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POSTCONVENTION REFLECTION

“Working Out the Irrigation System: Toward Better Access to Quality Mental Health Services”: Reflections on Dr. Michael Southam-Gerow’s Invited Address

Samuel F. Acuff, *Massachusetts General Hospital and Harvard Medical School*

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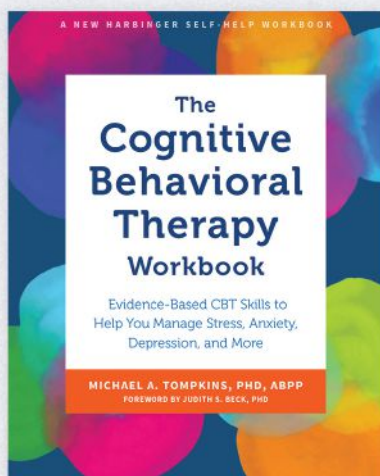
“It is one thing to say with the prophet Amos, let justice roll down like mighty waters, and quite another to work out the irrigation system.” —WILLIAM SLOANE COFFIN, social activist and clergyman

WE FACE a longstanding mental health crisis in the U.S. and globally, intensified by the isolation, uncertainty, and economic devastation of the global COVID-19 pandemic. Rates of mental health problems are on the rise, yet our current service system is underresourced and overburdened. Between 2004–2019, there was a 74% increase in major depression among young people, with a staggering 60% not receiving any treatment (SAMHSA, 2019). Even in states with the greatest access to mental health resources, 1 in 3 young people go without treatment (SAMHSA). Among U.S. adults, 24% with a mental illness report an unmet treatment need—a number that has remained unchanged since 2011 (SAMHSA).

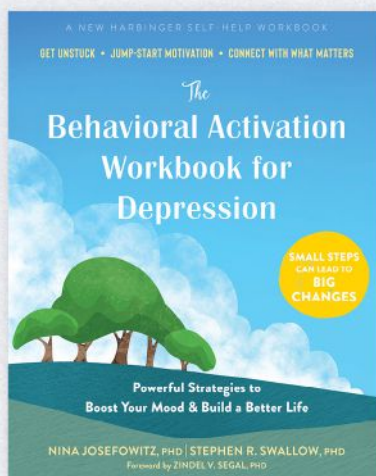
In his invited talk, Dr. Michael Southam-Gerow eloquently framed the mental health crisis in part as an “irrigation issue”: despite decades of important scientific advancements in evidence-based treatment, we have not yet built the proper irrigation channels to distribute access. Dr. Southam-Gerow further articulated a knowledge translation problem whereby knowledge generated by research typically fails to penetrate real-world contexts, in part due to poor science communication and weak or nonexistent collaborations with community partners. Dr. Southam-Gerow also provided poignant data demonstrating a small and unevenly distributed workforce of licensed psychologists, psychiatrists, and other mental health providers that limits equitable access. In 2018 there were on average approximately 31.3 active licensed psychologists per 100,000 people in the United States (Lin et al., 2020). However, there was also a high degree of variability by location: while D.C. (144.1), Massachusetts (81.9), and New York (68.9) had the most licensed psychologists per 100,000 people, Mississippi (12.1), West Virginia (11.8), and South Carolina (11.5) had the fewest.

Dr. Southam-Gerow thoughtfully suggested that the irrigation issue contributes to the oft-cited evidence-to-practice gap whereby evidence-based treatments are not routinely implemented and sustained with fidelity in the service contexts where people typically present for care. To address these issues, Dr. Southam-Gerow encouraged the audience to understand and better calibrate elements of the irrigation system broadly encompassing two domains: (a) the facilitators and barriers within the irrigation channels, and (b) experiences of “irrigators” (i.e., the workforce).

