests center on interpersonal trauma and the societal trauma of oppression. She has raised public awareness regarding mental health by extending the reach of psychology beyond the academy and private therapy office through community programming, organizational consultation, popular books, and media engagement.

Bryant is a past president of the Society for the Psychology of Women and a past APA representative to the United Nations. She also served on the APA Committee on International Relations in Psychology and the Committee on Women in Psychology. In 2013, APA honored Bryant for Distinguished Early Career Contributions to Psychology in the Public Interest. The Institute of Violence, Abuse and Trauma presented her their media award for the film Psychology of Human Trafficking in 2016, and the Donald Fridley Memorial Award for excellence in mentoring in the field of trauma in 2018. The California Psychological Association recognized her for Distinguished Scientific Achievement in Psychology in 2015. One of the foundational scholars on the topic of the trauma of racism, she gave an invited keynote address on the topic at APA 2020. That year, APA's International Division honored her for her International Contributions to the Study of Gender and Women for her work in Africa and the Diaspora.

Bryant—known popularly as Dr. Thema—is host of “Homecoming,” a mental health podcast, and director of the mental health ministry at First AME Church in South Los Angeles. She is author of the book Homecoming: Overcome Fear and Trauma to Reclaim Your Whole Authentic Self and co-author of The Antiracism Handbook: Practical Tools to Shift Your Mindset & Uproot Racism in Your Life and Community. She is editor or co-editor of the APA books Womanist and Mujerista Psychologies: Voices of Fire, Acts of Courage and Multicultural Feminist Therapy: Helping Adolescent Girls of Color to Thrive. Her presidential initiatives aim to enhance belonging and engagement within APA and use psychological science to address trauma, grief, and oppression nationally and internationally.

Bryant completed her doctorate in clinical psychology at Duke University and her postdoctoral training at Harvard Medical Center's Victims of Violence Program. Upon graduating, she became the coordinator of the Princeton University SHARE Program, which provides intervention and prevention programming to combat sexual assault, sexual harassment, and harassment based on sexual orientation.

There is a need for all practitioners to be trauma-informed and culturally attuned. This presentation will describe the types, dynamics, and effects of trauma, including the collective trauma of oppression. Dr. Thema will explore the needs for these two principles as guideposts in both assessment and treatment, within the frameworks of liberation psychology. Attention to context and acknowledgment of the pervasiveness of trauma and oppression are required for the provision of ethical care. The dangers of avoidance and minimization of trauma and cultural oppression will be outlined. Barriers to the provision of this care and ways to address these barriers will be described. Finally, Dr. Thema will address self-care and community care for the provider given the realities of vicarious trauma and racial battle fatigue.

Invited Address 4

Sunday, November 19 | 9:00 AM- 10:00 AM

♦ *Participants earn 1 continuing education credit*

“Are You Sure You Want to Be Well?": On Healing and the Practice of Joy

Wilson Kwamogi Okello, Ph.D., *Assistant Professor, Penn State University*



Dr. Wilson Kwamogi Okello (he/him) is an accomplished early-career artist and scholar who draws on Black critical theories to advance research on student/early adult development theory. Most immediately, he is concerned with how Black critical approaches make visible the epistemic foundations that structure what it means to be human and imagining otherwise possibilities for Black being therein. He is also concerned with how theories of Blackness might reconfigure understandings of racialized stress and trauma, qualitative inquiry, critical masculinities, and curriculum and pedagogy to create conditions of possibility in the education context and society. Widely published, he has over 40 scholarly publications in venues such as the Journal of College Student Development; Race, Ethnicity and Education; and the Journal of Diversity in Higher Education. Dr. Okello is co-editor of Trauma-Informed Practice in Student Affairs: Multidimensional Considerations for Care, Healing, and Wellbeing, a New Directions for Student Services volume, and solo author of a forthcoming text with SUNY Press that explores the potential of centering Blackness in student development theory. Dr. Okello is a sought-after speaker and consultant; he has delivered over 150 invited keynotes/talks/performances across the United States and internationally. Among other early-career awards, he received the 2022-2023 Council on Ethnic Participation Mildred Garcia Award for Exemplary Scholarship by the Association for the Study of Higher Education, and he was named a 2022 Emerging Scholar by the American College Personnel Association. He is the recipient of the University of Rhode Island's Distinguished Alumni Rising Star Award, the National Association of Student Personnel Administrators Outstanding Professional Award, and Youngstown State University's Outstanding Alumni Award. Dr. Okello earned his Ph.D. from Miami University, his master's degree is from the University of Rhode Island, and he holds a bachelor's degree from Youngstown State University. He was born and raised in Youngstown, Ohio. Currently, Dr. Okello is an assistant professor of higher education at Penn State University, where he is a research associate at the Center for the Study of Higher Education.

Questions of life and living, joy, and thriving beg more of educators and researchers who think and theorize about power, privilege, and oppression. This session confronts living in and against norms that contend for holistic wellness. It will offer recommendations for cultivating habits and creating environments that afford opportunities to affirm affective capacities—specifically joy—as a present and persistent way of being.

General Sessions

NO TICKET REQUIRED

Panel Discussions, Symposia, Clinical Round Tables, Mini Workshops are part of the general convention program: no tickets are required. Visit abct.org for a complete listing of general sessions.

■ PANEL DISCUSSIONS

FRIDAY, November 17

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

PD1: Affirming Cognitive Behavioral Interventions for Addressing Race-Based Stress and Trauma in People of Color

Moderators: Kevin O. Narine, M.A., William James College, Molly Sawdy, M.S., Clinical Psychology Graduate Student, Suffolk University

Panelists: Stephen Gresham, ABPP, Ph.D., Co-Director of Training, VA Bedford Healthcare System
Ummul Kathawalla, Ph.D., Postdoctoral Research Associate, Boston University
Valene A. Whittaker, Ph.D., Women's Health Clinic Psychologist; Acting Military Sexual Trauma Services Coordinator, Washington DC VA Medical Center
Monnica T. Williams, ABPP, Ph.D., Professor, University of Ottawa
Juliette McClendon, Ph.D., Clinical Psychologist, Bold Psych

◆ *Participants earn 1.5 continuing education credits*

PD2: Creating Joy Amidst Struggle: Guidance for Developing Antiracist and Culturally Responsive Group Practice or Clinic

Moderator: Jason B. Luoma, Ph.D., CEO, Portland Psychotherapy

Panelists: Yash Bhambhani, Ph.D., Attending Psychologist, Montefiore Medical Center
Amber Calloway, Ph.D., Research Associate, University of Pennsylvania School of Medicine
Brittany N. Hall-Clark, Ph.D., Associate Professor, University of Texas Health Science Center at San Antonio
Jonathan Kaplan, Ph.D., Director + Psychologist, SoHo CBT + Mindfulness Center
Lauren P. Wadsworth, Ph.D., Founding Director, Genesee Valley Psychology

◆ *Participants earn 1.5 continuing education credits*

PD3: The Future of Case Formulation

Moderator: Donald J. Robinaugh, Ph.D., Assistant Professor, Northeastern University

Panelists: Julian Burger, M.S., postdoctoral researcher, Yale University
Jacqueline B. Persons, Ph.D., Director, Oakland CBT Center/UC Berkeley
Tracy Dwight Eells, Ph.D., Professor, University of Louisville
Stefan Hofmann, Ph.D., Professor, University of Marburg

Christina Jeffrey, Ph.D., Assistant Professor, University of Central Arkansas

Marilyn L. Piccirillo, Ph.D., Postdoctoral Researcher, University of Washington, Seattle

◆ *Participants earn 1.5 continuing education credits*

PD4: Increasing Access to Care Among Underresourced and Underrepresented Couples in Research and Practice: What Is Working and What Else Is Needed?

Katherine A. Lenger, Ph.D., T32 Research Fellow, University of North Carolina at Chapel Hill

Moderator: Kristina Gordon, Ph.D., Professor, University of Tennessee, Knoxville

Panelists: Hannah C. Williamson, Ph.D., Associate Professor, The University of Texas at Austin
Ryan G. Carlson, Ph.D., LPC, Professor, University of South Carolina
Sarah W. Whitton, Ph.D., Professor, University of Cincinnati
Shawn C.T. Jones, Ph.D., Assistant Professor, Virginia Commonwealth University
Michael Newcomb, Ph.D., Associate Professor, Northwestern University

◆ *Participants earn 1.5 continuing education credits*

PD5: Community-Academic Partnerships: Lessons Learned

Moderator: Allison G. Harvey, Ph.D., Professor, University of California Berkeley

Panelists: Emma R. Agnew, LCSW, Lead Facilitator, University of California, Berkeley
Carolyn B. Becker, Ph.D., Professor, Trinity University
Audrey Harkness, PhD, Assistant Professor, University of Miami
Brad J. Nakamura, Ph.D., Associate Professor, University of Hawaii at Manoa
Natalie Rodriguez-Quintana, M.P.H., Ph.D., Vice President of Clinical Science, TRAILS
Kelli Scott, Ph.D., Assistant Professor, Northwestern University Feinberg School of Medicine

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD6: Parent Training for Youth with Autism and Developmental Disabilities: Dissemination at Home and Abroad

Moderator: Cy Nadler, Ph.D., Associate Professor of Pediatrics, Children's Mercy Kansas City

Panelists: Cy Nadler, Ph.D., Associate Professor of Pediatrics, Children's Mercy Kansas City
Erin Brooker Lozott, Ed.D., Other, Program Director, Els for Autism Foundation

Nadia Shafique, Ph.D., Assistant Professor, Foundation University Islamabad
 Annette F. Maldonado, M.S., University of Utah
 Nathan R. Moon, ABPP, Psy.D., Clinical Child Psychologist, Navy Medicine Readiness and Training Command Okinawa
 Karen Bearss, Ph.D., Associate Professor, Seattle Children's Autism Center, University of Washington

◆ *Participants earn 1.5 continuing education credits*

PD7: Eating Disorder Prevention: Theoretical Foundations and Current Approaches

Moderators: Savannah Roberts, M.A., University of Pittsburgh
 Scout Silverstein, M.P.H., Senior Program Developer, Equip Health
Panelists: Tiffany A. Brown, Ph.D., Assistant Professor, Auburn University
 Anna Ciao, Ph.D., Associate Professor of Psychology; Director, Center for Cross-Cultural Research, Western Washington University
 Ally Duvall, B.S., Program Manager, Equip Health
 Summer Pascual, B.S., Research Assistant, The Baker Center for Children and Families/Harvard Medical School

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD8: Engaging Autistic People as Full Research Partners: Evolutions in Community-based Participatory Research Strategies

Moderators: Allison Ratto, PhD, Assistant Professor, Children's National Hospital
 Brenna Maddox, Ph.D., Assistant Professor, University of North Carolina at Chapel Hill
Panelists: Elodie Carel, B.S., B.A., Clinical Research Assistant, Children's National Hospital
 Dena Gassner, MSW, Adjunct, IACC and IEC board member, Towson University
 Anne Kirby, Ph.D., Associate Professor, University of Utah
 Zack Siddeek, MSW, Disability Systems Navigation Coordinator, The Arc of King County

◆ *Participants earn 1.5 continuing education credits*

PD9: When Cognitive Behavioral Therapy Is Insufficient for Eating or Body Image Concerns: Considerations for Minoritized Patients and Those With Comorbidities

Moderator: Luis E. Sandoval-Araujo, B.A., University of Louisville
Panelists: Carolyn B. Becker, Ph.D., Professor, Trinity University
 Cheri Levinson, Ph.D., Associate Professor, University of Louisville
 Eva M. Trujillo, M.D., CEO/Cofounder, Comenzar de Nuevo/Tecnologico de Monterrey School of Medicine and Health Sciences
 Tiffany A. Brown, Ph.D., Assistant Professor, Auburn University

Marisol Perez, Ph.D., Professor and Associate Dean, Arizona State University

◆ *Participants earn 1.5 continuing education credits*

PD10: Dismantling Mental Health Stigma Among Clinical Psychologists: How We Are Part of the Problem, and What We Can Do to Address It

Moderators: Maya Nauphal, M.A., Boston University Center for Anxiety and Related Disorders
 Andrew Devendorf, MA, University of South Florida
Panelists: Sarah E. Victor, Ph.D., Assistant Professor, Texas Tech University
 Jessica Schleider, Ph.D., Assistant Professor, Stony Brook University
 Michaela Swee, Ph.D., Clinical Psychologist, Harvard Medical School
 Cassandra L. Boness, Ph.D., Research Assistant Professor, University of New Mexico

◆ *Participants earn 1.5 continuing education credits*

PD11: Is CBT Less Effective or Inappropriate for Non-White Clients? Research and Real-World Clinical Perspectives

Moderator: Daniel L. Hoffman, ABPP, Ph.D., Director, CBT Practice at Northwell Health; Sr Psychologist, STRYDD Center - Northwell Health Zucker Hillside Hospital
Panelists: Kevin Chapman, Ph.D., Director, The Kentucky Center for Anxiety and Related Disorders
 Camilo Ortiz, Ph.D., Associate Professor, Long Island University, Post
 Angela Neal-Barnett, Ph.D., Professor, Kent State University
 Melanie Harned, ABPP, Ph.D., Associate Professor & Staff Psychologist, VA Puget Sound Health Care System and University of Washington
 Yukie Kurumiya, Ph.D., Faculty, The Chicago School of Professional Psychology
 Maria C. Alba, Psy.D., Psychologist, Montefiore Medical Center

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD12: At the Borderline of Change: Revisiting and Revamping Our Conception of Borderline Personality Disorder

Moderator: Matthew W. Southward, Ph.D., Research Assistant Professor, University of Kentucky
Panelists: Katherine Dixon-Gordon, PhD, Associate Professor, University of Massachusetts, Amherst
 Skye Fitzpatrick, Ph.D., Assistant Professor, York University
 Shannon Sauer-Zavala, Ph.D., Assistant Professor, University of Kentucky
 Aidan Wright, Ph.D., University of Michigan

◆ *Participants earn 1.5 continuing education credits*

PD13: The Role of Clinical Supervisors in Protecting Doctoral Trainees of Color

Moderator: Anishka Jean, B.A., West Virginia University
Panelists: Shirley B. Wang, M.A., Harvard University
 Rowan A. Hunt, M.S., University of Louisville

Akanksha Das, M.A., Miami University
 Christina L. Boisseau, Ph.D., Associate Professor, Northwestern University Feinberg School of Medicine
 Yara Mekawi, Ph.D., Assistant Professor, The University of Louisville
 Amber W. Childs, Ph.D., Assistant Professor of Psychiatry, Yale University School of Medicine

◆ *Participants earn 1.5 continuing education credits*

PD14: Ethical Considerations When Providing “Therapy” Without a Therapist

Moderator: Iony D. Ezawa, Ph.D., Assistant Professor of Psychology, University of Southern California
Panelists: Kimberly Hieftje, Ph.D., Assistant Professor, Yale University School of Medicine
 Steven D. Hollon, Ph.D., Professor, Vanderbilt University
 David Mohr, PhD, Professor, Northwestern University
 Albert Rizzo, Ph.D., Professor, University of Southern California
 Noah Robinson, M.S., Founder & CEO, Vanderbilt University, Innerworld
 Daisy R. Singla, Ph.D., Associate Professor, University of Toronto

3:30 PM - 5:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD15: Improving the Mental Health and Wellbeing of Graduate Students in Clinical Psychology: A Call to Action from Trainee Stakeholders

Moderators: Samantha N. Hellberg, M.A., Intern, University of North Carolina, Chapel Hill; VA Puget Sound, Seattle
 Heidi J. Ojalehto, B.S., University of North Carolina, Chapel Hill
Panelists: Hannah Appleseth, M.A., Oklahoma State University
 Kiran Kaur, M.S., University of Utah
 Andrew Devendorf, MA, University of South Florida
 Marianne Chirica, M.S., Indiana University Bloomington
 Elizabeth S. Bocanegra, M.A., UCLA

SATURDAY, November 18

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

PD 16: Navigating the Legislative Landscape Related to Critical Race Theory, DEI, and Gender-Affirming Care

Moderators: Elena Schiavone, B.A., Florida International University
 Allison C. Goodman, M.S., Florida International University
Panelists: Lynn F. Bufka, ABPP, Ph.D., Associate Chief, American Psychological Association
 Brittany N. Hall-Clark, Ph.D., Associate Professor, University of Texas Health Science Center at San Antonio
 Juventino Hernandez Rodriguez, Ph.D., Assistant Professor, University of Texas Rio Grande Valley

◆ *Participants earn 1.5 continuing education credits*

PD17: School-Research Partnerships: Working Together to Promote Evidence-Based Practices in K-12 Schools and Address the Youth Mental Health Crisis

Moderator: Averill Obee, MS, Graduate Student, Florida International University
Panelists: Gwendolyn Lawson, Ph.D., Faculty Member, Children's Hospital of Philadelphia/ Perelman School of Medicine, University of Pennsylvania
 Kristina Conroy, M.S., Florida International University
 Jill Locke, Ph.D., Associate Professor, University of Washington School of Medicine
 Catherine DeCarlo Santiago, Ph.D., Associate Professor & Director of Clinical Training, Loyola University Chicago
 Steve Evans, Ph.D., Distinguished Professor, Ohio University

◆ *Participants earn 1.5 continuing education credits*

PD18: Addressing Developmental Disruptions: How Clinicians Can Support Youth and Young Adults in Forging New Pathways for Resilience and Coping

Moderators: Natalie Javadi, Ph.D., Clinical Postdoctoral Fellow, Columbia University Medical Center
 Emily Badin, Psy.D., Postdoctoral Clinical Fellow, Columbia University Center for Anxiety and Related Disorders
Panelists: Anne Marie Albano, ABPP, Ph.D., Professor, Columbia University Medical Center
 Anthony Puliafico, Ph.D., Associate Professor of Medical Psychology (in Psychiatry), Columbia University Medical Center
 Ryan C. DeLapp, Ph.D., Staff Psychologist, The Ross Center
 Jonathan S. Comer, Ph.D., Professor, Florida International University
 Katya Viswanadhan, Psy.D., Assistant Clinical Professor, New York University School of Medicine

◆ *Participants earn 1.5 continuing education credits*

PD19: Psychedelic-Assisted Therapies for Couples and Relationships: The Joy of Connection

Moderator: Kayla Knopp, Ph.D., Research Psychologist, VA San Diego Healthcare System/UC-San Diego
Panelists: Anne C. Wagner, Ph.D., Founder - Remedy + Remedy Institute
 Chandra Estelle Khalifian, Ph.D., Research Psychologist, VA San Diego Healthcare System
 Jayne Gumpel, LCSW, Director, Relationship Resources LLC
 Leslie Morland, Psy.D., Principal Investigator, VA San Diego Healthcare System/UC-San Diego

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD20: Deliberate Practice for the Training and Education of Culturally Responsive Psychotherapists

Moderator: Joel Jin, Ph.D., Assistant Professor, Seattle Pacific University

Panelists: Joel Jin, Ph.D., Assistant Professor, Seattle Pacific University
 Melissa-Ann M. Lagunas, B.A., Seattle Pacific University
 Cory Duffield, M.S., Seattle Pacific University
 Elizabeth Mateer, M.S., Seattle Pacific University
 Tony Rousmaniere, Psy.D., Executive Director, Sentio Counseling Center

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD21: Whether and How to Incorporate PTSD Symptoms Resulting from Racism into the DSM and Empirically Supported Cognitive Behavioral Trauma-focused Treatments

Moderator: Chad Wetterneck, Ph.D., Clinical Director of Trauma Recovery Services, Rogers Behavioral Health

Panelists: Monnica T. Williams, ABPP, Ph.D., Professor, University of Ottawa
 Samantha C. Holmes, Ph.D., Assistant Professor, College of Staten Island, City University of New York
 Ajeng J. Puspitasari, ABPP, Ph.D., Senior Clinical Director, Rogers Behavioral Health
 Sierra Carter, Ph.D., Assistant Professor, Georgia State University

◆ *Participants earn 1.5 continuing education credits*

PD22: Employing Community-based Approaches to Inform Suicide Prevention Research

Moderator: Alex Bettis, Ph.D., Assistant Professor, Vanderbilt University Medical Center

Panelists: Jessica M. Schwartzman, Ph.D., Assistant Professor, Vanderbilt University Medical Center
 Lauren A. White, M.P.H., MSW, University of Michigan Joint Program for Social Work and Psychology
 Ellen-ge Denton, M.S., Psy.D., Associate Professor, City University of New York College of Staten Island
 Carolina Vélez-Grau, Ph.D., LCSW, Assistant Professor, Boston College
 Kathryn R. Fox, Ph.D., Assistant Professor, University of Denver
 Lucas Zullo, Ph.D., Clinical Psychologist, UCLA

◆ *Participants earn 1.5 continuing education credits*

PD23: Building Diversity, Equity, and Inclusion: Perspectives and Concerns of ABCT's Minority Special Interest Groups

Moderator: Ilana Seager van Dyk, Ph.D., Senior Lecturer in Clinical Psychology, Massey University

Panelists: Ilana Seager van Dyk, Ph.D., Senior Lecturer in Clinical Psychology, Massey University
 Janie Hong, Ph.D., Clinical Associate Professor, Stanford University School of Medicine
 Juventino Hernandez Rodriguez, Ph.D., Assistant Professor, University of Texas Rio Grande Valley
 Alexandria N. Miller, M.S., Suffolk University
 Evan J. White, Ph.D., Principal Investigator, Laureate Institute for Brain Research
 Jamilah R. George, M.S., University of Connecticut

◆ *Participants earn 1.5 continuing education credits*

PD24: Transactional to Transformational: Advancing Equity Through Meaningful Community-Engaged Research With Underserved Populations

Moderators: Summer Pascual, B.S., Implementation Research Assistant, The Baker Center for Children and Families/Harvard Medical School
 Alyssa Martini, B.S., Western Washington University

Panelists: Anna Ciao, Ph.D., Associate Professor of Psychology; Director, Center for Cross-Cultural Research - Western Washington University
 Nicole A. Stadnick, M.P.H., Ph.D., Assistant Professor, University of California San Diego
 Erum Nadeem, Ph.D., Associate Professor, Rutgers University
 V. Kalei Kanuha, Ph.D., MSW, Director, MSW Program, University of Washington, Seattle
 Kelsie Okamura, Ph.D., Implementation Researcher, The Baker Center for Children and Families

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

PD25: Queer Joy, From Surviving to Thriving: Perspectives from CBT's Next Generation

Moderators: Cindy J. Chang, Psy.D., Postdoctoral Fellow, VA San Diego/UCSD
 Jeffrey M. Cohen, Psy.D., Assistant Professor of Medical Psychology (in Psychiatry), Columbia University

Panelists: Nicole D. Cardona, M.A., Boston University
 Lee Robertson, B.A., Graduate Research Assistant, Florida State University
 Thomas E. Schlechter, B.A., Colorado State University
 Jenny Shen, M.A., Stony Brook University
 Colin A. Tidwell, M.A., The University of Arizona

◆ *Participants earn 1.5 continuing education credits*

PD26: The Joy of Sex: Leveraging Behavioral and Cognitive Strategies to Support Sexual Wellbeing Across Populations of Women, Pregnant Persons, and Gender Diverse Individuals

Moderator: Amelia Stanton, Ph.D., Assistant Professor, Boston University

Panelists: Amelia Stanton, Ph.D., Assistant Professor, Boston University
 Sannisha Dale, Ph.D., Assistant Professor, University of Miami
 Bridget Freihart, M.A., MSW, University of Texas at Austin
 Tiffany R. Glynn, Ph.D., Postdoctoral Fellow, Massachusetts General Hospital/Brigham and Women's Hospital/Harvard Medical School
 Martin Seehuus, Ph.D., Associate Professor, Middlebury College
 Kyle R. Stephenson, Ph.D., Associate Professor, Xavier University

◆ *Participants earn 1.5 continuing education credits*

PD27: Approaches to Facilitate and Enhance Culturally Responsive Consultation

Moderator: Brittany N. Hall-Clark, Ph.D., Associate Professor, University of Texas Health Science Center at San Antonio

Panelists: Brittany N. Hall-Clark, Ph.D., Associate Professor, University of Texas Health Science Center at San Antonio
Jessica LoPresti-Graham, Ph.D., Assistant Professor, Suffolk University
Amber Calloway, Ph.D., Research Associate, University of Pennsylvania School of Medicine
Ryan C. DeLapp, Ph.D., Staff Psychologist, The Ross Center

◆ *Participants earn 1.5 continuing education credits*

PD28: From Surviving to Thriving: Navigating Political Challenges to LGBTQ+ Rights Therapeutically With Queer Clients to Find Joy Amongst the Stressors

Moderators: Brenna R. Lash, M.A., University of Nebraska-Lincoln

Sage A. Volk, M.A., University of Nebraska-Lincoln

Panelists: Diane Chen, Ph.D., Associate Professor/Director of Behavioral Health for Adolescent Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University Feinberg School of Medicine
Christopher Martell, ABPP, Ph.D., Director of Psychological Services Center, University of Massachusetts Amherst
Matthew D. Skinta, ABPP, Ph.D., Assistant Professor, Roosevelt University
Colleen A. Sloan, Ph.D., Training Director, Clinical Psychology Internship Program, VA Boston Healthcare System

4:00 PM - 5:30 PM

◆ *Participants earn 1.5 continuing education credits*

PD29: "Ordinary Magic": Child and Family Resilience in the Context of Childhood Maltreatment and Other Adversity

Moderators: Hannah Coffey, M.A., University of Nebraska-Lincoln

Gina C. May, M.A., University of Nebraska-Lincoln

Panelists: T. Zachary Z. Huit, Ph.D., Postdoctoral Fellow, Lurie Children's Hospital
Elizabeth McGuier, Ph.D., Assistant Professor of Psychiatry & Pediatrics, University of Pittsburgh School of Medicine
Isha W. Metzger, Ph.D., Assistant Professor, Georgia State University
Miguel Villodas, Ph.D., Associate Professor, San Diego State University

SUNDAY, November 19

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

PD30: Evaluating Training Models for Clinical Science Doctoral Programs

Moderator: Julia Yarrington, M.A., UCLA

Panelists: Kate Wolitzky-Taylor, Ph.D., Associate Professor, UCLA School of Medicine
Joanne Davila, Ph.D., Professor and Chair, Stony Brook University
Mitchell Prinstein, Ph.D., Professor, University of North Carolina, Chapel Hill
Timothy Strauman, Ph.D., Professor of Psychology and Neuroscience, Duke University
Jason J. Washburn, Ph.D., Professor and Chief of Psychology, Northwestern University

◆ *Participants earn 1.5 continuing education credits*

PD31: Joy as Resistance, Joy as Resilience: Strategies for Thriving as Transgender and Gender Diverse Professionals

Moderator: Emory Marino, Psy.D., Staff Psychologist, Corporal Michael J Crescenzo VA Medical Center

Panelists: M V. Pease, B.S., University of Maryland, College Park
Lee Robertson, B.A., Graduate Research Assistant, Florida State University
Thomas E. Schlechter, B.A., Colorado State University
Elizabeth N. Savarese, M.S., Boston VA Healthcare System
Jo Berg, Ph.D., Co-Director, DBT Center, Evidence Based Treatment Centers of Seattle
Halleh Hashtpari, Ph.D., LGBTQ+ Health Postdoctoral Resident, VA Pacific Islands Healthcare System

◆ *Participants earn 1.5 continuing education credits*

PD32: Innovative Intervention and Implementation Science to Promote Mental Health Equity for Stigmatized Youth

Moderator: Lisa Saldana, Ph.D., Chestnut Health Systems

Panelists: Maggi Price, Ph.D., Assistant Professor, Boston College
Miya Barnett, Ph.D., Associate Professor, UC-Santa Barbara
Jessica Schleider, Ph.D., Assistant Professor, Stony Brook University
Marisa Marraccini, Ph.D., Assistant Professor, University of North Carolina at Chapel Hill
Isha W. Metzger, Ph.D., Other, Assistant Professor, Georgia State University
Anna Lau, Ph.D., Professor, UCLA

■ SYMPOSIA

FRIDAY, November 17

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 1: Research, Clinical, and Commercial Applications of Tailored and Adaptive Interventions for Alcohol Use in the Digital and Automated Age

Chairs: Hayley Treloar Padovano, Ph.D., Alpert Medical School of Brown University

Nehal P. Vadhan, Ph.D., Northwell Health Zucker Hillside Hospital

Discussant: Joseph E. Glass, Ph.D., LICSW, Kaiser Permanente Washington Health Research Institute

◆ *Participants earn 1.5 continuing education credits*

Symposium 2: Applying Ecological Momentary Assessment and Daily Diary Methods to Identify Just-in-Time Intervention Targets for Adolescents and Young Adults With ADHD

Chair: Traci Kennedy, Ph.D., University of Pittsburgh School of Medicine

Discussant: Margaret Sibley, Ph.D., University of Washington School of Medicine

◆ *Participants earn 1.5 continuing education credits*

Symposium 3: Developing Inclusive Clinical Research and Practice for Neurodivergent Youth

Chair: Connor M. Kerns, Ph.D., University of British Columbia

Discussant: Elliot G. Keenan, B.A., UCLA

8:30 AM - 9:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 4: Effects of App-Based Mindfulness Interventions on Internalizing Symptoms and Risk Factors

Chairs: Alexander L. Williams, M.S., Northwestern University
Judy Garber, Ph.D., Vanderbilt University

Discussant: Richard E Zinbarg, Ph.D., Northwestern University

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 5: Emerging Trends in Parent-child Interaction Therapy

Chair: Sharon Phillips, M.A., West Virginia University

Chair: Cheryl B. McNeil, Ph.D., University of Florida

Discussant: Melanie M. Nelson, Ph.D., University of Florida

◆ *Participants earn 1.5 continuing education credits*

Symposium 6: Considering the Role of the Menstrual Cycle in Time-Varying Psychological Processes and Symptoms: Applications for Research and Clinical Practice

Chair: Jaclyn M. Ross, Ph.D., University of Illinois at Chicago

Discussant: Michelle Martel, Ph.D., University of Kentucky

◆ *Participants earn 1.5 continuing education credits*

Symposium 8: Recovery from Suicidal Thoughts in Behaviors During Adolescence: Definitions in Diverse Datasets

Chair: Molly Adrian, Ph.D., University of Washington

Discussant: David A. Jobes, ABPP, Ph.D., The Catholic University of America

◆ *Participants earn 1.5 continuing education credits*

Symposium 9: Marginalization, Discrimination, and Dehumanization: Incorporating Perception of Otherness as Psychopathology Risk Factors

Chair: Min Jeon, M.S., Florida State University

Discussant: Thomas Joiner, Ph.D., Florida State University

10:30 AM – 11:30 AM

◆ *Participants earn 1 continuing education credit*

Symposium 10: Responding to the Opioid Epidemic: Furthering Understanding of Risk Factors and Improving Treatment Outcomes

Chairs: Caroline Scherzer, B.S., Louisiana State University
Julia D. Buckner, Ph.D., Professor, Louisiana State University

Discussant: Amanda M. Raines, Ph.D., Clinical Investigator, Southeast Louisiana Veterans Health Care System

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 11: Getting and Benefiting from Treatment: Promoting Family Engagement in Evidence-Based Treatments for ADHD

Chairs: Jennifer A. Mautone, Ph.D., Children's Hospital of Philadelphia
Thomas Power, Ph.D., Children's Hospital of Philadelphia

Discussants: Thomas Power, Ph.D., Children's Hospital of Philadelphia
Andrea Chronis-Tuscano, Ph.D., University of Maryland, College Park

◆ *Participants earn 1 continuing education credit*

Symposium 12: New Empirical Findings From A Clinical Trial of an Augmented Digital Application of the Unified Protocol for Enhancing Positive Affect and Psychological Flourishing

Chairs: Laura Long, Ph.D., Postdoctoral Associate, Boston University

Daniella Spencer-Laitt, M.A., Boston University Center for Anxiety and Related Disorders

Discussant: Elizabeth Eustis, Ph.D., Assistant Research Professor, Boston University

◆ *Participants earn 1.5 continuing education credits*

Symposium 13: The Role of Structural Stigma in Psychopathology Among Marginalized Youth

Chairs: Isaac L. Ahuvia, M.A., Stony Brook University
Sarah McKetta, M.D., Ph.D., Harvard Medical School

Discussant: Maggi Price, Ph.D., Boston College

◆ *Participants earn 1.5 continuing education credits*

Symposium 14: Impact of Peer Victimization in Youth and Directions for Intervention: A New Look at an Old Problem

Chair: Annette M. La Greca, Ph.D., University of Miami

Discussant: Jonathan S. Comer, Ph.D., Florida International University

10:30 AM - 11:30 AM

◆ *Participants earn 1 continuing education credit*

Symposium 15: Women's Experiences of Gaslighting Across Contexts and Situations

Chair: Patti T. Fritz, Ph.D., University of Windsor

Discussant: Jennifer Langhinrichsen-Rohling, Ph.D., University of North Carolina at Charlotte

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 16: How Social and Structural Determinants of Health Foster Mental Health Inequities Among Marginalized Groups

Chair: Elliott R. Weinstein, M.P.H., M.S., University of Miami

Discussant: David Pantalone, Ph.D., University of Massachusetts Boston

◆ *Participants earn 1.5 continuing education credits*

Symposium 17: Enhancing Sexual Minority Wellbeing via Emotion Regulation: Research Implications and Clinical Insights from Affective and Intervention Science

Chairs: Nathan L. Hollinsaid, B.S., Harvard University

Rachel M. Martino, B.S., Harvard University

Discussant: Mark Hatzenbuehler, Ph.D., Harvard University

10:30 AM - 11:30 AM

◆ *Participants earn 1 continuing education credit*

Symposium 18: Understanding Cognitive and Affective Processes in Adolescents at High Risk for Suicide During Clinical Transition Periods

Chair: Rachel E. Siciliano, M.S., Vanderbilt University Medical Center

Discussant: Richard Liu, Ph.D., Massachusetts General Hospital, Harvard Medical School

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 19: New Horizons of Digital Relationship Research: Expanding Methods, Reach, and Application

Chair: Emily Georgia Salivar, Ph.D., Nova Southeastern University

Discussant: Scott R. Braithwaite, Ph.D., Brigham Young University

◆ *Participants earn 1.5 continuing education credits*

Symposium 20: Understanding and Dismantling Weight Stigma

Chair: Hannah F. Fitterman-Harris, Ph.D., University of Louisville

Discussant: Carolyn B. Becker, Ph.D., Trinity University

◆ *Participants earn 1.5 continuing education credits*

Symposium 21: Listening to Patients: Consumer Perspectives on Treatment

Chair: Margaret E. Crane, M.A., Temple University and Weill Cornell Medicine

Discussant: Hannah E. Frank, Ph.D., Warren Alpert Medical School of Brown University

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 22: Promoting Success in School: Identifying Key Elements of Effective Organizational Skills Training Interventions

Chairs: Thomas Power, Ph.D., Children's Hospital of Philadelphia

Jenelle D. Nissley-Tsiopini, Ph.D., Children's Hospital of Philadelphia

Discussant: Richard Gallagher, Ph.D., New York University School of Medicine

◆ *Participants earn 1.5 continuing education credits*

Symposium 23: Digital Technology Innovations in Psychopathology Assessments in Veteran Populations

Chair: Snezana Urosevic, Ph.D., Clinician Investigator Team Program Manager, Minneapolis VA Health Care System

Discussant: Eric Kuhn, Ph.D., Associate Professor, National Center for PTSD

12:30 PM - 1:30 PM

◆ *Participants earn 1 continuing education credit*

Symposium 24: Using Data-Driven Methods to Inform "Precision Care"

Chair: Qingqing Yin, M.S., Rutgers University

Discussant: Chelsey Wilks, Ph.D., Meta

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 25: Breaking Ground: Interpersonal Emotion Regulation in Personality Disorders

Chairs: Katherine Dixon-Gordon, Ph.D., University of Massachusetts, Amherst

Skye Fitzpatrick, Ph.D., York University

Discussant: Stefan Hofmann, Ph.D., University of Marburg, Germany

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 7: Population-based Insights into How Stigma "Gets Under the Skin": Moving Towards a Biopsychosocial Mediation Framework of Sexual Minority Wellbeing

Chair: Nathan L. Hollinsaid, B.S., Harvard University

Discussant: Mark Hatzenbuehle, Ph.D., Harvard University

12:30 PM - 1:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 27: Suicide Risk in Sexual Minorities: Integrating Minority Stress and Contemporary Suicide Models to Illuminate Relevant Processes

Chair: Andrew Kurtz, B.A., University of Toledo

Discussant: Ethan Mereish, Ph.D., University of Maryland

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 28: From Surviving to Thriving: Overcoming Trauma and Minority Stress in Queer Communities

Chairs: Donovan Edward, B.S., VA Palo Alto Health Care System
Vaughan Hooper, M.S., National Center for PTSD

Discussant: Adam Gonzalez, Ph.D., Stony Brook University

◆ *Participants earn 1.5 continuing education credits*

Symposium 29: Using Real-Time, Objective, and Performance-Based Methods to Advance Understanding of Interpersonal Risk Factors for Suicidal Thoughts and Behaviors

Chair: Olivia H. Pollak, M.A., University of North Carolina at Chapel Hill

Discussant: Richard Liu, Ph.D., Massachusetts General Hospital, Harvard Medical School

◆ *Participants earn 1.5 continuing education credits*

Symposium 30: Unraveling the Differential Effects of Couple Relationship Education on Underserved Populations: Leveraging Novel Analytic Approaches

Chair: Yunying Le, Ph.D., University of Denver

Discussant: Brian D. Doss, Ph.D., University of Miami

◆ *Participants earn 1.5 continuing education credits*

Symposium 31: The Application of Pragmatic Methods to Develop, Tailor, and Adapt Implementation Strategies

Chair: Kelsey S. Dickson, Ph.D., San Diego State University

Discussant: Shannon Dorsey, Ph.D., University of Washington

2:00 PM - 3:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 32: Race, Culture, Identity and Mental Health: Understanding and Addressing Youth Experiences of Discrimination

Chair: China R. Bolden, M.S., Seattle Pacific University

Discussant: Isha W. Metzger, Ph.D., Georgia State University

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 33: Quantitative and Qualitative Examination of the Unified Protocol for Adolescents: Implementation in Diverse Contexts

Chairs: Marc Weintraub, Ph.D., UCLA School of Medicine

Vanessa Mora Ringle, Ph.D., Lehigh University

Discussant: Jill Ehrenreich-May, Ph.D., University of Miami

◆ *Participants earn 1.5 continuing education credits*

Symposium 34: Pathways to Wellbeing and Adaptive Functioning in ADHD

Chair: Elizabeth Chan, M.A., M.S., Kennedy Krieger Institute

Discussant: Joshua Langberg, Ph.D., Rutgers University

◆ *Participants earn 1.5 continuing education credits*

Symposium 35: Innovative Approaches to Eating Disorder Treatment in Adults

Chair: Angela Celio Doyle, Ph.D., Equip Health

Discussant: Erin E. Reilly, Ph.D., University of California San Francisco

◆ *Participants earn 1.5 continuing education credits*

Symposium 36: Far-Reaching Impact for Well-Being: Development and Evaluation of Sleep Treatments

Chair: Laurel D. Sarfan, Ph.D., University of California, Berkeley

Discussant: Colleen E. Carney, Ph.D., Toronto Metropolitan University

◆ *Participants earn 1.5 continuing education credits*

Symposium 37: Caveats and Recommendations in Using Novel Analytic Methods: Application to Clinical Psychological Data

Chairs: Nur Hani Zainal, Ph.D., Harvard Medical School

Ki Eun Shin, Ph.D., Long Island University, Post

Discussant: Craig Henderson, Ph.D., Sam Houston State University

◆ *Participants earn 1.5 continuing education credits*

Symposium 38: Suicide Risk Protocols in Digital Monitoring Studies: Considerations, Implementation, and Outcomes

Chairs: Alexander Millner, Ph.D., Harvard University

Rebecca Fortgang, Ph.D., Harvard University

Discussant: Matthew K. Nock, Ph.D., Harvard University

◆ *Participants earn 1.5 continuing education credits*

Symposium 39: Longitudinal Predictors of Self-Injurious Thoughts and Behaviors Among Clinical Populations Across the Lifespan

Chair: Roberto Lopez, Jr., M.A., George Mason University

Discussant: Heather Schatten, Ph.D., Butler Hospital and Brown University

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 40: Couples' Joy and Satisfaction Over the Life Cycle: You Can Do This!