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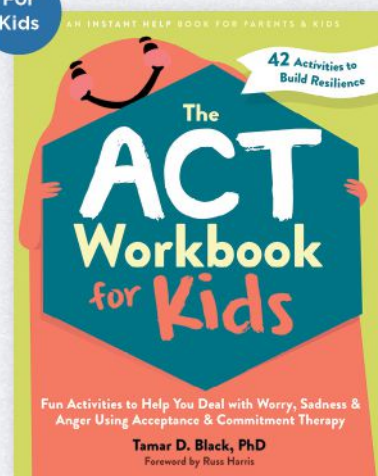


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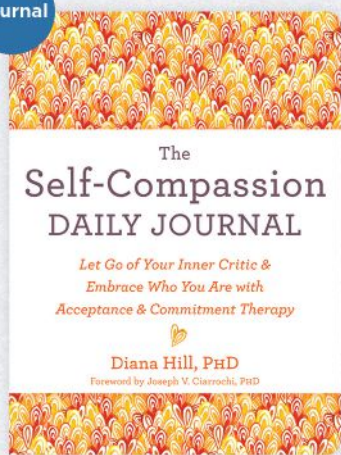
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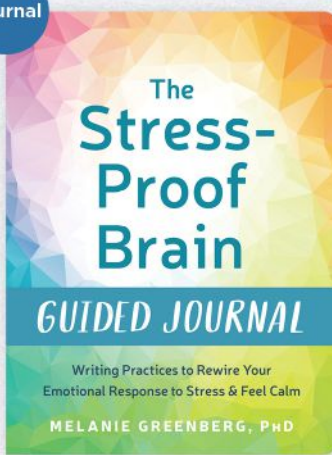
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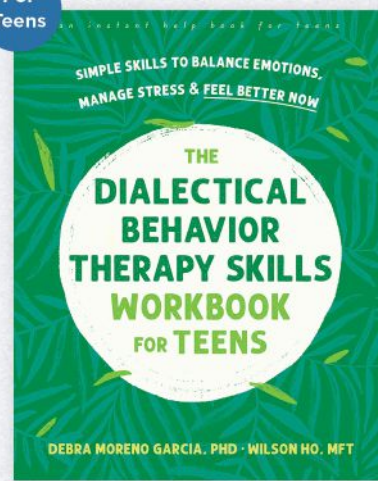
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Irrigation Channels: Barriers and Facilitators of Access

Efforts to develop and refine irrigation channels require a foundational understanding of relationships between policy and practice. In his talk, Dr. Southam Gerow provided compelling evidence for how state-level funding can influence the availability of critical services. In Virginia, there is a 45:1 funding disparity for in-home services (a catch-all term for a variety of services, many of which are not empirically supported) compared to either Family Focused Treatment (FFT) or Multisystemic Treatment (MST), which both have a robust body of scientific support (van der Stouwe et al., 2014). Given that provision of services is often contingent on funding, Dr. Southam-Gerow explained that some services with a less favorable evidence base are more common in Virginia than gold-standard treatments. Dr. Southam-Gerow's analogy suggests that the rain (i.e., services) will go wherever the channels (i.e., funding streams) lead.

Dr. Southam-Gerow also described problems in how various evidence-based practices are reimbursed, with some organizations (e.g., insurance companies) either failing to incentivize the use of evidence-based practices or maintaining policies that interfere with evidence-based practices. Indeed, in the question-and-answer portion of Dr. Southam-Gerow's talk, audience members expressed feeling frustrated at insurance incentive structures interfering with their ability to provide certain interventions despite clinical indication. More attractive reimbursement rates for evidence-based practices may be an important step in facilitating equitable access to quality care.

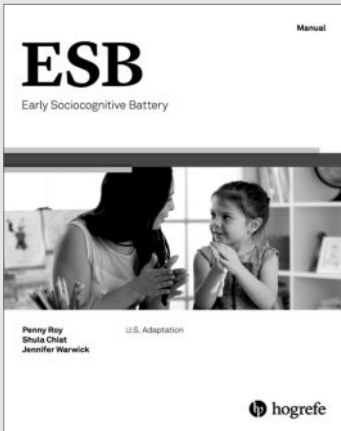
Unfortunately, an unintended consequence of our current irrigation channels involves people being delayed in service access and/or being funneled into services that do not actually meet their needs. At times, we may actually be conflating mental health issues with problems of scarcity and poverty. While mental health services may be useful for all, Dr. Southam-Gerow emphasized that, in some cases, people simply need more resources. How systems interact with patient needs and pathways to treatment is a foundational step in revealing irrigation issues with wide-scale implications that may be adjusted to improve ease of access to available services. An essential component of understanding these systems and developing practical supports is to partner with providers, patients, and other interested parties to understand lived experiences and practical facilitators and barriers to services.