Chair: Feea Leifker, M.P.H., Ph.D., University of Utah

Discussant: Galena Rhodes, Ph.D., University of Denver

◆ *Participants earn 1.5 continuing education credits*

Symposium 41: The Joys of Cultivating CBT Competency and EBP Fidelity

Chair: Colin Adamo, Ph.D., Perelman School of Medicine at the University of Pennsylvania

Discussant: Alayna L. Park, Ph.D., University of Oregon

3:30 PM - 5:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 42: Influences, Inspirations and Joy in Developing Treatments for Child Anxiety, Phobias and Oppositional Defiant Disorders: A Tribute to Distinguished Professor Thomas Ollendick, Our 29th ABCT President

Chair: Lara Farrell, Ph.D., Griffith University

Discussant: Thomas H. Ollendick, Ph.D., Virginia Tech

4:00 PM - 5:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 43: Sustainable Solutions: Building Mental Health Interventions to Last Through Community-Engaged Approaches

Chair: Savannah L. Johnson, B.S., M.A., Duke University

Discussant: Gabriela A. Nagy, Ph.D., University of Wisconsin-Milwaukee

SATURDAY, November 18

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 44: Increasing Accessibility of Mindfulness and Self-compassion Interventions: Adaptations and Innovations

Chair: Eli Susman, B.A., University of California, Berkeley

Discussant: Sona Dimidjian, Ph.D., University of Colorado Boulder

◆ *Participants earn 1.5 continuing education credits*

Symposium 45: Eating Disorder Symptomatology and Treatment Amongst Food Insecure Individuals

Chairs: Cate Morales, M.A., Hofstra University

Victoria Ciotti, M.A., Hofstra University

Discussant: Carolyn B. Becker, Ph.D., Trinity University

◆ *Participants earn 1.5 continuing education credits*

Symposium 46: Service-Delivery Methods for Building Parent Capacity in the Face of Child Adversity

Chairs: Jasmine Lewis, M.S., Virginia Polytechnic Institute and State University

Rosanna Breaux, Ph.D., Virginia Polytechnic Institute and State University

Discussant: Kate Theimer, Ph.D., University of Oklahoma Health Sciences Center

8:30 AM - 9:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 47: The Continuum of Measuring Fidelity: Selecting, Conducting, and Evaluating Fidelity Measurement Across Low-Resource Systems

Chair: Brigid R. Marriott, Ph.D., Indiana University School of Medicine

Discussant: Alyssa Ward, Ph.D., Carenton Behavioral Health

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 48: Emotion Dysregulation and Risk Behavior in the Perinatal Period: An Overlooked and Critical Issue for Research, Clinical Care, and Public Health Initiatives

Chair: Samantha N. Hellberg, M.A., University of North Carolina Chapel Hill; VA Puget Sound, Seattle

Discussant: Sheila Crowell, Ph.D., The University of Utah

◆ *Participants earn 1.5 continuing education credits*

Symposium 49: The Who What and How of Regulating Emotions in Borderline Personality Disorder

Chairs: Katherine Dixon-Gordon, Ph.D., University of Massachusetts, Amherst

Elinor E. Waite, M.S., University of Massachusetts, Amherst

Discussant: Skye Fitzpatrick, Ph.D., York University

◆ *Participants earn 1.5 continuing education credits*

Symposium 50: Understanding Experiences of Distress in Specific LGBT Groups: Taking Intersectionality and Measurement Seriously

Chairs: Nina Micanovic, M.S., Queen's University

Elizabeth C. Hoelscher, B.A., Texas Tech University

Discussant: Jose A. Soto, Ph.D., The Pennsylvania State University

◆ *Participants earn 1.5 continuing education credits*

Symposium 51: "Affectively" Understanding and Addressing Sexual and Gender Minority Mental Health Disparities: Implications from the Intersection of Emotion and Stigma Research

Chairs: Nathan L. Hollinsaid, B.S., Harvard University

Nicole D. Cardona, M.A., Boston University

Discussant: Amelia Aldao, Ph.D., Together CBT

◆ *Participants earn 1.5 continuing education credits*

Symposium 52: Suicide Prevention by Involving Close Supporters of Individuals at Risk for Suicide

Chair: Steven L. Sayers, Ph.D., University of Pennsylvania School of Medicine / Philadelphia VA Medical Center

Discussant: Lisa Brenner, Ph.D., US Department of Veterans Affairs

◆ *Participants earn 1.5 continuing education credits*

Symposium 53: Disability as an Identity: Mental Health and Wellbeing Correlates and Implications for Future Research

Chairs: Sarah E. Victor, Ph.D., Texas Tech University

Payton D. Rule, B.A., Washington University in St. Louis

Discussant: Jessica Schleider, Ph.D., Stony Brook University

◆ *Participants earn 1.5 continuing education credits*

Symposium 54: Novel Approaches to Expanding and Extending the Workforce to Meet Adult Mental and Behavioral Health Needs

Chair: Brenna N. Renn, Ph.D., University of Nevada, Las Vegas

Discussant: Joel T. Sherrill, Ph.D., National Institute of Mental Health

10:30 AM - 11:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 55: Using Emotion Regulation to Build Resilience Against Stress – Innovative Research and Intervention Insights

Chairs: Alainna Wen, Ph.D., UCLA

Allison V. Metts, M.A., UCLA

Discussant: Liliana J. Lengua, Ph.D., University of Washington, Seattle

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 56: Social-Emotional Functioning of Youth with ADHD and Related Disorders in Different Developmental Stages

Chair: Daniel A. Waschbusch, Ph.D., Penn State Milton S. Hershey Medical Center

Discussant: James Waxmonsky, M.D., Penn State Hershey Medical Center

◆ *Participants earn 1.5 continuing education credits*

Symposium 57: Evaluating Acceptance and Commitment Therapy Outcomes Across Behavioral Health Contexts

Chair: Emily Bowers, B.S., Utah State University

Discussant: Michael P. Twohig, Ph.D., Utah State University

◆ *Participants earn 1.5 continuing education credits*

Symposium 58: Emotion Socialization in Adolescence and Emerging Adulthood: Exploring the Role of Parents/Caregivers and Peers

Chairs: W. John Monopoli, Ph.D., Susquehanna University
Patricia J. Long, Ph.D., University of New England

Discussant: Rosanna Breau, Ph.D., Virginia Polytechnic Institute and State University

◆ *Participants earn 1.5 continuing education credits*

Symposium 59: Strategies to Incorporate Community Partners' Perspectives from Design to Implementation

Chair: Alyssa M. Herman, B.A., University of Oregon

Discussant: Kelsie Okamura, Ph.D., The Baker Center for Children and Families

◆ *Participants earn 1.5 continuing education credits*

Symposium 60: The Role of Positive Emotions in Depression and Anxiety: Evidence of Positivity Avoidance and Treatment Implications

Chair: Amanda C. Collins, Ph.D., Dartmouth College

Discussant: E. Samuel Winer, Ph.D., New School for Social Research

◆ *Participants earn 1.5 continuing education credits*

Symposium 61: Digital Health for Schizophrenia-Spectrum Disorders: From Local Innovation to Global Impact

Chair: Benjamin E. Buck, Ph.D., University of Washington School of Medicine

Discussant: Dror Ben-Zeev, Ph.D., University of Washington School of Medicine

◆ *Participants earn 1.5 continuing education credits*

Symposium 62: Leveraging Novel Statistical Methods to Describe Momentary Symptom Fluctuations in Daily Life

Chairs: Devon Sandel-Fernandez, M.A., University of California, Berkeley

Esther Howe, M.A., University of California at Berkeley

Discussant: Sarah E. Victor, Ph.D., Texas Tech University

◆ *Participants earn 1.5 continuing education credits*

Symposium 63: Examining the Various Stages of Domestic and Global Mental Health Interventions for HIV from Treatment Development Priorities to Treatment Response

Chair: Jasper S. Lee, Ph.D., Harvard University

Presenter: Amelia Stanton, Ph.D., Boston University

◆ *Participants earn 1.5 continuing education credits*

Symposium 64: Cultivating Trans Joy and Resilience: Positive Body Image Among Transgender and Nonbinary Populations

Chair: Zachary Soulliard, Ph.D., Miami University

Discussant: Jerel P. Calzo, M.P.H., Ph.D., San Diego State University

10:30 AM - 11:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 65: Increasing the Effectiveness of Real-Time Suicide Intervention

Chair: Allison K. Ruork, Ph.D., Rutgers University

Discussant: Matthew K. Nock, Ph.D., Harvard University

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 66: CBT Intervention Techniques for Boosting Positivity in Anxiety and Depression: What Do the Data Say About the Power of Positive Thinking?

Chair: David Moscovitch, Ph.D., University of Waterloo

Discussant: Lynn Alden, Ph.D., The University of British Columbia

◆ *Participants earn 1.5 continuing education credits*
Symposium 67: From "Too Little, Too Late" to the Right Treatment at the Right Time: Toward a Stepped-Care Approach to Relationship Health

Chair: Dev Crasta, Ph.D., Center of Excellence for Suicide Prevention, VA Finger Lakes Healthcare System

Discussant: James Córdova, Ph.D., Clark University

◆ *Participants earn 1.5 continuing education credits*
Symposium 68: Strengths over Symptoms: Considering Indicators of Resilience Among Marginalized, Trauma-Exposed Groups

Chair: Katherine van Stolk-Cooke, Ph.D., Stanford University

Discussant: Debra Kaysen, ABPP, Ph.D., Stanford University

◆ *Participants earn 1.5 continuing education credits*
Symposium 69: Innovative Qualitative Approaches to Understanding Implementation Processes and Outcomes in Legal Systems That Serve Youth

Chair: Brittany Rudd, Ph.D., University of Illinois at Chicago

Discussant: Lisa Saldana, Ph.D., Chestnut Health Systems

12:15 PM - 1:45 PM

◆ *Participants earn 1.5 continuing education credits*
Symposium 70: Leveraging Digital Mental Health Interventions to Increase Access to Care Among Marginalized Racial-Ethnic Groups

Chairs: Alexandra L. Silverman, M.A., University of Virginia
Giovanni Ramos, Ph.D., University of California, Irvine

Discussant: Adrian Aguilera, Ph.D., UC-Berkeley

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*
Symposium 71: Building Toolkits with Our Clients: Predictors and Outcomes of Treatment Skills

Chairs: Nicole B. Gumport, Ph.D., Stanford University
Laurel D. Sarfan, Ph.D., UC-Berkeley

Discussant: Daniel R. Strunk, Ph.D., Ohio State University

◆ *Participants earn 1.5 continuing education credits*
Symposium 72: Cultivating Compassion in the Face of Social Anxiety: Exploring the Role of Self-Compassion Interventions in Promoting Well-being for Socially Anxious Individuals

Chair: Kati Lear, Ph.D., Portland Psychotherapy Clinic, Research, and Training Center

Discussant: David Moscovitch, Ph.D., University of Waterloo

◆ *Participants earn 1.5 continuing education credits*
Symposium 73: Perceptions and Beliefs About Mental Health and Their Clinical and Public Health Implications

Chair: Matthew S. Lebowitz, Ph.D., Columbia University

Discussant: Dean McKay, ABPP, Ph.D., Fordham University

◆ *Participants earn 1.5 continuing education credits*
Symposium 74: Applying Qualitative Research Methodology to the Study of Intervention Process: Applications in Intervention Development

Chair: Tyrel J. Starks, Ph.D., Hunter College of the City University of New York

Discussant: Steven A. Safren, ABPP, Ph.D., University of Miami

◆ *Participants earn 1.5 continuing education credits*
Symposium 75: Optimizing Training for Community-Based Providers to Deliver Evidence-Based Practices Across Service Settings

Chair: Siena Tugendrajch, Ph.D., University of Michigan

Discussant: Aaron Lyon, Ph.D., University of Washington

◆ *Participants earn 1.5 continuing education credits*
Symposium 76: Accelerating Collaboration in Mental Health Treatment Design: The Most Overlooked Benefit of Modularity

Chairs: Roz Shafran, Ph.D., UCLA

Sophie Bennett, Ph.D., King's College London

Discussant: Bruce F. Chorpita, Ph.D., UCLA

12:30 PM - 1:30 PM

◆ *Participants earn 1.5 continuing education credits*
Symposium 77: Patterns of Inequity in Mental Health Care: Trends and Correlates of Mental Health Treatment Utilization Among Minoritized Individuals at Risk for Suicide

Chairs: Ana Sheehan, M.A., University of Delaware

Kerri-Anne Bell, M.A., University of Notre Dame

Discussant: Richard Liu, Ph.D., Massachusetts General Hospital, Harvard Medical School

12:30 PM - 1:30 PM

◆ *Participants earn 1 continuing education credit*
Symposium 78: Cultivating Joyful Mental Health Care by Centering the Preferences and Values of People With Serious Mental Illness

Chair: Emily Treichler, Ph.D., VA San Diego MIRECC/ University of California, San Diego

Discussant: Will Hagans, B.A., VA San Diego Healthcare System

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*
Symposium 79: Reviving Ecological Systems Theory: Applying a Social-ecological Lens to Mental Health Concerns for Vulnerable and Underserved Populations

Chairs: Kaitlin Sheerin, Ph.D., Alpert Medical School of Brown University

Cynthia E. Brown, Ph.D., Pacific University

Discussant: Alex Dopp, Ph.D., RAND Corporation

12:30 PM - 1:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 80: Treatment for High School Students With ADHD: The Who, What, and When of Treatment Outcomes

Chair: Samantha Margherio, Ph.D., Virginia Polytechnic Institute and State University

Discussant: Stephen P. Becker, Ph.D., Cincinnati Children's Hospital Medical Center

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 81: Psychological Distress Among Bisexual Individuals: The Effects of Discrimination in a Marginalized and Understudied Population

Chair: Trevor A. Hart, Ph.D., Toronto Metropolitan University

Discussant: Brian Feinstein, Ph.D., Rosalind Franklin University of Medicine and Science

◆ *Participants earn 1.5 continuing education credits*

Symposium 82: The Dropout Dilemma: Identifying and Overcoming Barriers to Treatment Completion in Trauma-focused PTSD Interventions

Chairs: Danielle R. Shayani, B.S., University of Delaware
Adele M. Hayes, Ph.D., University of Delaware

Discussant: Patricia A. Resick, ABPP, Ph.D., Duke University School of Medicine

12:30 PM - 1:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 83: The Role of Sexual Identity, Race, and Income on Individual and Relationship Functioning

Chair: Mollie E. Shin, M.A., University of Colorado Denver

Discussant: Shelby B. Scott, Ph.D., The University of Texas at San Antonio

1:00 PM - 2:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 84: Using Science to Improve the Mental Health of Minoritized Survivors of Sexual Assault

Chairs: Amie R. Newins, Ph.D., University of Central Florida
Laura C. Wilson, Ph.D., University of Mary Washington

Discussant: Nicholas Livingston, Ph.D., National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System, Boston University Chobanian & Avedisian School of Medicine

2:15 PM - 3:45 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 85: Leveraging Technology to Improve Access and Quality of Youth Mental Health Care

Chairs: Xin Zhao, Ph.D., University of California, Irvine
Nancy Lau, Ph.D., University of Washington School of Medicine

Discussant: Stephen M. Schueller, Ph.D., University of California, Irvine

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 26: Technological Advances in Experimental and Behavioral Treatments for Anxiety and OCD in Youth

Chair: Michelle Rozenman, Ph.D., University of Denver

Discussant: Jonathan S. Comer, Ph.D., Florida International University

◆ *Participants earn 1.5 continuing education credits*

Symposium 86: Harnessing Ecological Momentary Assessment Methods to Elucidate Emotion Regulation Skills Use in Anxiety and Mood Disorders

Chair: Michal E. Clayton, M.S., Teachers College, Columbia University

Discussant: Bethany Teachman, Ph.D., University of Virginia

◆ *Participants earn 1.5 continuing education credits*

Symposium 87: When Is It Helpful to Revisit the Anxious Past? The Relevance of Symptom-related Autobiographical Memories in Anxiety and Related Disorders

Chair: Hayley E. Fitzgerald, M.A., Boston University

Discussant: Michael W. Otto, Ph.D., Boston University

◆ *Participants earn 1.5 continuing education credits*

Symposium 88: Translating Treatments for Anxiety to Eating Disorders

Chair: Rachel M. Butler, Ph.D., University of Louisville

Discussant: Cheri Levinson, Ph.D., University of Louisville

◆ *Participants earn 1.5 continuing education credits*

Symposium 89: Next Steps for LGBTQ-Affirmative Care: Implementation and De-implementation Efforts Toward Mental Health Equity for LGBTQ Clients

Chairs: Zachary Soulliard, Ph.D., Miami University
Audrey Harkness, Ph.D., University of Miami

Discussant: Alex Dopp, Ph.D., RAND Corporation

◆ *Participants earn 1.5 continuing education credits*

Symposium 90: Culturally Adapted Therapies and Risk Factors for Minoritized Groups with Serious Mental Illness

Chair: Merranda M. McLaughlin, M.S., University of Miami

Discussant: Keith H. Nuechterlein, Ph.D., UCLA

◆ *Participants earn 1.5 continuing education credits*

Symposium 91: Real-time Dynamics of Adolescent Suicide Risk and Interpersonal Risk Factors

Chair: John Kai Kellerman, M.S., Rutgers University

Discussant: Evan Kleiman, Ph.D., Rutgers University

◆ *Participants earn 1.5 continuing education credits*

Symposium 92: Cultural Adaptation and Implementation of Evidence-Based Interventions

Chair: Michelle Alto, Ph.D., Baker Center for Children and Families

Discussant: Anna Lau, Ph.D., UCLA

◆ *Participants earn 1.5 continuing education credits*

Symposium 93: Effects of Interpersonal Minority Stressors on Suicide and Nonsuicidal Self-injury: An Examination Across Sexual, Gender, and Racial Minority Groups

Chairs: Dominic M. Denning, B.A., University of Massachusetts Amherst

Jordan C. Alvarez, M.A., Auburn University

Discussant: Jessica R. Peters, Ph.D., Brown University

◆ *Participants earn 1.5 continuing education credits*

Symposium 94: How Should We Talk About Depression and Mental Health? Practical Advice to Improve Cognitive Behavioral Therapy from Clinical and Social Psychology

Chairs: Andrew Devendorf, M.A., University of South Florida

Hans Schroder, Ph.D., University of Michigan Medical School

Discussant: Andrew Devendorf, M.A., University of South Florida

2:30 PM - 3:30 PM

◆ *Participants earn 1 continuing education credit*

Symposium 95: Cultivating Relationship Joy: Early Detection, Prevention, and Intervention for Fostering Relationship Health in Active-Duty Military Couples

Chair: James Córdoba, Ph.D., Clark University

Discussant: Brian D. Doss, Ph.D., University of Miami

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 96: Multilevel Determinants of Evidence-Based Practice Implementation: From the Structural to the Individual

Chair: Briana S. S. Last, Ph.D., Stony Brook University

Discussant: Shannon Dorsey, Ph.D., University of Washington

3:00 PM - 4:30 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 97: Psychological, Behavioral, and Cultural Responses to Climate Change

Chair: Eric Lewandowski, Ph.D., New York University Grossman School of Medicine

Discussant: Eric Lewandowski, Ph.D., New York University Grossman School of Medicine

◆ *Participants earn 1.5 continuing education credits*

Symposium 98: PTSD Among BIPOC Folx: How Contextual Factors and Intersectional Identities Influence the Presentation and Trajectory of PTSD Symptoms and Treatment Access

Chair: Alexandria N. Miller, M.S., Suffolk University

Discussant: Jessica Graham-LoPresti, Ph.D., Suffolk University

4:15 PM - 5:45 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 99: Using Machine Learning in Scalable, Adaptive Digital Mental Health Interventions

Chair: Miranda L. Beltzer, Ph.D., Northwestern University Feinberg School of Medicine

Discussant: Adrian Aguilera, Ph.D., UC-Berkeley

4:30 PM - 6:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 100: Emotion Dysregulation as Transdiagnostic Predictor of Mental Health Across Clinical Populations

Chairs: Erin Kang, Ph.D., Montclair State University

Rachel G. McDonald, M.A., Montclair State University

Discussant: Susan White, ABPP, Ph.D., The University of Alabama

◆ *Participants earn 1.5 continuing education credits*

Symposium 101: Expanding Understanding of Sleep Processes and Eating Disorder Pathology

Chair: Kara A. Christensen, Ph.D., University of Nevada, Las Vegas

Discussant: Kyle P. De Young, Ph.D., University of Wyoming

◆ *Participants earn 1.5 continuing education credits*

Symposium 102: Modern Quantitative Approaches to Operationalizing and Advancing Dimensional Models of Psychopathology

Chair: Kelsey L. Lowman, B.A., Florida State University

Discussant: Keanan J. Joyner, Ph.D., UC-Berkeley

◆ *Participants earn 1.5 continuing education credits*

Symposium 103: Considering Multilevel Determinants of Implementation to Maximize the Uptake and Impact of Evidence-based Interventions in Schools

Chair: Freda F. Liu, Ph.D., University of Washington School of Medicine

Discussant: Aaron Lyon, Ph.D., University of Washington

♦ *Participants earn 1.5 continuing education credits*

Symposium 104: Building Capacity for Nontraditional Service Delivery of Evidence-Based Interventions for Minoritized and Underserved Youth

Chairs: Katherine Wislocki, B.A., University of California, Irvine

Rosa Hernandez-Ramos, B.A., University of California, Irvine

Discussant: Miya Barnett, Ph.D., University of California, Santa Barbara

♦ *Participants earn 1.5 continuing education credits*

Symposium 105: Supporting Flourishing Among Youth in Africa: Recent Developments and Future Directions in Global Mental Health

Chair: Katherine E. Venturo-Conerly, B.A., M.A., Harvard University

Discussant: David M. Ndeti, Ph.D., Professor of Psychiatry, University of Nairobi; Founding Director, Africa Mental Health Research and Training Foundation, Nairobi, Kenya; Director, World Psychiatric Association Collaborating Centre for Research and Training, Kenya

♦ *Participants earn 1.5 continuing education credits*

Symposium 106: Mechanisms of Fear Across Development and Across Diagnoses

Chair: Abigail Beech, M.A., Tufts University, Harvard University

Discussant: Michael W. Otto, Ph.D., Boston University

4:30 PM - 5:30 PM

♦ *Participants earn 1 continuing education credit*

Symposium 107: Improving Training to Promote a More Impactful and Diverse Profession

Chair: Allison Meyer, Ph.D., Indiana University School of Medicine

Discussant: Bethany Teachman, Ph.D., University of Virginia

4:30 PM - 6:00 PM

♦ *Participants earn 1.5 continuing education credits*

Symposium 108: Mental Health Among Diverse Sexual and Gender Minority Communities: Identifying Influences Across Ecological Levels

Chair: Nicholas Perry, Ph.D., University of Denver

Discussant: David Pantalone, Ph.D., University of Massachusetts Boston

♦ *Participants earn 1.5 continuing education credits*

Symposium 109: Integrating Cognitive Remediation and Cognitive Bias Modification into Clinical Care: Challenges and Opportunities

Chair: Andrew Peckham, Ph.D., VA Bedford Healthcare

System/UMass Chan Medical School

Discussant: Greg J. Siegle, Ph.D., University of Pittsburgh School of Medicine

♦ *Participants earn 1.5 continuing education credits*

Symposium 110: Skills to Enhance Positivity for Adolescents at Risk for Suicide: From Development to Implementation

Chair: Shirley Yen, Ph.D., Harvard Medical School

Discussant: Elizabeth McCauley, Ph.D., ABPP, University of Washington

♦ *Participants earn 1.5 continuing education credits*

Symposium 111: Sharing and Leveraging the Lessons of CBT: Understanding How CBT Works and Using That Understanding to Inform Interventions

Chair: Daniel R. Strunk, Ph.D., The Ohio State University

Discussant: Matthew W. Southward, Ph.D., University of Kentucky

4:30 PM - 5:30 PM

♦ *Participants earn 1 continuing education credit*

Symposium 112: Addressing Distress in the Service of Joy: The Associations Between Individual Psychological Health and Intimate Relationship Functioning over Time

Chairs: Jessica E. Hill, M.A., Binghamton University
Emily Taverna, M.S., Penn State

Discussant: Galena Rhoades, Ph.D., University of Denver

4:30 PM - 6:00 PM

♦ *Participants earn 1.5 continuing education credits*

Symposium 113: Parenting Thought Traps: Maladaptive Cognitions Impacting Parents Raising Youth with Disruptive Behavior Problems

Chairs: Brian Wymbs, Ph.D., Ohio University
Sierra Hightower, B.S., Ohio University

Discussant: Andrea Chronis-Tuscano, Ph.D., University of Maryland, College Park

♦ *Participants earn 1.5 continuing education credits*

Symposium 114: Engaging Stakeholders in Treatment Development and Implementation: Increasing Inclusivity and Improving Access to Evidence-Based Care

Chair: Jordan Albright, Ph.D., University of Pennsylvania

Discussant: Cameo Stanick, Ph.D., Hathaway-Sycamores Child and Family Services

4:45 PM - 6:15 PM

♦ *Participants earn 1.5 continuing education credits*

Symposium 115: Advances in Understanding and Treating Hoarding Disorder: Thinking Beyond CBT

Chair: Kiara R. Timpano, Ph.D., Professor, University of Miami

Discussant: David F. Tolin, ABPP, Ph.D., Director, Anxiety Disorders Center, The Institute of Living

SUNDAY, November 19

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 116: Cultivating Youth Well-being Across the Lifespan: Spotlight on Parent Mindfulness, Positive Affect, and Socialization of Happiness and Empathic Joy

Chair: Laura G. McKee, Ph.D., Georgia State University
Discussant: Anne Shaffer, Ph.D., University of Georgia

◆ *Participants earn 1.5 continuing education credits*

Symposium 117: Implementation Determinants of Suicide Prevention Psychotherapy in a National Healthcare System: Adaptations of DBT at Veterans Health Administration

Chair: Suzanne E. Decker, Ph.D., VA Connecticut/Yale School of Medicine
Discussant: Sara J. Landes, Ph.D., Central Arkansas Veterans Healthcare System

◆ *Participants earn 1.5 continuing education credits*

Symposium 118: Celebrating the Versatility, Utility, and Equitability of Qualitative Methods in Eating Disorders and Body Image Research

Chairs: Neha J. Goel, M.S., Virginia Commonwealth University
Jordan Schueler, M.S., Texas A & M University
Discussant: Carolyn B. Becker, Ph.D., Trinity University

◆ *Participants earn 1.5 continuing education credits*

Symposium 119: Breaking Down Barriers: Bridging Evidence-Based Digital Mental Health Care and Culturally Inclusive Technology

Chairs: Adela C. Timmons, Ph.D., University of Texas at Austin
Jacqueline B. Duong, B.A., M.A., M.S., University of Texas at Austin
Discussant: Jonathan S. Comer, Ph.D., Florida International University

8:30 AM - 9:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 120: Reducing Mental Health Disparities in Preschool: Elevating the Lived Experiences of Racially and Ethnically Diverse Parents in Schools, Primary Care, and Community-Based Settings

Chair: Courtney A. Zulauf-McCurdy, Ph.D., University of Washington School of Medicine
Discussant: Brent Collett, Ph.D., University of Washington School of Medicine

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 121: Cultivating Joy with Exercise: Targeting Affect, Enjoyment, Distress Tolerance, and Resilience with Exercise

Chair: Kristin L. Szuhany, Ph.D., New York University School of Medicine
Discussant: Michael W. Otto, Ph.D., Boston University

◆ *Participants earn 1.5 continuing education credits*

Symposium 122: Implementing Executive Functioning Interventions and Supports in the Community for Youth and Their Families

Chair: Laura Anthony, Ph.D., University of Colorado, School of Medicine
Discussant: Brenna Maddox, Ph.D., University of North Carolina at Chapel Hill

8:30 AM - 9:30 AM

◆ *Participants earn 1 continuing education credit*

Symposium 123: Advances and Innovations in Large-Scale Youth Mental Health Measurement-Based Care

Chair: Emily M. Nishimura, B.A., University of Hawai'i at Manoa
Discussant: Amanda Jensen-Doss, Ph.D., University of Miami

◆ *Participants earn 1.5 continuing education credits*

Symposium 131: The Implications of Minority Stress on Romantic Relationships Among Sexual and Gender Minority Individuals

Chairs: Melissa V. Gates, M.S., Binghamton University
Shelby B. Scott, Ph.D., The University of Texas at San Antonio
Discussant: Michael Newcomb, Ph.D., Northwestern University

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 124: From Rigid Rules to Flexible Eating: New and Novel Assessments of Eating Flexibility

Chair: Julia M. Hormes, Ph.D., University at Albany, State University of New York
Discussant: Alix Timko, Ph.D., University of Pennsylvania

◆ *Participants earn 1.5 continuing education credits*

Symposium 125: Sustainable and Responsive Multiproblem CBT Across Global Contexts

Chair: Laura Murray, Ph.D., Johns Hopkins University School of Public Health
Discussant: Amanda Nguyen, Ph.D., University of Virginia

◆ *Participants earn 1.5 continuing education credits*

Symposium 126: Rethinking Parent Behavior Management Training for Disruptive Behavior and ADHD: Increasing Engagement, Adherence and Adaptation for Diverse Caregiving Populations

Discussant: Andrea Chronis-Tuscano, Ph.D., University of Maryland- College Park

Co-Author: Erin Gonzalez, Ph.D., Seattle Children's Hospital

◆ *Participants earn 1.5 continuing education credits*

Symposium 127: Equity-Focused, Community-Engaged, Implementation-Minded Intervention Development and Adaptation

Chair: Gabriela A. Nagy, Ph.D., University of Wisconsin-Milwaukee

Discussant: Rosa M. Gonzalez-Guarda, M.P.H., Ph.D., RN, Duke University School of Nursing

◆ *Participants earn 1.5 continuing education credits*

Symposium 128: Pressures from Within: Associations Between Intraminority Gay Community Stress and Mental Health in Sexual Minority Men

Chairs: Jordan C. Alvarez, M.A., Auburn University

Tiffany A. Brown, Ph.D., Auburn University

Discussant: John Pachankis, Ph.D., Yale School of Public Health

◆ *Participants earn 1.5 continuing education credits*

Symposium 129: Buffers Against Self-injurious Behaviors in Individuals With Sexual and Gender Minority Identities

Chair: Carolyn M. Pepper, Ph.D., University of Wyoming

Discussant: Brian Feinstein, Ph.D., Rosalind Franklin University of Medicine and Science

◆ *Participants earn 1.5 continuing education credits*

Symposium 130: Bright Horizons of CBT: Positive Emotion Treatments for Anxiety and Depressive Disorders

Chair: Lucas S. LaFreniere, Ph.D., Skidmore College

Discussant: Colleen S. Conley, Ph.D., Loyola University Chicago

◆ *Participants earn 1.5 continuing education credits*

Symposium 138: Teaching Spiritual Competencies in Mental Health Graduate Education

Chairs: Joseph Currier, Ph.D., University of South Alabama

Michelle Pearce, Ph.D., University of Maryland, Baltimore

Discussant: Serena Wong, Ph.D., St. Joseph's Health Care London, Western University

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 132: Exploring "Atypical": Understanding the Role of Othering in the Diagnosis of Atypical Anorexia Nervosa

Chair: Lauren Davis, B.A., Rutgers University

Valerie Wong, B.S., Rutgers University

Discussant: Rebecka Peebles, M.D., Perelman School of Medicine at the University of Pennsylvania

10:30 AM - 11:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 133: Using Wearable Sensors and Smartphone Apps to Personalize Treatment: Promising Advances and Open Questions for Clinical Application

Chair: Jessica M. Lipschitz, Ph.D., Brigham and Women's Hospital/Harvard Medical School

Discussant: John Torous, M.D., Beth Israel Deaconess Medical Center

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 134: "We're All in This Together": How to Best Employ Community Engaged Research in Complex Behavioral Medicine Settings

Chairs: Elliott R. Weinstein, M.P.H., M.S., University of Miami
Rachelle Reid, M.S., University of Miami

◆ *Participants earn 1.5 continuing education credits*

Symposium 135: Cognitive and Affective Mechanisms of Positive Emotions as Protective Factors Against Emotional Disorders: Insights for New Therapeutic Targets

Chair: Ivan Blanco, Ph.D., Complutense University of Madrid

Discussant: Rosa M. Baños, Ph.D., Polibienestar Research Institute, University of Valencia; CIBEROBn Physiopathology of Obesity and Nutrition, Instituto de Salud Carlos III

◆ *Participants earn 1.5 continuing education credits*

Symposium 136: Suicide Prevention as a Platform for Social Connection: Innovations in the Stanley & Brown Safety Planning Intervention

Chair: Dev Crasta, Ph.D., Center of Excellence for Suicide Prevention, VA Finger Lakes Healthcare System

Discussant: Kelly L. Green, Ph.D., Perelman School of Medicine at the University of Pennsylvania

◆ *Participants earn 1.5 continuing education credits*

Symposium 137: Adaptations to Evidence-based Practices: Do Stakeholders Influence Adaptations and Do the Adaptations Impact Implementation Outcomes?

Chair: Marlen Diaz, B.A., University of California, Berkeley

Discussant: Shannon Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 139: Reaching Families: Designing and Testing a Coordinated Knowledge System to Improve Service Quality and Treatment Engagement for Youth and Families

Chairs: Kimberly D. Becker, Ph.D., University of South Carolina
Bruce F. Chorpita, Ph.D., UCLA

Discussant: Jacqueline B. Persons, Ph.D., Oakland CBT Center/UC Berkeley

◆ *Participants earn 1.5 continuing education credits*

Symposium 140: Enhancing Behavior Therapy for Trichotillomania

Chairs: Kathryn E. Barber, M.S., Marquette University
Douglas W. Woods, Ph.D., Marquette University

Discussant: Martin E. Franklin, Ph.D., Rogers Behavioral Health

◆ *Participants earn 1.5 continuing education credits*

Symposium 141: Novel Targets and Enhancements to Behavioral Parent Training for Young Children at Risk

Chair: Katie C. Hart, Ph.D., Florida International University

Discussant: Paulo Graziano, Ph.D., Florida International University

◆ *Participants earn 1.5 continuing education credits*

Symposium 142: Sociocultural Targets for Adapting Mental Health and Substance Use Interventions Among Minoritized Hispanic/Latinos

Chair: Lissette M. Saavedra, Ph.D., RTI International

Discussant: Antonio A. Morgan-Lopez, Ph.D., RTI International

◆ *Participants earn 1.5 continuing education credits*

Symposium 143: The Science of Inspiration: Moral Elevation as a Positive Emotion with Relevance to Resilience, Stigmatized Populations, and Treatment

Chair: Thane M. Erickson, Ph.D., Seattle Pacific University

Discussant: Charles Taylor, Ph.D., University of California, San Diego

◆ *Participants earn 1.5 continuing education credits*

Symposium 144: Conceptualizing Structural Transphobia: Measurement Innovations, Research Evidence, and Multi-level Solutions

Chairs: Nathan L. Hollinsaid, B.S., Harvard University
Maggi Price, Ph.D., Boston College

Discussant: Diane Chen, Ph.D., Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University
Feinberg School of Medicine

10:30 AM - 11:30 AM

◆ *Participants earn 1.5 continuing education credits*

Symposium 145: Weight Bias and Disordered Eating Among Sexual and Gender Minority Individuals

Chair: Shruti S. S. Kinkel-Ram, M.A., Miami University

Discussant: Zachary Souliard, Ph.D., Miami University

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

Symposium 146: Dynamic Resilience: Modifiable Factors Buffering Risk for Self-injurious Thoughts and Behaviors

Chair: Jennifer J. Muehlenkamp, Ph.D., University of Wisconsin, Eau Claire

Discussant: Sarah E. Victor, Ph.D., Texas Tech University

◆ *Participants earn 1.5 continuing education credits*

Symposium 147: Toward Religious and Spiritual Competencies in Evidence-Based Practice: Research, Training, Community, and Clinical Applications

Chair: Salman Ahmad, M.A., University of Miami

Discussant: Jesse Fox, Ph.D., Stetson University

◆ *Participants earn 1.5 continuing education credits*

Symposium 148: Treating Anger Clients: Using Assessment Data to Enhance Treatment Outcomes

Chair: Raymond DiGiuseppe, ABPP, Ph.D., St. John's University

Discussant: Michael Wydo, ABPP, Psy.D., U.S. Dept. of Justice/Federal Bureau of Prisons

◆ *Participants earn 1.5 continuing education credits*

Symposium 149: Integrating Principles of Positive Psychology Into Cognitive-Behavioral Psychotherapies: A Roadmap for Measuring and Modifying Well-being

Chair: Fallon Goodman, Ph.D., George Washington University

Discussant: Emily C. Willroth, Ph.D., Washington University in St. Louis

◆ *Participants earn 1.5 continuing education credits*

Symposium 150: Fiscal, Organizational, and End-User Considerations for Improving Use of Evidence in Large Scale Healthcare Systems

Chair: Andrea C. Ng, B.A., University of Hawai'i at Manoa

Discussant: Alyssa Ward, Ph.D., Carelon Behavioral Health

CLINICAL ROUND TABLES

FRIDAY, November 17

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

CRT 1: Culturally Responsive Eating Disorder Treatment: Discussing Challenges and Lessons Learned

Moderator: Taryn A. Myers, Ph.D., Professor of Psychology, Virginia Wesleyan University

Presenters: Kristine Luce, Ph.D., Clinical Professor, Stanford University School of Medicine
Debra L. Safer, M.D., Associate Professor, Stanford University

Stacy Lin, Ph.D., Clinical Assistant Professor, Stanford University

Aubrey Toole, Ph.D., Clinical Assistant Professor, Stanford University

Meenakshi Denduluri, M.D., Psychiatrist, Private Practice

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 2: Call to Action: Recognizing and Correcting Marginalization in Exposure Therapy Practice

Moderator: Caitlin M. Pinciotti, Ph.D., Assistant Professor, Baylor College of Medicine

Presenters: Rajinder Sonia Singh, Ph.D., Assistant Professor, University of Arkansas for Medical Sciences
Lauren P. Wadsworth, Ph.D., Founding Director, Genesee Valley Psychology
Cheri Levinson, Ph.D., Associate Professor, University of Louisville
Martin E. Franklin, Ph.D., Clinical Director, Rogers Behavioral Health
Monnica T. Williams, ABPP, Ph.D., Professor, University of Ottawa

◆ *Participants earn 1.5 continuing education credits*

CRT 3: Cultivating Joy in Minoritized Communities

Moderator: Ilana Seager van Dyk, Ph.D., Senior Lecturer in Clinical Psychology, Massey University

Presenters: Ash M. Smith, M.A., City University of New York
Alexandria N. Miller, M.S., Suffolk University
Janie Hong, Ph.D., Clinical Associate Professor, Stanford University School of Medicine
Yoreidy Tavaréz, ABPP, Ph.D., Clinical Psychologist, Kennedy Krieger Institute
Jamilah R. George, M.S., University of Connecticut
Alana J. McVey, Ph.D., University of Washington School of Medicine

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 4: The Role of Romantic Relationships in Understanding and Treating Substance Use Disorders: Couple-Based Interventions in Context

Moderators: Emily A. Carrino, M.A., University of North Carolina at Chapel Hill
Louisa Kane, B.A., M.A., University of North Carolina at Chapel Hill

Presenters: Donald H. Baucom, Ph.D., Distinguished Professor, University of North Carolina at Chapel Hill
Julianne C. Flanagan, Ph.D., Associate Professor, Medical University of South Carolina
Amber M. Jarnecke, Ph.D., Assistant Professor, Medical University of South Carolina
Jeremy Schumm, ABPP, Ph.D., Director of Clinical Training and Professor, Wright State University School of Professional Psychology

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 5: CBT in Real-World Clinical Practice: Essential Similarities (and Differences) Across Models

Moderator: Zella E. Moore, Psy.D., Professor and Chair, Department of Psychology, Manhattan College

Presenters: Raymond DiGiuseppe, ABPP, Ph.D., Professor, St. John's University
Frank L. Gardner, ABPP, Ph.D., Executive Director, Psy.D. Program, and Associate Dean, School of Health Sciences, Touro University
Lata K. McGinn, Ph.D., Professor/Co-Founder, Yeshiva University/CBC

◆ *Participants earn 1.5 continuing education credits*

CRT 6: Expanding Healthcare to Children With Autism in Rural Communities in Northwestern Wisconsin Using CBT and Motivational Interviewing

Moderator: Sean M. Inderbitzen, LCSW, UWEC Associate Lecturer, University of Wisconsin- Eau Claire

Presenters: Ganesh Namachivayam, M.D., Pediatric & Adolescent Medicine (Children), Family Medicine, University of Wisconsin, Eau Claire
Lisa Quinn-Lee, Ph.D., LICSW, MSW, Professor, University of Wisconsin-Eau Claire
Katie L. Diebhold, MSW, Adjunct Professor, Tulane University
Henry Cryer, None, Research Assistant, University of Wisconsin- Eau Claire
Owen S. Strong, None, Research Assistant, University of Wisconsin- Eau Claire

◆ *Participants earn 1.5 continuing education credits*

CRT 7: Increasing the Capacity for Joy in Youth by Using DBT and CBT Interventions in Schools

Moderator: Tali Wigod, Psy.D., Research Director, Cognitive and Behavioral Consultants

Presenters: Alec L. Miller, Psy.D., Co-Founder and Co-Director, Cognitive and Behavioral Consultants
James J. Mazza, Ph.D., Professor, University of Washington College of Education
Elizabeth Dexter-Mazza, Psy.D., President, DBT in Schools, LLC
Natalie Rodriguez-Quintana, M.P.H., Ph.D., Vice President of Clinical Science, TRAILS
Arielle Claire V. Linsky, Ph.D., Assistant Professor of Clinical Psychology, Weill Cornell Medicine

◆ *Participants earn 1.5 continuing education credits*

CRT 8: Sexual and Gender Minorities- from Harmful Practices to Pride and Gender Euphoria

Moderator: Greg Stanford, Psy.D., Associate Clinical Director, Cognitive Behavior Associates, UCLA

Presenters: Cara Herbitter, Ph.D., Postdoctoral Fellow, VA Boston Healthcare System
Steven A. Safren, ABPP, Ph.D., Professor, University of Miami

Colleen A. Sloan, Ph.D., Training Director, Clinical Psychology Internship Program, VA Boston Healthcare System
Joel L. Becker, Ph.D., Clinical Director, Cognitive Behavior Associates, UCLA
Kevin O. Narine, M.A., William James College
Jordan C. Alvarez, M.A., Clinical Outreach Manager, Auburn University

3:30 PM - 5:00 PM

♦ *Participants earn 1.5 continuing education credits*

CRT 9: “Hope Is Not Passive, Hope Is Taking Action”: Supporting Youth Mental Health in the Context of the Climate Crisis

Moderators: Katherine Crowe, Ph.D., Clinical Psychologist, Home for Anxiety, Repetitive Behaviors, OCD, and Related Disorders (HARBOR)
Anthony Puliafico, Ph.D., Associate Professor of Medical Psychology (in Psychiatry), Columbia University Medical Center

Presenters: Katherine Crowe, Ph.D., Clinical Psychologist - Home for Anxiety, Repetitive Behaviors, OCD, and Related Disorders (HARBOR)
Anthony Puliafico, Ph.D., Associate Professor of Medical Psychology (in Psychiatry), Columbia University Medical Center
Sandra S. Pimentel, Ph.D., Chief, Child and Adolescent Psychology, Montefiore Medical Center
Thomas J. Doherty, Psy.D., Sustainable Self, LLC
Sarah Schwartz, Ph.D., Associate Professor, Suffolk University

4:00 PM - 5:30 PM

♦ *Participants earn 1.5 continuing education credits*

CRT 10: Ontological Astonishment: Encountering Awe and Wonder in CBT

Moderator: Kristen Middleton, B.A., M.S., Kean University
Presenters: Donald R. Marks, Psy.D., Associate Professor, Kean University
Brian Pilecki, Ph.D., Clinical Psychologist, Portland Psychotherapy
Jason B. Luoma, Ph.D., CEO, Portland Psychotherapy
Dennis Tirsch, Ph.D., Founding Director, The Center for Compassion Focused Therapy
Laura Silberstein-Tirsch, Psy.D., Director, The Center for Compassion Focused Therapy
Erik J. Ranzstrom, Ph.D., Spiritual Advisor, Saint John Vianney Center

SATURDAY, November 18

8:30 AM - 10:00 AM

♦ *Participants earn 1.5 continuing education credits*

CRT 11: Collaborating With Caregivers in Behavioral and Mental Health Intervention Delivery for Youth With Intellectual Disabilities: Celebrating the Strengths of Families and Addressing Barriers to Care

Moderator: Breanna Winder-Patel, Ph.D., UC Davis, MIND Institute

Presenters: Audrey Blakeley-Smith, Ph.D., Associate Professor, University of Colorado Anschutz Medical Campus
Caitlin M. Conner, Ph.D., Assistant Professor, University of Pittsburgh School of Medicine
Lauren Moskowitz, Ph.D., Associate Professor, St. John's University
Jeni Casidy, University of Colorado Anschutz Medical Campus
Allison Meyer, PhD, Assistant Professor, Indiana University School of Medicine

♦ *Participants earn 1.5 continuing education credits*

CRT 12: Integrative Behavioral Couple Therapy Across Racial Lines: Accepting the Elephant in the Room

Moderator: Karen Hammack Petty, Ph.D., Ralph H Johnson VAMC

Presenters: Shereen Traylor, Ph.D., US Department of Veteran Affairs
Nicole Cammack, Ph.D., Washington DC VA Medical Center
Jenna B. Teves, Ph.D., Ralph H Johnson VA Medical Center

10:30 AM - 12:00 PM

♦ *Participants earn 1.5 continuing education credits*

CRT13: Expanding Our Case Formulations for CBT: Broadening and Building a Stronger Framework to Inform Treatment

Moderator: Nancy H. Liu, Ph.D., Associate Clinical Professor, University of California at Berkeley
Presenters: Janie Hong, Ph.D., Clinical Associate Professor, Stanford University School of Medicine
Adrian Aguilera, Ph.D., Associate Professor, University of California, Berkeley
Serena Wong, Ph.D., Psychologist, St. Joseph's Health Care London, Western University
Nadine A. Chang, Ph.D., Clinical Psychologist, Gracie Square Hospital
Janelle Goodwill, Ph.D., Assistant Professor, University of Chicago
Jason Herndon, Ph.D., Senior Manager, Care Training, Brightline

12:30 PM - 2:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 14: Cultural Considerations and Adaptations in Using CBT With Spanish Speakers Living in the United States

Moderator: Sandra L. Cepeda, M.S., University of Miami

Presenters: Denise Chavira, Ph.D., Professor, UCLA

Ana J. Bridges, Ph.D., Professor, University of Arkansas

Giselle Colorado, Psy.D., Clinical Assistant Professor, NYU Langone Medical Center

Laura Saldana, M.A., DePaul University

Bianca T. Villalobos, Ph.D., Assistant Professor,

The University of Texas Rio Grande Valley

Sandra M. Estrada Gonzalez, B.A., University of Texas Rio Grande Valley

◆ *Participants earn 1.5 continuing education credits*

CRT 15: Navigating Microaggressions in Therapy

Moderator: Jenna B. Teves, Ph.D., Clinical Psychologist, Ralph H Johnson VA Medical Center

Presenters: Cynthia M. Navarro Flores, Ph.D., Assistant Professor, University of Tennessee, Knoxville

Nicole Cammack, Ph.D., Clinical Psychologist, Washington DC VA Medical Center

Shereen Traylor, Ph.D., Clinical Psychologist, US Department of Veteran Affairs

Karen Hammack Petty, Ph.D., Clinical Psychologist, Ralph H Johnson VAMC

4:30 PM - 6:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 16: On the Front Lines of Clinical Training: Developing Skills for Addressing and Integrating Spirituality/Religion into Cognitive Behavioral Therapies

Moderator: Sarah G. Salcone, M.S., University of South Alabama

Presenters: Joseph Currier, Ph.D., Professor, University of South Alabama

Caroline C. Kaufman, Ph.D., Research Fellow, McLean Hospital/Harvard Medical School

Craig A. Warlick, Ph.D., Assistant Professor, University of Southern Mississippi

SUNDAY, November 19, 2023

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

CRT 17: Real-World Implementation of a Virtual Intensive Outpatient Treatment Program for Individuals With PTSD

Moderator: David Rozek, ABPP, Ph.D., Assistant Professor, University of Central Florida

Presenters: Laura Meyers, ABPP, Ph.D., Psychology Program Manager, US Department of Veterans Affairs

Katherine A. Dahm, Ph.D., Staff Psychologist, US Department of Veterans Affairs

Mimi Zhao, Ph.D., Staff Psychologist, US Department of Veterans Affairs

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

CRT 18: Supporting Caregiver Well-Being Across Pediatric Medical Settings

Moderator: Corinne Catarozoli, Ph.D., Assistant Professor, Weill Cornell Medicine

Presenters: Eliana S. Butler, Ph.D., Pediatric Psychology and Integrated Care Fellow, Weill Cornell Medicine

Diane Lee, Psy.D., Psychologist, Weill Cornell Medicine

Hannah Welch, Psy.D., Fellow of Psychology in Psychiatry, Weill Cornell Medicine

Heather Bemis, Ph.D., Clinical Psychologist, Children's Hospital Los Angeles

Lindsey Rogers, Psy.D., Sr. Instructor, Psychiatry-Child, University of Colorado Anschutz Medical Campus

MINI WORKSHOPS

FRIDAY, November 17

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

MWK 20: Thriving in Your Activism Work: An Application of CBT Skills

Jamie S. Bodenlos, Ph.D., Professor of Psychological Science, Hobart and William Smith Colleges

Dara G. Friedman-Wheeler, Ph.D., Research Psychologist, Henry M. Jackson Foundation/Uniformed Services University of the Health Sciences

◆ *Participants earn 1.5 continuing education credits*

MWK 2: ACT Tips for Fostering Acceptance in Exposure Therapy

Brian Pilecki, Ph.D., Portland Psychotherapy

Brian Thompson, Ph.D., Portland Psychotherapy

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

MWK 3: BPD Compass: A Novel, Short-term CBT Protocol for Borderline Personality Disorder

Shannon Sauer-Zavala, Ph.D., Assistant Professor, University of Kentucky

Matthew W. Southward, Ph.D., Research Assistant Professor, University of Kentucky

◆ *Participants earn 1.5 continuing education credits*

MWK 4: Cultivating Joy With CBT in Medical Populations

Megan M. Hosey, Ph.D., Assistant Professor, Johns Hopkins University School of Public Health

Abbey J. Hughes, ABPP, Ph.D., Assistant Professor, Johns Hopkins University School of Medicine

Yevgeny Botanov, Ph.D., Assistant Professor, Penn State University, York

12:30 PM - 2:00 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 5: Culturally Attuned Behavioral Activation With Clients in the Second Half of Life

Ann M. Steffen, ABPP, Ph.D., Professor,
University of Missouri

♦ *Participants earn 1.5 continuing education credits*

MWK 6: DBT Skills for Everyday Living

Jesse Finkelstein, Psy.D., Postdoctoral Fellow,
Columbia University Medical Center

2:00 PM - 3:30 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 7: Early Intervention for Distress Following Disaster: Skills for Life Adjustment and Resilience

Scott M. Pickett, Ph.D., Associate Professor, Center for
Translational Behavioral Science, Florida State University
College of Medicine
Meaghan O'Donnell, Ph.D., Professor, Head of Research,
Centre for Posttraumatic Mental Health, University of
Melbourne

3:00 PM - 4:30 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 8: Enhancing Engagement With Digital Mental Health: Coaching 101

Courtney Beard, Ph.D., McLean Hospital
Jackie R. Bullis, Ph.D., McLean Hospital/Harvard Medical
School
Sara Mei, B.S., Colorado State University
Harris E. Bajwa, B.A., McLean Hospital

♦ *Participants earn 1.5 continuing education credits*

MWK 9: How to Deliver Acceptance-Enhanced Behavior Therapy to Treat Body-Focused Repetitive Behaviors Across the Lifespan

Eric B. Lee, Ph.D., Assistant Professor, Southern Illinois
University
Clarissa Ong, Ph.D., Assistant Professor and Clinic Direc-
tor, University of Toledo

SATURDAY, November 18

8:30 AM - 10:00 AM

♦ *Participants earn 1.5 continuing education credits*

MWK 10: Innovative Treatment Approach for Bipolar Disorder: The Focused Integrated Team-Based Treatment Program for Bipolar Disorder

Alexandra K. Gold, Ph.D., Clinical Fellow in Psychology,
Massachusetts General Hospital
Louisa Sylvia, Ph.D., Associate Professor, Massachusetts
General Hospital

Christina Temes, Ph.D., Director of Psychology, Dauten
Center for Bipolar Treatment Innovation - Massachusetts
General Hospital
Amy Peters, Ph.D., Assistant Professor, Massachusetts
General Hospital

♦ *Participants earn 1.5 continuing education credits*

MWK 11: Moving Towards Meaning and Fulfillment: Leveraging Values in Adolescent Treatment

Rebecca L. Schneider, Ph.D., Assistant Professor,
Emory University School of Medicine
Allison LoPilato, Ph.D., Assistant Professor,
Emory University School of Medicine
Joya Hampton-Anderson, Ph.D., Assistant Professor,
Emory University School of Medicine

10:30 AM - 12:00 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 12: Optimizing CBT for Older Adults: Considerations for Assessment and Treatment

Julie Erickson, Ph.D., University of Toronto

♦ *Participants earn 1.5 continuing education credits*

MWK 13: Positive Affect Treatment for Affective Disorders

Alicia Esperanza Meuret, Ph.D., Professor of Psychology,
Southern Methodist University

12:30 PM - 2:00 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 14: Psilocybin-Assisted Therapy for Adults With Depression: A Novel Application of CBT

Marc Weintraub, Ph.D., Assistant Professor,
UCLA School of Medicine

♦ *Participants earn 1.5 continuing education credits*

MWK 15: Racism as an Extreme Invalidating Environment

Aditi Vijay, Ph.D., Assistant Professor, Kean University
Armida Fruzzetti, Ph.D., Associate Director of 3East DBT
Adolescent Outpatient Clinic, McLean Hospital/Harvard
Medical School
Alan R. Fruzzetti, Ph.D., Director of DBT Adherence &
Director of Training in Family Services, McLean
Hospital/Harvard Medical School

2:30 PM - 4:00 PM

♦ *Participants earn 1.5 continuing education credits*

MWK 16: Recovery-Oriented CBT for Psychosis: When Distressing Voices Are the Obstacle

Aaron P. Brinen, Psy.D., Assistant Professor,
Vanderbilt University Medical Center
Lénie Torregrossa, Ph.D., Postdoctoral Fellow,
Vanderbilt University Medical Center

◆ *Participants earn 1.5 continuing education credits*

MWK 17: Superheroes, Powerups, Origin Stories, and Side-kicks: Introducing an Interactive Comic Book to Teach CBT Skills to Medically Ill Youth

Maria C. Alba, Psy.D., Montefiore Medical Center
Sandra S. Pimentel, Ph.D., Chief, Child and Adolescent Psychology, Montefiore Medical Center

4:30 PM - 6:00 PM

◆ *Participants earn 1.5 continuing education credits*

MWK 18: Teaching Parents to Manage Emotional Dysregulation and Coach Emotion Regulation Skills in the Context of Parent Management Training Programs for School-Aged Children

Yamalis Diaz, Ph.D., Clinical Assistant Professor,
New York University

◆ *Participants earn 1.5 continuing education credits*

MWK 19: The Dance of DBT-A: A Live, Annotated Role-Play of Multiple DBT Providers in an Adolescent Session

Ashley C. Maliken, Ph.D., Acting Director of Training and Quality Assurance, Portland DBT Institute
Alison M. Yaeger, Psy.D., Program Director, Associate Director of Training, McClean Hospital, Harvard Medical School
Aditi Vijay, Ph.D., Assistant Professor, Kean University
Esme A.L. Shaller, Ph.D., Clinical Professor, UCSF
Stephanie L. Haft, M.A., UCSF Zuckerberg San Francisco General Hospital

SUNDAY, November 19

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

MWK 1: 90 Minutes of Stuff to Steal and Use to Introduce ERP Therapy to Your Patients: A Guide for Graduates and New Therapists

Patrick B. McGrath, Ph.D., Chief Clinical Officer, NOCD

◆ *Participants earn 1.5 continuing education credits*

MWK 21: Caregiver Accommodation in Pediatric OCD: Why It Happens and How to Intervene When It Does

Katherine Durham, Ph.D., Director of Clinical Assessment, Columbia University/New York State Psychiatric Institute
Paula K. Yanes-Lukin, Ph.D., Assistant Professor, Columbia University/New York State Psychiatric Institute

10:30 AM - 12:00 PM

◆ *Participants earn 1.5 continuing education credits*

MWK 22: Using Acceptance-Based Behavioral Interventions to Address Stress and Cultivate Well-Being and Empowerment Across Contexts

Natalie Arbid, Ph.D., Senior Clinical Training Manager,
UCLA

Liz Roemer, Ph.D., Professor, University of Massachusetts Boston

Elizabeth Eustis, PhD, Assistant Research Professor, Boston University

Jennifer H. Martinez, Ph.D., Assistant Professor, Suffolk University

◆ *Participants earn 1.5 continuing education credits*

MWK 23: Values-Based Parenting: Righting the Ship When You've Been Blown Off-Course

Laura C. Skriver, Ph.D., Clinical Psychologist, The Center for Stress, Anxiety, and Mood, LLC
Laura A. Rindlaub, Ph.D., Founder and Co-Director, The Center for Stress, Anxiety, and Mood
Brian C. Chu, Ph.D., Professor and Clinical Department Chair, Rutgers University

RESEARCH AND PROFESSIONAL DEVELOPMENT

FRIDAY, November 17

8:30 AM - 10:30 AM

◆ *This session does not offer continuing education credits*

RPD1: Becoming a Clinician Educator: Why “Tenure-Track Dropout” Can Be an Excellent Career Path

Presenters: Esme A.L. Shaller, Ph.D., Clinical Professor, University of California San Francisco
Nancy H. Liu, Ph.D., Associate Clinical Professor, University of California at Berkeley
Ashley C. Maliken, Ph.D., Acting Director of Training and Quality Assurance, Portland DBT Institute
Barbara K. Stuart, ABPP, Ph.D., Deputy Director, Infant Child and Adolescent Psychiatry, Vice Chair for Child and Adolescent Psychology, University of California San Francisco
Alison M. Yaeger, Psy.D., Program Director, Associate Director of Training, McClean Hospital, Harvard Medical School

11:00 AM - 12:00 PM

◆ *Participants earn 1 continuing education credit*

RPD2: How to Use Routine Progress Monitoring Data for Research Purposes: Examples and Hands-on Help

Presenters: Jacqueline B. Persons, Ph.D., Director, Oakland CBT Center/UC Berkeley Department of Psychology
Travis L. Osborne, ABPP, Ph.D., Clinical Director, EBTCS; Director of The Anxiety Center at EBTCS - Evidence Based Treatment Centers of Seattle
Garret Zieve, M.A., Graduate Student, University of California, Berkeley

12:30 PM - 1:30 PM

◆ *Participants earn 1 continuing education credit*

RPD3: Promoting Access to Clinical Psychology Training: A Model for Demystifying the Ph.D. Admissions Process

Presenters: Savannah Roberts, M.A., University of Pittsburgh

Rowan A. Hunt, M.S., University of Louisville

Melissa J. Dreier, B.A., Rutgers University

Erin E. Reilly, Ph.D., Assistant Professor, University of California San Francisco

SATURDAY, November 18

8:30 AM - 10:00 AM

◆ *Participants earn 1.5 continuing education credits*

RPD4: Speed Data'ing: Connecting Practice-Based Datasets and Practice-Based Researchers

Presenters: Scott H. Waltman, ABPP, Center for Dialectical and Cognitive Behavior Therapies

R Trent Codd, Ed.S., VP of Clinical Operations, Refresh Mental Health

10:30 AM - 12:30 PM

◆ *This session does not offer continuing education credits*

RPD5: Writing a Book to Share Your Expertise and Your Joy in Your Work

Presenter: Anne D. Bartolucci, Ph.D., President/CEO, Atlanta Insomnia & Behavioral Health Services, P.C.

2:00 PM - 4:00 PM

◆ *Participants earn 2 continuing education credits*

RPD7: Advancing Neuroscience-Informed Clinical Practice: Training the Next Generation of Translational Clinical Scientists

Chair: Greg J Siegle, Ph.D., Professor, University of Pittsburgh School of Medicine

Presenters: Angela Fang, Ph.D., Assistant Professor, University of Washington, Seattle

Ryan Jacoby, Ph.D., Assistant Professor/Staff Psychologist, Massachusetts General Hospital, Harvard

Marlene Strege, Ph.D., Post-doctoral Scholar, University of Pittsburgh School of Medicine

Mary Woody, Ph.D., Assistant Professor, University of Pittsburgh School of Medicine

4:45 PM - 6:15 PM

◆ *Participants earn 1.5 continuing education credits*

RDP6: NIMH Funding: Program and Review Staff Present Current Funding Priorities and Demystify the Application and Review Process

Presenters: Regina Dolan-Sewell, Ph.D., Scientific Review

Officer, Division of Extramural Activities, NIMH

Joel Sherrill, Ph.D., Deputy Director, Division of Services and Intervention Research, NIMH

Maggie Sweeney, Ph.D., Program Officer, Division of Services and Intervention Research, NIMH

Alex Talkovsky, Ph.D., Program Officer, Division of Translational Research, NIMH

■ SPOTLIGHT RESEARCH

FRIDAY, November 17

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

SR1: MDMA-assisted Therapies for PTSD:

New Opportunities for CBT

Chair: Kenneth R. Weingardt, Ph.D., Director, Veterans Research Program, Healing Breakthrough Foundation

Panelist: Maciej Gonek, Ph.D., Program Manager, Veterans Research Program, Healing Breakthrough Foundation

3:30 PM - 5:00 PM

◆ *Participants earn 1.5 continuing education credits*

SR2: A Paradigm Shift in Measurement Validation When Assessing Mental Health

Chair: Andres De Los Reyes, Ph.D., Professor of Psychology, University of Maryland at College Park

Panelists: Mo Wang, Ph.D., Associate Dean, Warrington College of Business, University of Florida

Matthew Lerner, PhD, Associate Professor, Stony Brook University

Bridget A. Makol, Ph.D., Postdoctoral Fellow, Rush University Medical Center

Olivia M. Fitzpatrick, M.A., Harvard University

John R. Weisz, ABPP, Ph.D., Professor, Harvard University

SATURDAY, November 18

2:30 PM - 4:00 PM

◆ *Participants earn 1.5 continuing education credits*

SR3: Racism and Censorship in the Editorial and Peer Review Process

Chair: Dana Strauss, B.S., University of Ottawa

Panelists: Sophia Gran-Ruaz, University of Ottawa
Muna Osman, Ph.D., Postdoctoral Researcher, University of Ottawa

Monnica T. Williams, ABPP, Ph.D., Professor, University of Ottawa

Sonya Faber, Ph.D., Adjunct Professor, University of Ottawa

Invited Panels

FRIDAY, November 17

8:00 AM – 9:30 AM

♦ No CE credit offered for this session

Invited Panel: Reckoning With Our Past: An Update from Behavior Therapy's Editorial Task Force on Addressing the SOGIECE Literature

Panelists: Jonathan S. Comer, Ph.D., Professor, Florida International University
John Pachankis, Ph.D., Susan Dwight Bliss Associate Professor of Public Health (Social and Behavioral Sciences), Yale School of Public Health
Richard LeBeau, Ph.D., Associate Director, UCLA
Diane Chen, Ph.D., Associate Professor/Director of Behavioral Health for Adolescent Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University Feinberg School of Medicine
David Langer, ABPP, Ph.D., Suffolk University

2:00 PM – 3:30 PM

♦ Participants earn 1.5 continuing education credits

**Affirmative Care Across Domains:
Advancing Behavioral Health Equity**

Moderator: Donte Bernard, University of Missouri

Panelists: Melissa L. Anderson, PhD, MSCI, University of Massachusetts Chan Medical School
Susan W. White, Ph.D., ABPP, University of Alabama
John E. Pachankis, Ph.D., Yale School of Public Health
Alexander Wilkins, Ph.D., University of Massachusetts Chan Medical School
Isha Metzger, Ph.D., Owner, Cultural Concepts, LLC
Ashleigh Coser, Ph.D., Cherokee Nation Behavioral Health

■ CLINICAL GRAND ROUNDS

FRIDAY, November 17

8:30 AM – 9:30 AM

♦ Participants earn 1.5 continuing education credits

CGR1: Debunking Myths of Phone Coaching in Dialectical Behavior Therapy

Chair: Qingqing Yin, M.S., Rutgers University
Panelist: Shireen L. Rizvi, ABPP, Ph.D., Professor, Rutgers University
Allison K. Ruork, Ph.D., Postdoctoral Associate, Rutgers University
Emily R. Edwards, Ph.D., Department of Veterans Affairs
Alexander L. Chapman, Ph.D., Professor, Simon Fraser University
Alan R. Fruzzetti, Ph.D., Director of DBT Adherence & Director of Training in Family Services, McLean Hospital & Harvard Medical School

11:30 AM – 12:30 PM

♦ Participants earn 1 continuing education credit

Implementation of Trauma-Focused Cognitive Behavioral Therapy in Latin America and the Caribbean

Rosaura Orenge-Aguayo, Ph.D., Assistant Professor, Medical University of South Carolina

SATURDAY, November 18, 2023

10:30 AM – 12:00 PM

♦ Participants earn 1.5 continuing education credits

DBT Clinical Grand Round: Exploring the Four Modes of Treatment through a Live Demonstration

Maureen Zalewski, Ph.D., University of Oregon
Vibh Forsythe Cox, Ph.D., University of Washington
Alison Yaeger, Psy.D., McLean Hospital
Aditi Vijay, Ed.M., Ph.D., Kean University

4:30 PM – 6:00 PM

♦ Participants earn 1.5 continuing education credits

CGR4: Shifting the Frame: Building a Life with Joy!

Chair: Jeffrey M. Cohen, Psy.D., Assistant Professor of Medical Psychology (In Psychiatry), Columbia University
Panelist: Colleen A. Sloan, Ph.D., Training Director, Clinical Psychology Internship Program, VA Boston Healthcare System

NETWORKING Special Interest Group Meetings

Attendance at an ABCT Special Interest Group meeting is a wonderful networking opportunity. The SIGs focus on a diverse range of topics, including treatment approaches, specific disorders or unique populations. SIGs are open to ABCT members only, so be sure to join or renew your membership. The SIG Poster Exposition, Friday, 6:30 PM - 8:30 PM, is a fabulous chance to get an overview of ABCT's SIG Program.

SIG Leaders Meeting – November 18, 8:00 AM – 9:00 AM
Addictive Behaviors – November 17, 1:15 PM -2:45 PM
Aging Behavior and Cognitive Therapy – November 18, 11:00 AM – 12:00 PM
Asian American Issues in Behavior Therapy and Research – November 17, 1:30 PM – 3:00 PM
Attention-Deficit/Hyperactivity Disorder – November 16, 9:00 AM- 10:30 AM
Autism Spectrum and Developmental Disabilities – November 18, 11:30 AM – 1:00
Behavior Analysis – November 17, 10:30 AM - 11:30 AM
Behavioral Sleep Medicine – November 18, 10:00 AM - 11:30 AM
Behavioral Medicine and Integrated Primary Care – November 17, 8:30 AM – 10:00 AM
Black Americans in Research and Behavioral Therapy – November 18, 9:00 AM – 10:30 AM
Child and Adolescent Anxiety – November 18, 1:30 PM – 3:00 PM
Child and Adolescent Depression – November 17, 8:30 AM – 9:30 AM
Child Maltreatment and Interpersonal Violence – November 17, 12:00 PM- 1:30 PM
Climate Change and Psychology – November 18, 11:00 AM – 12:00 PM
Clinical Psychology at Liberal Arts Colleges - November 17, 3:15 PM – 4:45 PM
Clinical Research Methods and Statistics – November 18, 12:30 PM – 1:30 PM
Cognitive Therapy – November 17, 10:30 AM – 11:30 AM
Couples Research and Treatment – November 17, 4:00 PM – 5:30 PM
Dissemination and Implementation Science – November 18, 3:30 PM – 5:00 PM
Eating Disorders and Eating Behaviors – November 17, 2:00 PM – 3:30 PM
Forensic Issues and Externalizing Behaviors – November 17, 4:00 PM – 5:30 PM
Latinx – November 17, 8:30 AM – 10:00 AM
Mindfulness and Acceptance – November 17, 8:30 AM – 9:30 AM
Native American issues in Behavior Therapy and Research – November 16, 3:00 PM – 4:00 PM
Oppression and Resilience: Minoritized Mental Health – November 17, 11:00 AM – 12:30 PM
Master's Level Clinical Training, Education and Practice – November 18, 9:30 AM – 10:30 AM
Neurocognitive Therapies and Translational Research – November 17, 9:30 AM- 10:30 AM
Parenting and Families – November 17, 10:30 AM – 12:00 PM
Personality Disorders – November 17, 12:00 PM – 1:00 PM
Psychedelic Research & Therapies – November 17, 3:00pm- 4:00pm
Psychosis and Schizophrenia Spectrum – November 18, 2:00 PM – 3:30 PM
Research in Clinical Practice – November 17, 1:00 PM – 2:00 PM
Sexual and Gender Minority – November 18, 10:30 AM – 12:00 PM
Spiritual and Religious Issues in Behavior Change – November 18, 10:30 AM – 12:00 PM
Suicide and Self-injury – November 17, 4:00 PM – 5:30 PM
Student – November 17, 12:00 PM – 1:00 PM
Technology and Behavior Change – November 17, 9:30 AM – 10:30 AM
Tic and Obsessive-Compulsive Related Disorders – November 18, 9:30 AM – 11:00 AM
Women's Issues in Behavioral Therapy – November 18, 12:30 PM – 1:30 PM

The special ABCT Convention rates will be offered, based on mutual agreement with the Hotel, 3 days before and 3 days after the official Convention dates of November 16–19, 2023. The block is limited and available on a first-come basis until the block is depleted. If you are interested in upgrading your hotel accommodations, there are limited options available, at an increased rate. Contact the hotel directly.

All ABCT Convention scientific sessions, special interest group meetings, committee meetings, poster sessions, exhibits, and special events will take place at the Hyatt Regency Seattle Hotel. General registration includes panel discussions, clinical round tables, symposia, mini-workshops, and poster sessions. Remember to check out the limited-attendance CE events – both on Thursday and throughout the Convention on Friday and Saturday.

Stay at the Hyatt Regency to meet your friends and colleagues on the elevator, in the coffee shop, as well as in the meeting rooms. Your support of the convention hotels also helps to keep the overall expenses to a minimum. Rooms and rates are subject to rate and room availability. Please be sure to book your reservation early!

Reserve hotel accommodations at the Hyatt Regency Seattle while rooms are still available

Sleeping Room Rate: \$235 single or double occupancy, \$260 triple occupancy, \$285 quadruple occupancy
Limited number of student rooms offered at the \$204 rate.

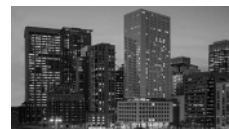
Main Booking Link: <https://www.hyatt.com/en-US/group-booking/SEARS/G-ABCT>

Student Booking Link: <https://www.hyatt.com/en-US/group-booking/SEARS/G-ABCT/STUDENTS>

Or call toll-free: 1-800-233-1234

Direct Dial to Hyatt Regency Seattle: 1-206-973-1234

Reservation Cut-off Date: Saturday, October 21, 2023



Located in the heart of the Emerald City, Hyatt Regency Seattle is the first and only LEED Gold-Certified hotel in the city. Close to Lake Union and Elliott Bay, and just steps away from dining, shopping, theater, top attractions and both Seattle Convention Center facilities.

Registration

Preregister on-line at www.abct.org. To pay by check, complete the registration form available in PDF format on the ABCT website. Participants are strongly urged to register by the preregistration deadline of October 15. Beginning October 16 all registrations will be processed at the on-site rates. Please note: Convention Program Books will NOT be distributed. A flipbook of the program book will be available and posted to the ABCT convention page. Please download the convention app to view and create your own personalized schedule.

► **To receive the member-discounted convention registration rate, members must renew for 2024 before completing the registration process or they must join as a new member of ABCT.**

Preconvention ticketed sessions and registration for preconvention sessions will be held on Thursday, November 16 at the Hyatt Regency Seattle. All preconvention sessions are designed to be intensive learning experiences. Preregister to ensure participation. Registration for all PRE-convention sessions (AMASS, Clinical Intervention Seminars, Institutes) will take place in the Hyatt Regency Seattle at the ABCT onsite registration area:

Thursday, November 16: 7:30 a.m. - 6:30 p.m.

General Registration Upon arrival at the Hyatt Regency Seattle, you can pick up the program addendum, additional convention information, and ribbons at the Pre-Registration Desk.

PLEASE REMEMBER TO BRING CONFIRMATION LETTER WITH YOU TO THE MEETING.

Onsite Registration AND Preregistration pickup will be open:

- Thursday, November 16: 7:30 a.m. - 6:30 p.m. • Friday, November 17: 7:30 a.m. - 6:30 p.m.
- Saturday, November 18: 7:30 a.m. - 6:30 p.m. • Sunday, November 19: 7:30 a.m. - 1:00 p.m.

The general registration fee entitles the registrant to attend all events on November 16 - November 19 except for ticketed sessions. Your canceled check is your receipt. Email confirmation notices will be generated automatically for on-line registrations and will be sent via email the same day you register. Email confirmations will be sent within 1 week for faxed and mailed registrations. If you do not receive an email confirmation in the time specified, please call the ABCT central office, (212) 647-1890, or email Tonya Childers at tchilders@abct.org.

You must wear your badge at all times to be admitted to all official ABCT sessions, events, and the exhibits. If you lose your badge there will be a \$15 charge for the replacement.

All presenters (except for the first two presenters of ticketed CE sessions) must pay the general registration fee. Leaders of ticketed session will receive information regarding their registration procedure from the ABCT Central Office. Admission to all ticketed sessions is by ticket only. Preregistration is strongly advised as ticketed sessions are sold on a first-come, first-served basis.

Please note: **NO PURCHASE ORDERS WILL BE ACCEPTED.**

To register, please choose one format:

Registering On-Line

The quickest method is to register on-line (go to [abct.org](https://www.abct.org) and click on the convention banner on the home page or go to <https://www.abct.org/2023-convention/>). Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members' discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to renew.

To get member rates at this conference, your ABCT dues must be paid through October 31, 2024. The ABCT membership year is November 1, 2023 - October 31, 2024. To renew, go to [abct.org](https://www.abct.org) or the on-site membership booth.

Registering by Fax

You may fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method, please DO NOT send a follow-up hard copy. This will cause double payment. For preregistration rates, please register BEFORE the deadline date of October 15.

Registering by Mail

All preregistrations that are paid by check must be mailed to ABCT, 305 Seventh Avenue, 16th Floor, New York, NY, 10001. For preregistration rates, forms must be postmarked by the deadline date of October 15.

Forms postmarked beginning October 16 will be processed at on-site rates. There will be no exceptions. Refund Policy Cancellation refund requests must be in writing. Refunds will be made until the October 15 deadline, and a \$50 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after October 15.

Payment Policy

All fees must be paid in U.S. currency on a U.S. bank. Any bank fees charged to the Association will be passed along to the attendee. Please make checks payable to ABCT.

Exhibits, ABCT Information Booth Hours

- Friday & Saturday: 8:30 a.m. - 5:00 p.m.
- Sunday, 8:30 a.m. - 11:00 a.m.

REGISTER NOW! <https://www.abct.org/2023-convention/>

ABCT's 2023 Convention Submissions, Reviews, and Decisions

Emily L. Bilek, *ABCT Program Chair*

Krystal M. Lewis, *ABCT Associate Program Chair*

IN 2022, ABCT Convention Program Chairs Drs. Rosaura Orenge-Aguayo and Emily Thomas, under the leadership of ABCT 2022 president Dr. Laura Seligman, prioritized a commitment to improving transparency and objectivity of the general submission review and acceptance process. They documented their process and decisions in the September issue of *the Behavior Therapist* in an article entitled "ABCT's 2022 Convention Review and Decision Process" (Thomas & Orenge-Aguayo, 2022). As the 2023 Program Chairs sitting on the Convention Committee, we are thrilled to inherit the changes from 2022 and continue the tradition of providing documentation of the convention decision-making process. What follows below is a brief review of the submission, review, and decision process for the Program Committee highlighting details specific to the 2023 convention (see Thomas & Orenge-Aguayo for additional context and information).

Submission

The submission portal opened this year on February 7, 2023, and closed on March 14, 2023, at 11:59 Pacific time (local time zone for this year's convention). There were six general session submission types: Symposia, Panels, Clinical Grand Rounds, Clinical Round Tables, Spotlight Research,

and Posters. (Descriptions of each submission type are available on the ABCT website at: <https://www.abct.org/convention-ce/preparing-to-submit-an-abstract/>). Additional presentation types (e.g., Workshops, Mini-Workshops, Institutes) are considered ticketed sessions and are managed by separate committees (chairs). Therefore, decisions on these ticketed sessions are made by the relevant committees (e.g., Workshop Committee) and are not in the purview of the Program Committee chairs. This year, a total of 1,657 abstracts were submitted across the six general submission types (see Table 1 for summary statistics by submission category).

Review

Review Criteria

In 2023, review criteria were mostly retained from the previous year. Minor changes were made to select criterion and submission category descriptions to further support clarity and relevance. Specific examples of changes to review criteria include the removal of the review criterion related to appropriateness of submission to convention theme for all submission types, which was removed based on member and reviewer feedback from 2022, and removal of the criterion related to "contributing team" for poster submissions, which was

removed to increase student access, and reduce bias among poster presentations toward more established labs. These changes prevented all submissions from being penalized for a lack of theme relevancy and from posters being favored due to well-known researchers and clinicians' affiliation with submissions. The resulting six review criteria were: significance, approach, innovation, inclusion of diverse populations, relevance to ABCT's mission and goals, and contributing team (for all submission types except posters). Each criterion was rated on a 5-point Likert scale (0 = *poor*, 1 = *limited*, 2 = *adequate*, 3 = *good*, 4 = *excellent*) and submission-type specific examples were provided for each anchor (e.g., for Symposia submissions, the "good" anchor on the Inclusion of diverse samples criterion was described as: "Submission includes diverse populations or findings have clearly stated implications for diverse populations"). All criteria were weighted equally. These review criteria were posted on the "Preparing to submit an abstract" page of ABCT's website, and members were encouraged to review these criteria prior to submission.

Peer Review

To reduce bias in the review process, peer reviews were masked again this year, meaning that reviewers did not have knowledge of the submitting authors' names or affiliation. To allow reviewers to address review criterion related to contributing team expertise, authors provided brief deidentified descriptions of the contributing team and their expertise as it related to their submission. All completed submissions were allocated for peer review. Potential peer reviewers were identified through: nominations by Special Interest Group (SIG) leadership, lists of reviewers from prior years who indicated interest in

Table 1. Summary Statistics by Submission Category

| | <i>n</i> | Possible Range | 25th Percentile | Median | 75th Percentile | Skewness | Kurtosis |
|-----------------------|----------|----------------|-----------------|--------|-----------------|----------|----------|
| Symposia | 221 | 0-24 | 18.7 | 20.3 | 22.0 | -1.1 | 3.8 |
| Panels | 81 | 0-24 | 18.0 | 20.0 | 21.5 | -0.8 | 0.2 |
| Clinical Round Tables | 42 | 0-24 | 17.9 | 19.3 | 21.4 | -0.6 | -0.0 |
| Spotlight Research | 10 | 0-24 | 16.3 | 18.2 | 19.5 | 0.2 | -0.7 |
| Posters | 1,300 | 0-20 | 12.0 | 14.0 | 15.5 | -0.3 | -0.1 |

Notes. Median is reported because the summary statistics provided were across reviewer averages of the total score. Clinical Grand Rounds is omitted due to only 3 submitted.

Table 2. Criterion Rating Medians by Submission Category

| | Significance | Approach | Innovation | Inclusion of Diverse Populations | Relevance to ABCT's Mission & Goals | Contributing Team |
|------------------------------|--------------|----------|------------|----------------------------------|-------------------------------------|-------------------|
| Symposia | 3.5 | 3.5 | 3.5 | 3.0 | 4.0 | 3.5 |
| Panels | 3.7 | 3.0 | 3.3 | 3.0 | 3.7 | 3.3 |
| Clinical Round Tables | 3.7 | 3.0 | 3.3 | 2.3 | 3.7 | 3.3 |
| Spotlight Research | 3.3 | 2.8 | 3.0 | 1.5 | 3.5 | 3.0 |
| Posters | 3.0 | 3.0 | 2.5 | 2.0 | 3.0 | NA |
| Overall | 3.0 | 3.0 | 3.0 | 2.0 | 3.5 | 3.5 |
| Range | 3.0-3.7 | 2.8-3.5 | 2.5-3.3 | 1.5-3.0 | 3.0-4.0 | 3.0-3.5 |
| 2022 Range | 3.0-3.7 | 3.0-3.3 | 3.0-3.3 | 2.0-3.0 | 3.0-3.8 | 3.0-3.8 |

Notes. Review criteria were rated on the following scale: 0 = *Poor*, 1 = *Limited*, 2 = *Adequate*, 3 = *Good*, 4 = *Excellent*. Medians are reported because the summary statistics were across reviewer averages of the total score. Clinical Grand Rounds is omitted due to only 3 submitted.

continuing to review, and a membership-wide survey distributed in January 2023. As in previous years, individuals were selected among these potential reviewers if they were a current member of ABCT and had a conferred terminal degree. Students were allowed to review under the supervision of a mentor who met the above criteria. Three independent reviewers were assigned to each oral submission, two reviewers were assigned to each poster submission.

Ratings

Review criteria were rated on the following scale: 0 = *Poor*, 1 = *Limited*, 2 = *Adequate*, 3 = *Good*, 4 = *Excellent*. Overall, median ranges for each criterion in 2023 were similar to those from last year. Across submission categories, the criteria with the highest median scores this year were "Relevance to ABCT's Mission and Goals" and "Contributing Team." The criterion with the lowest score was "Inclusion of Diverse Populations." See Table 2 for Item Rating Averages by Submission Category.

Decisions

A total of 1,657 abstracts were submitted in 2023 across the six general submission types (see Table 2 for summary statistics by submission category) and 1,427 were accepted (86% acceptance rate in 2023 as compared to 73% in 2022; see Table 3 for rates of acceptance by submission category).

Decision processes for acceptances were determined based on convention space requirements, masked review scores, and overall programming needs. Decisions were primarily made based on review scores using cut-offs related to the following anchors: 0 = *Poor*, 1 = *Limited*, 2 = *Adequate*, 3 = *Good*, 4 = *Excellent*. In general, attempts were made to accept as many oral presentations as possible with average scores equal or greater than "good," and as many posters as possible with average scores equal or greater than "adequate."

Decision Criteria

For each category, the ABCT Director of Education and Meeting Services informs the program chairs of the number of presentations across the different types that can be accepted based on the venue space for that particular year. More information on how decisions were made within each submission category follow.

• Symposia

Of the 221 abstracts that were submitted, we had room for 150 Symposia (68%) this year. These 150 were selected in the following way: all submissions with an average review rating of 3.25 or greater were accepted ($n = 138$). SIG-sponsored talks with average ratings of 3 or greater were accepted ($n = 4$). Additional highly rated talks (average review of 3 or greater) were selected to round out the diversity of programming ($n = 10$).

• Panels

Of the 81 abstracts submitted, we had room for 32 Panels (40%) this year. These panels were selected in the following way: all submissions with review ratings in the top quartile were accepted ($n = 20$). SIG-sponsored talks with average rating above the mean were accepted ($n = 3$). Additional highly rated talks (average review of 3 or greater) were selected to round out programming ($n = 9$).

• Clinical Grand Rounds

Of the 3 abstracts submitted, we had room for 2 Clinical Grand Rounds (67%) talks this year. All submissions with average review of 3 or greater were accepted ($n = 2$). No SIG-sponsored talks were submitted in this category.

• Clinical Round Tables

Of the 42 abstracts submitted, we had room for 18 Clinical Round Tables this year (43%). All submissions with average review ratings in the top quartile were accepted ($n = 10$). SIG-sponsored talks with average review ratings of 3 or greater were accepted ($n = 2$). Additional highly rated talks (average review of 3 or greater) were accepted to round out programming ($n = 6$).¹

• Spotlight Research

Of the 10 abstracts submitted, we had room for 3 Spotlight Research (30%) talks this year. The top-rated talk ($n = 1$) was accepted. No SIG-sponsored talks were submitted in this category. Additional highly rated talks (average review of 3 or greater) were accepted to round out programming ($n = 2$).¹

¹For both Clinical Round Tables and Spotlight Research: one talk with an overall average rating below 3 was accepted because, upon review of individual reviewer scores, an outlier was detected (i.e., one reviewer scored the talk much lower than the other two). After omitting this score, the talk met criteria for average score of 3 or greater.

• Posters

We were informed by ABCT's Director of Education and Meeting Services, Stephen Crane, that we had space for as many posters as needed at the conference venue in 2023. With this in mind, we accepted all posters who received an average review rating of 2 (corresponding to "adequate") or greater. In total, this resulted in 1,222 accepted posters (94%). No SIG-sponsored abstracts were submitted in this category, which may be due to the SIG Expo, which provides SIGs with their own avenue for sponsoring posters at the convention.

Accepted Topics

Upon submission, lead authors were asked to select the primary and secondary topic categories (henceforth referred to as "topics") from a list of 78 possible topics. Across all accepted abstracts ($n = 1,427$) 72 primary topics were represented. The topics with the most accepted presentations include Suicide and Self-Injury ($n = 115$), Trauma and Stressor-Related Disorders and Disasters ($n = 79$), Parenting and Families ($n = 61$), Dissemination & Implementation Science ($n = 59$), and LGBTQ+ ($n = 59$). A table of the top 15 topics across Submission Categories is presented in Table 4.

Author Characteristics

• Career Stage

To maintain presenter anonymity during the review process, most demographic data was deleted from the Cadmium system prior to sending abstracts out for review. Thus, the career stage data presented below describes authors who submitted abstracts rather than those who were accepted. Among authors on submitted abstracts, 78.6% provided data on their career stage. Across all general program

submissions, the distribution of submitting authors by career stage can be found in Table 5.

• Country of Residence

Country of residence was reported by authors in the submission process. This was retained in the Cadmium system, and thus we are able to provide data on the authors who submitted and were accepted for presentation, by country of residence. Among authors on submitted abstracts, 99.6% provided data on their country of residence. Across all general program submissions, 96% of authors who provided data reported residing in North America (i.e., the United States or Canada) and 4% of authors reported residing outside of North America. Among accepted authors, 4.9% reported residing outside of North America; the following countries were represented: Australia, Botswana, Colombia, Cyprus, Denmark, Dominican Republic, Germany, Ghana, Iceland, Israel, Italy, Japan, Kenya, Mozambique, Netherlands, New Zealand, Pakistan, Republic of Korea, Rwanda, St. Lucia, Singapore, South Africa, Spain, Switzerland, Ukraine, and the United Kingdom.

Conclusions and Recommendations

The submission process for 2023 again revealed highly rated submissions across presentation types (see Table 2) and topics (see Table 4). Overall, we were thrilled to be able to accept 86% of submitted presentations. This was an increase in acceptance rate from the previous year (73%; see Thomas & Orengo-Aguayo, 2022), which was likely due to the 2023 convention site having more space (room for 1,425 accepted presentations) than the New York location in 2022 (room for 1,189 accepted presentations). In general, submitted talks

had median review ratings of 3 ("Good"), with medians for given criteria ranging from 1.5 (*Limited*) to 4 (*Excellent*). The review criterion with the lowest median score this year was again "Inclusion of Diverse Populations" (median rating = 2, "Adequate"), which likely reflects the historical exclusion of diverse populations in psychological research. Although we hope to see improvements in the recruitment and enrollment of diverse samples reflected in future ABCT submissions, we also know that this takes time. The current criterion can also be achieved by describing the implications of the work to diverse populations (see full review criteria on: <https://www.abct.org/convention-ce/preparing-to-submit-an-abstract/>). We hope that future program chairs will retain and further refine this criterion to invite submissions that prioritize attention to sample diversity.

Additionally, a wide range of topics were represented in accepted presentations for this year's convention (see Table 4). We were excited to see prominent representation this year across several important topics (e.g., suicide and self-injury, trauma and stressor-related disorders, LGBTQ+, addictive behaviors, and culture/ethnicity/race all fell in the top 15). However, there are always topics and groups that remain underrepresented. For instance, this year we only have three accepted (of three submitted) presentations for which the primary identified topic was climate change. Although the primary topic category is not a perfect representation of content of presentations (e.g., does not consider the secondary topics identified by authors, topic choices are limited, and many topic choices are overlapping), we believe there is still room for greater breadth of presentation topics, in addition

Table 3. Acceptance by Submission Category

| | Symposia | Panels | Clinical Grand Rounds | Clinical Round Tables | Spotlight | Posters | Total |
|-------------------|----------|--------|-----------------------------|-----------------------------|-----------|---------|-------|
| Submitted | 221 | 81 | 3 | 42 | 10 | 1,300 | 1,657 |
| Accepted | 150 | 32 | 2 | 18 | 3 | 1,222 | 1,427 |
| Rejected | 71 | 49 | 1 | 24 | 7 | 78 | 230 |
| % Accepted | 68% | 40% | 67% | 43% | 30% | 94% | 86% |

Note. For both Clinical Round Tables and Spotlight Research: one talk with an overall average rating below 3 was accepted because, upon review of individual reviewer scores, an outlier was detected (i.e., one reviewer scored the talk much lower than the other two). After omitting this score, the talk met criteria for average score of 3 or greater.

Table 4. Accepted Presentations by Topic

| Primary Topic | Total | Symposia | Other Oral Presentations | Posters |
|---|--------------|------------|--------------------------|--------------|
| Addictive Behaviors | 47 | 2 | 1 | 44 |
| ADHD – Child | 39 | 5 | 0 | 34 |
| Adult Anxiety | 45 | 1 | 0 | 44 |
| Autism Spectrum & Developmental Disorders | 38 | 1 | 4 | 33 |
| Child / Adolescent – Anxiety | 45 | 2 | 0 | 43 |
| Couples / Close Relationships | 41 | 8 | 2 | 31 |
| Culture / Ethnicity / Race | 43 | 4 | 13 | 26 |
| Dissemination & Implementation Science | 66 | 18 | 3 | 45 |
| Eating Disorders | 54 | 6 | 3 | 45 |
| LGBTQ+ | 59 | 13 | 4 | 42 |
| Obsessive Compulsive & Related Disorders | 42 | 1 | 0 | 41 |
| Parenting / Families | 61 | 5 | 0 | 56 |
| Suicide And Self-Injury | 115 | 12 | 1 | 102 |
| Trauma & Stressor Related Disorders & Disasters | 79 | 2 | 2 | 75 |
| Treatment – CBT | 37 | 4 | 5 | 28 |
| Other | 616 | 66 | 17 | 533 |
| Total | 1,657 | 150 | 55 | 1,222 |

Note. These represent the 15 topics with the most accepted submissions.

Table 5. Submitting Authors by Self-Identified Career Stage

| | Under-graduate | Post-baccalaureate | Graduate student | Early career | Mid career | Late career | Other |
|---|----------------|--------------------|------------------|--------------|------------|-------------|-------|
| % | 7.1% | 4.1% | 43.0% | 19.4% | 18.8% | 5.3% | 1.3% |

Notes. Early Career was defined as being less than 10 years past their terminal degree. Mid Career was defined as being 10–25 years out from terminal degree. Late Career was defined as being more than 25 years out from terminal degree. ‘Other’ category includes: Prefer not to answer, Prefer to self-describe (did not identify as post-baccalaureate). Post-baccalaureate was not an option but was self-identified in the “Prefer to self-describe” category by 4.1% of respondents.

to depth. Given this priority, we took program topic area into account when selecting among the highest rated oral presentations this year. While we believe this is an important step toward including greater variety of programming, we acknowledge that it is a less objective acceptance criteria than simply accepting the highest rated abstracts. We encourage future program chairs to consider objective ways to incorporate program breadth when making submission decisions. Ideally, future chairs will continue to promote a data-driven and transparent process while balancing the need for improved metrics to ensure a scientifically rigorous and representative program.

We were pleased to see diversity across career stage and country of residence among our submitting authors this year. Trainees (undergraduate and graduate students) made up approximately half the

submitting authors, with additional strong representation (15+%) by early career and mid-career. This year we did not provide an option for authors to select “Post-Baccalaureate” as a career stage; however, many authors (4.1%) wrote in this designation. In future years, we should provide this as a predetermined category so that we can appropriately recognize the large number of authors at this career stage. We saw a wide range of countries of residence represented in both submitted and accepted abstracts this year. While authors from North America still represent the largest proportion of accepted authors (95.1%), we were pleased to see 26 additional countries of residence represented. In keeping with the ABCT Strategic Initiative to expand global partnerships and increase international membership and participation, we hope to see the proportion of international authors continue to grow in coming years.

Overall, we are incredibly grateful for the groundbreaking work initiated by the 2022 Program Chairs, Drs. Rosaura Orengo-Aguayo and Emily Thomas. Their commitment to making the submission and review process as transparent and objective as possible resulted in many important changes, including objective and clear rating scales, masked reviews, and transparent documentation of the process. We were fortunate to inherit these critical procedural changes and hope that future program chairs will continue to benefit from these updates and continue to improve the process. We acknowledge that this is not a perfect process and continue to be open to suggestions. We welcome ABCT membership to provide any feedback or comments regarding the review and submission process (<https://services.abct.org/i4a/forms/index.cfm?id=34>), which will help to inform future conven-

tion programming. In closing, we are overjoyed about the quality and variety of content that is scheduled for ABCT's 2023 convention in Seattle, Washington, from November 16–19, 2023. We hope to see everyone there!

Reference

Thomas, E. B. K., & Orenge-Aguayo, R. (2022). ABCT's 2022 convention review and decision process. *the Behavior Therapist*, 45(6), 216–222.

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We would like to extend gratitude to the following individuals and groups: The 2022 Program Chairs, Rosaura Orenge-Aguayo and Emily Thomas; ABCT 2023 President Jill Ehrenreich-May; ABCT Director of Education and Meeting Services Stephen Crane; Convention and Education Issues Coordinator Christina Boisseau; the entire 2023 Convention Committee; Jacqueline Howard for her instrumental administrative support; and, last but not least, the 2023 Program Committee, which consists of the 323 reviewers, 44 student reviewers, and 62 super reviewers who made the whole process possible.

No conflicts of interest to disclose.

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NEWS

Expanding Inclusion, Diversity, Equity, and Access in ABCT: Consultation Report Summary

Tahirah Abdullah-Swain and Jessica LoPresti,
BARE Mental Health and Wellness

OUR COMPANY, BARE Mental Health and Wellness, was selected as the contractor in response to ABCT's April 2022 RFP for Expanding Inclusion, Diversity, Equity, and Access (IDEA) in ABCT. We were hired by ABCT to consult on long-term, organizational needs and changes related to inclusion, diversity, equity, and access. Our work builds on ABCT's 2019-2020 Task Force for Equity, Inclusion, and Access (EIA) Report to the Board of Directors (<https://www.abct.org/about/register-town-hall-abct-deiaj/>). Specifically, as stated in the RFP, the primary scope of our work includes: determining whether ABCT needs an IDEA staff member and/or an ongoing relationship with a consultant, or other staffing arrangement, writing job description(s) and assisting with finding candidates for the position(s), defining the role of an IDEA committee and writing role descriptions for committee members.

From October 2022 to February 2023, we conducted interviews and focus groups, and solicited ABCT member and affiliate feedback via survey to better understand

ABCT members' experiences and the current climate related to diversity, equity, inclusion, access, and justice (DEIAJ) within the organization, as well as the organization's needs with regard to DEIAJ, and whether/how DEIAJ staff and/or a DEIAJ committee would be beneficial to the organization. Below, we share some of the main findings from the report and our recommendations based on these findings. We encourage you to read the report in its entirety, available on ABCT's website at <https://www.abct.org/about/register-town-hall-abct-deiaj/>. Additionally, there will be a virtual town hall in September and time at the Annual Meeting of Members at the ABCT Convention in Seattle to provide opportunities to engage with us and with ABCT leadership regarding the report and organizational changes in response to the recommendations. We look forward to seeing you in September and/or November.

Overall, ABCT members and stakeholders indicated that, for many, ABCT is an organization that provides strong pro-

Call for Candidates for Editor of *Behavior Therapy*



Candidates are sought for Editor-Elect of *Behavior Therapy*, Volumes 57–60. The official term for the Editor is January 1, 2026, to December 31, 2029, but the Editor-Elect should be prepared to begin handling manuscripts at least 1 year prior and have gathered together an editorial team well prior to that.

Candidates should send a letter of intent and a copy of their CV to Susan White, Publications Coordinator, ABCT, 305 Seventh Avenue, 16th Floor, New York, NY 10001-6008 or via email to teisler@abct.org

Candidates will be asked to prepare a vision letter in support of their candidacy. David Teisler, ABCT's Director of Publications, will provide you with more details at the appropriate time. Letters of support or recommendation are discouraged. However, candidates should have secured the support of their institution. Questions about the responsibilities and duties of the Editor or about the selection process can be directed to David Teisler at the above email address or, by phone, at (212) 647.1890.

Letters of intent MUST BE RECEIVED BY Oct. 15, 2023 |||

The Editor will be selected at ABCT's Board of Directors meeting in November.

professional and social connections; yet, many also have experienced inequity, exclusion, elitism, lack of representation, decreased access due to financial burden, and experiences of marginalization and oppression. Thus, there are many aspects of ABCT that are working well, and also many opportunities for growth and change to improve inclusion, diversity, equity, justice and access, and thus strengthen ABCT and improve members' and stakeholders' overall experiences with the organization.

There were 262 survey respondents, the majority of whom were psychologists or psychologists-in-training (95.8%). About 14% of respondents were students. About 5.3% of respondents identified as trans, nonbinary, genderqueer, agender, or gender ambivalent. About 20% of respondents identified as a person of color (Asian, Black, Native American, Latinx, Arab/Middle Eastern, or multiracial). About a quarter of respondents (25.6%) identified as LGBTQ+. 15.3% of respondents identified as disabled. In addition to examining the overall survey responses, we disaggregated the data to enhance our understanding of the experiences of minoritized respondents (people of color, sexual and gender minorities, and people with disabilities). Generally, the survey results indicated that equity, access, and belonging experiences of respondents who identified as people of color, LGBTQIA+, and/or disabled contrasted starkly with and were less favorable than the experiences of the total sample of respondents.

There were three overarching themes that arose through the focus group and interview responses from 53 ABCT members and stakeholders: (1) Organization Systems, (2) Member Experiences, and (3) Recruitment and Retention. Within Organization Systems are the subthemes transparency and role clarity. Respondents described a lack of transparency underlying processes and procedures within the organization, including elections, review of awards nominations and conference presentations, governance, as well as finances. Participants described having little or no knowledge about the inner workings of the organization and how decisions are made within the organization. Respondents also described a lack of understanding the roles and responsibilities of staff, board members, the president, past presidents, and other leadership within the organization, and how lack of acknowledgment of power in leadership roles undermines trust within the organization and upholds cultural, sys-

temic, and institutional inequities within the organization.

Within Member Experiences are the subthemes networking, professional development and connection, organization culture, and experience of marginalization and oppression. Respondents described many positive aspects of being a part of the organization and attending the Annual Convention. These experiences provide a foundation from which to build as the organization works towards DEIAJ goals and values. Respondents described the culture of the organization in several ways, including elitist and exclusionary, hierarchical, generationally divided, supportive and energizing, and volunteer-driven. Respondents also noted experiencing microaggressions in the context of the organization broadly and at the convention specifically.

Within Recruitment and Retention are the subthemes representation, financial burden, weight of DEIAJ efforts, and addressing harm. Stakeholders expressed a desire to see more representation in the organization with regard to race, ethnicity, socioeconomic status, and folks who live and work internationally, as well as more representation of social workers, mental health counselors, psychiatrists, psychiatric nurses, and school counselors. Many respondents discussed the financial burden associated with annual membership and conference registration fees as a contributing factor to the lack of representation within the organization and at the convention. Respondents also indicated that the weight of developing and pushing forward DEIAJ efforts has fallen upon students and early career professionals and that this added burden has taken them away from doing work that would allow them to advance professionally. With regard to addressing harm, some respondents asserted that ABCT has caused no harm and therefore the organization holds no responsibility for addressing harm caused by the field broadly. However, many participants generally supported the idea of addressing harm caused by injustice and mistreatment by the field of psychology and within the context of ABCT and expressed a variety of ideas about how to go about addressing the harm and attempting efforts to repair. Some applauded ABCT's efforts at repair, while others described these efforts as being reactionary and often not well thought through. Participants expressed that the organization has not done enough to fully articulate the harm caused by the oppression and injustices by

the field, organization, and members within the organization and that this articulation would mean taking a strong stance, potentially against the "old guard" and the status quo.

The information gathered from our focus groups, interviews, and survey throughout our consultation process indicates that a three-pronged strategy is needed that addresses the systemic aspects within ABCT that contribute to inequity, reduced access and belonging, and lack of representation; provokes a cultural shift within the organization to increase trust and promote accountability among ABCT leadership; and facilitates interpersonal and organizational healing. Detailed recommendations are provided in the report. The recommendations below are part of a three-pronged strategy to (1) increase attention to DEIAJ throughout organization, (2) increase transparency, and (3) heal, repair, and prevent harm.

We recommend the following to ABCT:

- Revisit mission, vision, and core values of organization + connection to DEIAJ.
- Create a DEIAJ staff branch and hiring for two full-time (Executive Director and Deputy Director of DEIAJ) and one part-time (Research and Data Analyst) DEIAJ positions.
- Develop a comprehensive recruitment plan to address the lack of diversity and representation in all areas of the organization.
- Increase equity and access through addressing the reduced access students and Early Career Professionals (ECPs) have to membership and convention attendance.
- Develop a plan to ensure the election processes for all elected positions are transparent, inclusive, equitable, and just.
- Design and implement equitable conference submission and review processes.
- Explore disparities in financial and other resource access across Special Interest Groups (SIGs) and address existing inequities in SIG resources.
- Increase mentorship opportunities for minoritized students and ECPs.
- Increase opportunities for organizational engagement for those in less represented disciplines and professional paths.
- Develop concrete steps with timelines towards incorporating the EIA Task

Force's 2020 subcommittee recommendations, and share these steps and timelines with ABCT members.

- Develop/publicize role descriptions for current organizational leadership roles.
- Develop/publicize role descriptions and expectations for "past" leader positions (e.g., past Presidents.)
- Systematically collect and publish demographic data on identity representation across organization membership, leadership, conference presentations, and publications.
- Systematically collect and publish data on the number of conference presentations (e.g., posters, symposia, keynotes addresses) that focus on issues of DEIAJ.
- Develop accountability measures for DEIAJ connected to each goal and initiative.
- Commit to implementing and engaging in ongoing training in cultural humility and responsiveness for organization leadership.
- Develop, implement, and share with ABCT members, a procedure for reporting and process for addressing

instances of discrimination, marginalization, or targeting.

- Develop a plan to present opportunities for members to heal interpersonal and professional relationships.
- Continue work towards healing and repairing harm (in the context of involvement with sexual and gender identity and expression change efforts, as well as policies, organizational decisions, and aspects of organizational culture that have had disparate negative impact on minoritized groups).

We recognize that it is not feasible to implement all recommendations simultaneously, and we have suggested to ABCT leadership that the Board of Directors first revisit the values, mission, and vision of the organization as connected to DEIAJ to more clearly integrate and operationalize DEIAJ in the context of the organization's values, mission, and vision. We also view hiring for the DEIAJ positions as critically important and suggest that the hiring process begin as soon as possible for the Executive Director for DEIAJ. In the full report, we provide a draft job description. We also suggest that ABCT engage in

meaningful work towards increasing trust through increased transparency. An initial step in this direction is to share the findings from this consultation with ABCT members, which ABCT has started to do. We also encourage ABCT to share descriptions and responsibilities for leadership and "past" leadership roles with members. Lastly, we suggest that ABCT determine a multi-year timeline and strategy for implementing the remaining recommendations and share this with members.

We encourage you to read our full consultation report (<https://www.abct.org/about/register-town-hall-abct-deiaj/>) and we look forward to continuing our work with ABCT leaders and members in an effort to implement these recommendations and create a sustainable, more diverse, inclusive, and equitable future for ABCT.

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BARE Mental Health and Wellness was hired and paid by ABCT to conduct the consultation that resulted in the report summarized in this article.

Correspondence to Jessica LoPresti, Ph.D., BARE Mental Health and Wellness, baremhw@gmail.com.



Call for Web Editor

ABCT is seeking a Web Editor for a 3-year term. The position is funded with an honorarium. The role principally involves working to develop content for the website and reviewing the site and navigational structure to ensure it remains best suited to our audiences. Technological knowledge is less essential, and the Web Editor is not expected to post to the site or otherwise take on the function of a web master. The following mission statement and strategy statement detail information on the proposed aims, activities, and audiences of the website effort.

► WEB PAGE MISSION STATEMENT

The web page serves a central function as the public face of ABCT. As such, it has core functions linked to the mission and goals of the organization: facilitating the appropriate utilization and growth of CBT as a professional activity and serving as a resource and information source for matters related to CBT.

Informational and resource activities are directed toward three conceptual groups:

- Members • Nonmember Professionals • Consumers

The web editor will need to liaise with associate editors, periodical editors, committees, and SIGs for content. Such content includes:

- Diagnosis-specific information pages (e.g., information on depression and its treatment)
- Efficacy information (comparative, combination treatment issues)
- The "feel" of cognitive-behavioral treatment
- Recent research findings
- CBT curricula
- Featured therapist of the month
- Research funding available
- Learning opportunities

► HOW TO APPLY

ABCT members interested in applying for this position should contact David Teisler, Director of Publications, ABCT, at teisler@abct.org. **The deadline for applications is October 1, 2023.**



OBITUARY

In Memory of Dianne L. Chambless

Gail Steketee, *Boston University*

Keith Renshaw, *George Mason University*

Jed Siev, *Swarthmore College*

Sheila Woody, *University of British Columbia*

DIANNE L. CHAMBLESS, Professor Emerita of Psychology at the University of Pennsylvania, died of metastatic lung cancer on July 14, 2023. Her stepdaughter Shellie Goldstein-Roy sent the following obituary to family and friends:

It is with a sad and heavy heart we say goodbye to Dianne L. Chambless, Professor Emerita of Psychology at the University of Pennsylvania, who died of metastatic lung cancer July 14, 2023. Born in Montgomery, AL to Donna Harrison Chambless and Alex D. Chambless, Jr., she grew up there, attending a high school named for poet Sidney Lanier. The sports teams, the Poets, had as their motto “The pen is mightier than the sword.” Perhaps this predestined Prof. Chambless to be known for the excellence of her writing and her editorial skills. She attended Sophie Newcomb (the women’s college of Tulane University), the Sorbonne, and Instituts d’ Études Politiques, graduating in 1969 with a degree in political science. The year she spent studying in Paris instilled her love of French food, live classical music, architecture, walkable urban life, and impressionist and post-impressionist art. When she returned from France, she trained herself in French cooking via Julia Child’s PBS show and Child’s classic texts and thereafter loved to make wonderful food for family and friends as well as to avidly scope out the latest restaurants with other foodies.

Although she remained a political junkie, for her career Prof. Chambless was drawn to clinical psychology, receiving her doctorate from Temple University in 1979. Prof. Chambless served on the faculties of the University of Georgia, American University, and University of North Carolina Chapel Hill, before coming to Penn as director of the clinical psychology program for the final 17 years of her career.

She received multiple awards for her contributions to research on the nature, and especially the treatment, of anxiety disorders and for her ground-breaking work on empirically supported psychological interventions. She led a task force that initiated clinical psychology’s identification of such treatments. She and her task force then successfully advocated that clinical psychology training programs be required to provide instruction in these interventions as part of their curriculum so as to fuse science and practice more consistently in American clinical psychology training. Being a good mentor to her students was very dear to Prof. Chambless’s heart. In this area, too, she received multiple awards, such as the Provost’s Award for Distinguished Ph.D. Teaching and Mentoring from the University of Pennsylvania in 2016.

Prof. Chambless is survived by her beloved husband and colleague, Alan Goldstein, and stepdaughters Shelley Goldstein Roy, Lisa Goldstein Rhodes, and Cathy Goldstein Determan, and by her dear brother, Donald Chambless, sister-in-law Patricia Chambless, nephew Andrew Chambless, and nieces Janet Chambless and Leslie Kears. The family will hold a private cremation. Contributions in her memory may be sent to the Free Library of Philadelphia or the Fairmount Park Conservancy in Philadelphia.

Dr. Chambless’s remarkable career began with research developed with her colleague and husband, Dr. Alan Goldstein, that fundamentally shifted our understanding of panic attacks and agoraphobia (Chambless & Goldstein, 1980, 1981; Goldstein & Chambless, 1978). These papers made clear that panic symptoms, including catastrophic thoughts of dying or going crazy, provoke additional anxiety and that this “fear of fear” generates agoraphobic avoidance. Rather than the fear-provoking stimulus being the “marketplace,” as many behaviorists conceptualized at the time, the relevant stimulus was fear itself. Closely related to the more recent construct of anxiety sensitivity, this perspective provided the basis for treatment via interoceptive exposure to panic symptoms, now a well-supported and widely used intervention for this disorder. Dr. Chambless also developed and validated three widely used self-report scales measuring beliefs and behaviors associated with panic disorder and agoraphobia—the Body Sensations Questionnaire, Agoraphobic Cognitions Questionnaire, and the Mobility Inventory—which she immediately placed in the public domain for easy access, decades ahead of the more recent push for open access to academic writings. Her papers describing these measures have been heavily cited, testifying to the wide use of these instruments.

Inspired by her collaboration with Alan Goldstein, Dr. Chambless also studied the influence of interpersonal relationships on cognitive and behavioral treatment outcomes for people with panic disorder and agoraphobia. She extended this to the study of “expressed emotion” among family members of those with obsessive-compulsive disorder with her colleague and friend Gail Steketee. Her persistence in this research in the face of challenging family assessment procedures and complex research analyses and findings paved the way for interpersonally focused research and treatment of anxiety-related conditions.

Perhaps her most challenging professional role was her leadership of the American Psychological Association (APA) Division 12 Task Force that proposed criteria for judging the degree of empirical support for mental health treatments (e.g., Chambless & Hollon, 1998; Chambless & Ollendick, 2001). Throughout the lengthy process, she maintained a steadfast and professional response in the face of repeated and sometimes vicious attacks on the Task Force positions, ultimately leading to acceptance of Task Force guidelines for empirically supported treatments (ESTs). Her impressive efforts have directly improved mental health training and treatments delivered by mental health professionals. The Chambless and Hollon (1998) paper on ESTs has been cited over 6,800 times. Indeed, the prominence of ESTs and CBT specifically in mental health treatment is in no small part due to her skillful leadership.

Dr. Chambless was a pioneer in ensuring adequate attention to women in psychological research. Several of her early publications focused explicitly on sex differences in anxiety, depression, and treatment response. She published important research on women and sexuality, adding to our understanding of female sexual responses. She championed women professionals in clinical psychology and CBT, sometimes in the face of character attacks due to her advocacy for women. She served on conference panels aimed at women professionals and helped promote the careers of students, trainees, and countless others who were not her personal advisees. She chaired the ABCT Women's Issues Special Interest Group from 1984–1985 and edited a special issue on women in behavior therapy in *the Behavior Therapist* (1985–1986). As a member of the APA Panel on Women and Psychotherapy, she provided recommendations to NIMH on research funding in 1979 and on sexism in the DSM-III in 1986. For her compelling efforts, Dr. Chambless earned a research award from ABCT's Women's Issues SIG in 1986 and was elected a Fellow of APA's Division 35 Society for the Psychology of Women in 2010.

Among her many career awards, the first was the ABCT President's New Researcher Award in 1979, given by Dr. David Barlow, who writes: "During my presidential year in 1979 the Board created the President's New Researcher Award, and I had the real honor of selecting Dianne as the first awardee. In the ensuing 40+ years she has more than fulfilled that promise with her many contributions to science in our profession. Her outstanding contributions form an indelible legacy that will live on."

Continuing honors included APA's Distinguished Professional Contributions Award in 2000 and Section IV Mentoring Award in 2002. She received the Aaron T. Beck Institute for Cognitive Studies Award for Excellence in Research in 2006 and for Contributions to Cognitive Therapy in 2010. She was elected APA Division 12 Fellow in 1989, the Academy of Cognitive Therapy Fellow in 2004, and ABCT Fellow in 2015. She was proud to receive the University of Pennsylvania Provost's Award for Distinguished Ph.D. Teaching and Mentoring in 2016, a testament to her unwavering commitment to her students. In 2017 she was awarded ABCT's Career Lifetime Achievement Award for significant contributions over many years to cognitive behavior therapy.

Within ABCT, Dr. Chambless served as editor of the Women's SIG newsletter (1981–1983) and as Editorial Board member of *Behavior Therapy* (1984–1992). Her several additional roles included elected Representative-at-Large (1988–1991), New Researcher Award reviewer (1991), International Advisory Panel member for the World Congress of Behavior Therapy (1990–1992, 1994), and program committee member for the World Congress (1983) and for ABCT Annual Conventions (1986, 1987, 1991), and convention Workshop Coordinator (1987). She represented CBT perspectives in psychology as Editor and Editorial Board member for multiple journals and as an NIH reviewer.

Dr. Chambless's immense scholarly contributions only hint at her remarkable abilities as a mentor to many students and as a trainer and colleague to researchers and clinicians who continue to influence the field. Her former students have produced hundreds of peer-reviewed publications, and many are faculty researchers in academic departments and medical schools. Her former students, trainees, and colleagues laud her impressive intelligence and creativity, her warmth and kindness, and her clarity, honesty, and attention to mentees' needs, both academic and personal. She was unwavering in her rigor, intellectual honesty, and respect for both individuals and the scientific process, exhibiting the highest level of integrity in the scientific method and process. Committed to truth, she modeled how to remain dispassionate while under attack and to engage in scientific discourse without sacrificing objectivity and professionalism and without capitulating to pressure. Her mentoring style was hands-on, as she directly observed students' therapy sessions or pored over statistical results with them. She was eager to hear about their personal struggles during their academic careers, genuinely welcoming perspectives that would increase her own sensitivity in her mentoring role. Her lovely soft-spoken manner was also frank and clear, as she did not avoid uncomfortable conversations and sensitively mentored students on this necessary process for their leadership roles. She solicited students' thoughts, even as it slowed the research process. She brought out the best in her students and colleagues with whom she worked.

Many colleagues expressed sadness upon hearing of Dr. Chambless's death. Their comments (edited slightly below) attest to her remarkable stature in the field



Dianne Chambless receiving the ABCT Lifetime Career Achievement Award at the 2018 ABCT Convention.



Dianne Chambless with mentees after receiving the ABCT Lifetime Achievement Award.

and provide a window into her thoughtful personal style:

- A true pioneer.
- Psychology has lost a giant. A profound loss for all of us.
- We will miss Dianne, but her scientific legacy will live on for cohorts of clinical psychology students.
- Her impact will resonate for years to come.
- A trailblazer who helped our field in so many ways. Strong, witty, a staunch advocate for evidence-based practice, a champion for women. It was my honor to know her even a little bit.
- She modeled responsibility, professionalism, high standards, conscientiousness, and good grace. I would be a week late handing in a draft of a paper, but she would get it back to me in half a day with insightful, helpful edits.
- Her legacy is one of commitment to learning and openness to ideas, rigorous teaching, thoughtful and challenging supervision, unwavering fairness and integrity, and overall excellence.
- Sad to lose a talented and kind colleague. A great example of the good heart/sharp brain that I always tell clinical students are needed for success in our field.

- Dianne's work (and the firestorm she withstood) did more to bring the treatment literature into the 21st century than anything else and formed the basis for APA's subsequent efforts at clinical practice guidelines—no one ever did more for the notion that treatments should be tested.
- Charm and grace and a backbone of steel—Dianne took the heat for dragging psychology into the 21st century (good data will out) and in doing so she was well ahead of her times.
- [Dianne's journal reviews] were scholarly, incisive, and kind. One could not ask for anything more.
- She made such a tremendous contribution and was the nicest person.
- Such a bright, creative person; a lovely, warm, and caring individual. Her contributions to our field were many and will long be remembered and highly valued. One of the stars for us that will continue to shine.

With tremendous love and respect for Dianne L. Chambless,
—Gail Steketee, Keith Renshaw, Jed Siev, Sheila Woody

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OBITUARY



Richard P. Swinson (1940–2023)

Martin M. Antony, *Toronto Metropolitan University*

RICHARD PRICE SWINSON was among the earliest champions of behavior therapy (and later cognitive-behavioral therapy) in Canadian psychiatry. He passed away peacefully in Toronto, Canada, on February 21, 2023, at the age of 82 from complications of corticobasal degeneration syndrome.

Richard was born in Liverpool, England, on July 30, 1940. He received his Bachelor of Medicine and Bachelor of Surgery degrees in 1963 from the University of Liverpool, followed by his Degree in Medicine from the University of Liverpool in 1970. In 1972 he became a member of the Royal College of Psychiatrists in the United Kingdom. Shortly thereafter, he moved to Toronto with his wife, Carolyn, and their three children, Robert, Ian, and Emma. Upon arriving in Toronto, Richard had the distinction of being the 10 millionth immigrant to Canada since Confederation.

Richard began his career in Toronto at St. Michael's Hospital (1972-1975) and as a faculty member in the Department of Psychiatry at the University of Toronto. In 1975, he moved to Toronto General Hospital (now part of the University Health Network), where he remained until 1990, before moving to the Clarke Institute of Psychiatry (now the Centre for Addiction and Mental Health). At the Clarke Institute, he served as Director of the Anxiety Disorders Program, as well as Clinical Director and Chief of Staff. In 1997, he took on the roles of Chair of the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and Chief of Psychiatry at St. Joseph's Healthcare Hamilton. He held these positions from 1997 to 2006. While in Hamilton, he also served as Medical Director at the Anxiety Treatment and Research Clinic, from its launch in 1998 until his retirement in 2017.

Tragically, Richard and Carolyn lost their oldest son, Rob, in 1993 when he was killed by an impaired driver. After this terrible loss, Richard and Carolyn became very active in Mothers Against Drunk Driving (MADD), where Richard served on the Board of Directors for 6 years. In May 2023, Richard and Carolyn received MADD Canada's Citizens of Distinction Award for their contributions to the anti-impaired driving movement and support of victims and survivors.

Richard's first publication was a letter to the editor of the *British Journal of Psychiatry* concerning medication treatment of "obsessional neurosis" (Jain et al., 1970), 10 years before this condition would be renamed obsessive-compulsive disorder or OCD. In 1975, he cofounded (with psychiatrist Klaus Kuch) the Behaviour Therapy Clinic at Toronto General Hospital. Richard was one of the first psychiatrists in Canada to embrace behavior therapy, at a time when it was not mainstream and not widely accepted. Although several of his early publications (including a book; Swinson & Eaves, 1978) were in the area of alcohol and drug dependence, Richard is best known as one of the first in Canada to devote their career to the study of anxiety and related disorders. In 1980 (the same year that the term "anxiety disorders" was first introduced in DSM-III; American Psychiatric Association, 1980), he launched Canada's first university-based anxiety disorders clinic at Toronto General Hospital (Kuch, 2022).

Over the years, Richard published numerous innovative studies. For example, he (along with Isaac Marks) was among the first to demonstrate that psychological treatment was more effective than pharmacological treatment for an anxiety disorder (specifically panic disorder with agoraphobia) over the long term (Marks et al., 1993). Richard was also the first to show that a single session of behavior therapy for individuals presenting with panic attacks in the emergency room could prevent further complications related to the attacks (Swinson et al., 1992). Finally, he was among the first to show that anxiety disorders could be treated remotely. Almost 30 years ago, long before many of us figured out that we could provide psychotherapy virtually over the internet, he published a study showing

that therapy over the telephone was a cost-effective and efficacious treatment for individuals with panic disorder and agoraphobia living in remote parts of Ontario (Swinson et al., 1995).

Richard was a Distinguished Life Fellow of the American Psychiatric Association (APA), and he served APA as a member of the APA Task Force on the Measurement of Anxiety and Anxiety Disorders, and member of the DSM-IV subcommittees for OCD and for panic disorder and agoraphobia. He also chaired the steering committee for the Canadian Anxiety Treatment Guidelines Initiative, leading to the publication of Canadian Clinical Practice Guidelines for the Management of Anxiety Disorders in 2006. He was a distinguished fellow of the Canadian Psychiatric Association, a fellow of the Royal College of Physicians and Surgeons of Canada, and a fellow of the Royal College of Psychiatrists in the UK.

Richard's contributions to clinical care and mentorship are immeasurable. Richard provided clinical care for thousands of patients, and he was responsible for launching the academic careers of dozens of psychiatrists and psychologists. On a personal note, I owe my own career to Richard. I first worked with him as a full-

time research assistant in 1987–1988, where he inspired me to seek graduate training in anxiety disorders and cognitive behavioral treatment. Many of my own “firsts” were because of Richard. My first publication was with Richard. My first book was with Richard. My first professional presentation was with Richard. The first patients I ever saw were with Richard. Over a period of 35 years, we continued our close relationship. Richard was an outstanding scientist, mentor, and administrative leader. He was brilliant, kind, generous, modest, and fair-minded, and will be greatly missed by the many people who were fortunate to call him family, friend, and colleague. His legacy will live on through his enduring impact on the field, the clinics he founded, the colleagues he mentored, and through a newly launched annual lecture series at McMaster University, the Richard Swinson Innovation in Anxiety Lecture Series.

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AT ABCT

The 2023 Student Research Symposium: Reflections and Recommendations

Frances Grace Hart, *Student SIG Co-Chair, Boston College/McLean Hospital*

ON JUNE 2, 2023, ABCT's Student Special Interest Group (SIG) hosted its inaugural Student Research Symposium, a free and virtual event organized with the intention of expanding access to research-sharing opportunities for student-level researchers. The current article will discuss the background and strengths of this event, in addition to sharing recommendations for future similar events given feedback received from attendees.

Inspiration

The inspiration for this symposium came in the fall of 2022 when I had just recently come into the role of Student SIG Chair. While organizing our presence at the Annual Convention's SIG poster expo-

sition in New York City, I quickly came to realize the barriers preventing many exceptional students from sharing their work via traditional (i.e., in-person) formats. Three main barriers were health concerns, financial infeasibility, and visa-related issues for international students. The first barrier may seem like a relic of the COVID-era's height, but it is important to note that many researchers facing immunocompromise remain unable to attend in-person events even during times when many others are no longer as concerned about virulent diseases. These revelations made it evident to me that if the Student SIG were to authentically pursue its mission of providing opportunities to all stu-

dents, we would need to create another avenue for students to share their work.

In the months following the 56th Annual ABCT Convention, my co-chair (Rebecca Mendoza, an incoming clinical psychology graduate student at George Mason University) and I worked together to create the Student Research Symposium. This single-day symposium leveraged the live-session capabilities of Zoom for paper presentations, data blitzes, and even a Q&A panel discussion featuring current graduate students. Additionally, a poster session was hosted on Twitter, where posters were uploaded on the SIG's Twitter and tagged with #ABCTStudentSymposium2023 so that all posters could be easily accessed in a centralized, virtual location. Practical inspiration was drawn from the Suicide Research Symposium organized this year by Program Chairs Keyne C. Law, Ph.D., and Megan L. Rogers, Ph.D., as well as Reshef et al.'s 2020 publication “How to Organize an Online Conference” and Son et al.'s 2022 publication “Ten Steps to Organize a Virtual Scientific Symposium and Engage Your Global Audience.”

The Event

In total, this year's Student Research Symposium included 68 registered attendees and featured over 35 presentations. Roughly 70% of these presentations were given by undergraduate students and post-baccalaureate researchers. Presenters were located across 3 continents and 5 countries, and roughly 43% self-reported as identifying as a person from an underrepresented background in psychology.

Feedback from a survey distributed to all registered attendees at the conclusion of the Symposium revealed overall positive appraisals of the event. Attendees were asked to indicate their opinions about the Symposium on scales of 1 (being the worst) to 10 (being the best). For example, one question asked, "How well do you feel the Symposium met its goals, as outlined in the Symposium itinerary?" On average, respondents ($n = 12$) gave the Symposium a rating of 8.42 for meeting its stated goals.

A summary of quantitative results can be seen in Table 1.

Highlights from qualitative responses include mixed desire for adding a live poster session. Additionally, respondents described the event as "well run" and "informative." The Q&A session with graduate students received positive evaluations as well, with both the quality of panelists and discussion being praised repeatedly by survey respondents.

Strengths

Overall, my co-chair and I were very pleased with the engagement and response to the Symposium we received from the student community. This year we enjoyed a lively and engaged audience that actively

participated in the various presentation sessions, which gave both presenters and audience members a relatively low-stakes (as most attendees were students) opportunity to practice scientific communication, a skill that has received significant attention in recent years as being critical yet underdeveloped in many researchers. As Symposium moderator, I ensured that presentations remained on schedule and encouraged questions and conversation following presentations. Survey feedback indicated that this was helpful. We hosted the Symposium through ABCT's Zoom account, and we recommend that other SIGs considering webinars or virtual events do the same as their account can host up to 300 attendees for unlimited time. Event registration was handled through EventBrite.

One postprogram survey respondent indicated that they were a faculty member who attended for the purpose of recruiting students. This was an unexpected use of the Symposium that we hope other faculty members will take advantage of in the future.

We believe that a strength of our Symposium was leveraging both our own professional networks and the SIG's social media to publicize the event well in advance of the event itself. The first public announcement for the 2023 Student Research Symposium was posted to the Student SIG's Twitter account on January 24, 2023—over 4 months in advance of the Symposium date (June 2, 2023). We then re-Tweeted this initial announcement many times over the following months. We additionally posted this announcement on the SIG's Facebook and Instagram, where it received considerably less attention. As

of July 11, 2023, the initial Twitter announcement had received over 22,000 "impressions" (i.e., the number of times the Tweet was seen by anyone on Twitter) and over 800 "engagements" (i.e., the number of times any user clicks anywhere on the Tweet, retweets, replies, follows, or likes). This is with a total Twitter following of just under 700 followers.

One of the most important strategies for publicizing on social media is partnering, formally or informally, with other organizations and accounts that share similar missions. This allows an organization to efficiently and effectively grow its network. Oftentimes, other accounts will re-Tweet content they are tagged in if that content is relevant to their mission. Accounts we have effectively partnered with in this way (i.e., through the reciprocal re-Tweeting of content) are PsychinOut, Black in Psych, Disabled in Psych, Latinx in Psych, and Next Gen Psych Scholars Program, in addition to ABCT and the many other SIGs. This list is nonexhaustive, but it illustrates the opportunity provided by social media platforms for mission-driven groups to organize and collaborate to achieve mutually shared goals (e.g., serving students and providing opportunities that promote equity in psychology). Additionally, adding relevant hashtags to posts increases post visibility.

Some may wonder if building a social media presence is truly an efficient and effective avenue to connect with academics, scientists, and students. In 2019, Yu et al. identified 2.6 million "academic twitter" users. Given that other research by the Pew Research Center has found that 42% of U.S. adults ages 18–29 (i.e., the top ages of undergraduate to graduate students today) use Twitter, we feel strongly that our expe-

Table 1. Summary of Quantitative Results

| How well do you feel the Symposium was advertised? | How accessible did you find this Symposium to be? | How useful did you find this Symposium to be in supporting your academic/professional development? | How well organized did you find the Symposium to be? | Please rate your overall experience with the Symposium: |
|--|--|--|--|---|
| 7.75 | 8.67 | 7.92 | 8.33 | 8.33 |
| How well do you feel the Symposium met its goals, as outlined in the Symposium itinerary?* | Please rate the quality of your experience communicating with the organizer/moderator: | How helpful did you find the organizer/moderator when you had questions? | How informative did you find this session? | Please rate the quality of our speakers: |
| 8.42 | 9 | 9 | 8.67 | 9.25 |

Note. *i.e., "We organized this symposium with the intention of expanding access to research-sharing opportunities. We know that there are many barriers inherent to traditional conference formats (e.g., financial, health-related, visa issues, etc.). It is our hope that this Symposium will continue to serve as an opportunity for promising emerging psychological scientists who are facing such barriers to showcase their scholarship and connect with others!"

rience and the data suggest leveraging Twitter as a tool for reaching students is appropriate and effective. Students from other countries have also effectively used Twitter to organize their efforts, such as Everything PsychNG (a student group based in Nigeria) and Project Underrepresented Students in Psychology and Allied Sciences (a group serving students in the Global South).

Future Recommendations

This event gave us the opportunity to learn much about what contributes to a virtual symposium's success and what can be improved in the future.

Although the Q&A panel discussion was rated positively, we are very aware that this event catered primarily to undergraduate and postbaccalaureate attendees. We felt justified in this decision because the Symposium was composed of nearly 70% undergraduate and postbaccalaureate presenters, but in the future we hope to feature sessions that will better serve the interests of graduate students as well. We found it challenging to do so this year because both co-chairs were themselves undergraduates, and therefore were not certain what topics would be helpful to graduate students. To address this gap, the Student SIG has welcomed additional executive board members, several of whom are graduate students. We hope that having graduate students represented on our board, in addition to listening to graduate student SIG member feedback, will help us develop sessions that better serve all members in future events.

Final considerations include stark time zone differences among international attendees, the steep disparity between registered attendees and those who actually attended, and a decline in attendance during the second half of the Symposium. Future symposia should devote time to brainstorming creative solutions to these challenges. Additionally, we received feedback requesting that in the future, images on our social media should take advantage of the "alt text" image description feature to allow access for visually impaired individuals. Since receiving this feedback, all of our posted images have used this feature, and we encourage other organizations to do the same.

Closing Thoughts

Although many hours across several months of planning went into the organization of this event, we firmly believe that other SIGs and groups interested in host-

ing virtual symposia should not be discouraged from organizing their own events, daunting though it may seem. We feel that contemporary technological tools (e.g., social media, Canva, Google Forms, EventBrite, etc.) make organizing such an event feasible for even a team of two undergraduate students (although, admittedly, these students were highly motivated and had extensive previous relevant organizational experience). The Student SIG intends to host this event at the same time next year, and we look forward to what can be accomplished with a larger team and the social capital of being a second-year event.

We believe that creating free, virtual opportunities to share research is a critical future direction in diversifying, and thereby improving, the scientific community. We hope that our event is an example of the feasibility and desirability of such events.

We are grateful to the people who made this Symposium possible, namely graduate students Emma Wolfe, Danielle Miller, and Jacky Duong; ABCT Membership and Marketing Manager Rachel Lamb; the organizations that graciously promoted this event on their social media; all attendees and presenters; and many others.

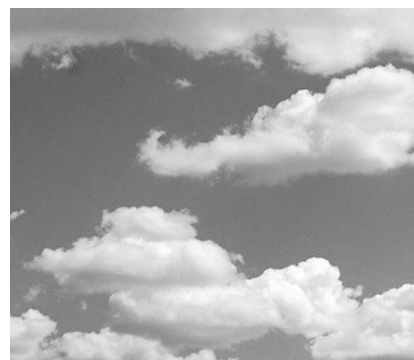
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ABCT's **Find a CBT Therapist** directory is a compilation of practitioners schooled in cognitive and behavioral techniques. In addition to standard search capabilities (name, location, and area of expertise), ABCT's Find a CBT Therapist offers a range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

We urge you to sign up for the Expanded Find a CBT Therapist (an extra \$50 per year). With this addition, potential clients will see what insurance you accept, your practice philosophy, your website, and other practice particulars. The expanded Find a Therapist listing will have a unique style and come first in any searches that capture the member's listing.

➔ To sign up for the Expanded Find a CBT Therapist, visit abct.org/membership. For further questions, contact the ABCT central office at 212-647-1890 or membership@abct.org.

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Treating Race-Based Traumatic Stress

Race-based traumatic stress (RBTS) is a significant source of psychological distress for those who are Black, indigenous, or people of color (BIPOC). Yet, many individuals from BIPOC communities are reluctant to seek professional help for this distress. The reasons for this reluctance are numerous and include an overall lack of cultural sensitivity in mental health services provided to the BIPOC community, as well as low numbers of mental health professionals who are also people of color. . . .

► **Download** <https://www.abct.org/fact-sheets/race-based-traumatic-stress-rbts/>