Experiences of the Irrigators: Workforce Shortages

Dr. Southam-Gerow also importantly acknowledged that increasing access to services through rerouted or widened irrigation channels may amplify an additional and ongoing challenge in the mental health field: namely, that we do not have enough "irrigators" (i.e., personnel) to support service demand. On average in the United States, there is one licensed psychologist per 3,000 people; the workforce is simply not equipped to manage an influx in people seeking treatment. Addressing this problem may therefore require unique, innovative solutions that are locally managed and context dependent. For example, Dr. Southam-Gerow creatively considered whether increasing the number of bachelor's-level providers could facilitate certain highly structured or manualized treatment protocols under supervision. In many cases, bachelor's-level people are already filling needs by providing mental health services; yet, these services are often not evidence-supported practices and are accompanied by limited supervision and fidelity monitoring. Dr. Southam-Gerow also noted that introducing a national bachelor's-level license for some specific protocols or services may encourage undergraduate psychology majors to consider this pathway, which may quicken the service delivery



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The Early Sociocognitive Battery (ESB) is a new, innovative assessment for preschool children that is a predictive indicator of later language and social communication difficulties that are often experienced by children who have been diagnosed with autism spectrum disorder (ASD).

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pipeline. Indeed, an empirical question is whether there are specific services for which bachelor's level providers are as effective as providers with higher levels of training. Critically, while addressing shortages may be necessary to increase access to evidence-based care, enhancing the number of providers may not be sufficient for enhancing access—there may still be an inequitable distribution of quality services. It is likely important to consider ways to incentivize providers to expand their practices to underserved areas.

Another challenge is to reduce high turnover rates, with rates of 150% turnover over 2 years in some short-staffed and burned-out clinics that collaborate with Dr. Southam-Gerow. Turnover leads to high financial costs and disrupts patient care. Dr. Southam-Gerow echoes many calls to improve compensation and reduce unmanageable workloads. Virginia, for example, is exploring loan repayment programs and enhanced salaries for public workers. These efforts are particularly pressing for clinicians with underrepresented identities; it is critical for the healthcare workforce to reflect the populations with whom they work.

Finally, as we seek to enhance the mental health irrigation system, it is essential to remain connected to the lived experiences of providers within various service delivery systems. There are financial and practical reasons providers and clinics operate in the way they do. They may appear counter to recommendations for “evidence-based practice.” Only in partnership with communities and interested parties can we help to develop evidence-based approaches that are practical and that fit within existing systems.

What's Next?

Many of us are motivated to increase access to quality mental health services but are uncertain where to begin. Dr. Southam-Gerow was clear that this is largely a systems-level issue that will require the collective action of interdisciplinary teams, including clinicians, researchers, patients, local government officials, and managed care and insurance providers. Still, we can all make individual-level changes to support a more effective irrigation system. A first step is to become aware of the irrigation system within our localities. There is a high degree of between- and within-state variability in the organization and availability of mental health services. Foundational knowledge of the current service landscape is essential in navigating clinical practice, optimizing irrigation channels, and/or conducting research with meaningful real-world implications. This includes (but is not limited to) understanding insurance reimbursement, local, state, and federal funding streams, available services and personnel, cascades of care and treatment gaps, and needs and preferences of patients treated. A related step is to improve our science communication, as implementers may not know which practices or treatments to select for their context. Streamlining data collection and the way we present findings, and providing more coherent and organized knowledge translation systems, will surely be necessary for refining our irrigation channels.

We can also work to enhance our training of the next generation to be aware of, understand, and resolve the irrigation problems. For example, there needs to be more emphasis in our graduate clinical education on service provision and the application of evidence-based practices in authentic community settings. Indeed, many of us leave our training programs without much foundational and practical knowledge in service provision and implementation science. Given the availability of efficacious treatments, empowering and incentivizing the next generation of clinicians and researchers to translate evidence-based treatments into existing systems of care may ultimately provide a

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tremendous net societal benefit.

Importantly, we do not need to reinvent the wheel. There are existing efforts to address irrigation problems in other service delivery settings and populations. For example, despite the anticipated success of the “test” (i.e., early identification strategies for at-risk individuals) and “treat” (i.e., initiation of antiretroviral therapy) model to reduce HIV infection rates, initial efficacy was underwhelming, with an estimated 19% of likely HIV cases in the United States reaching undetectable viral loads in 2011 (Gardner et al., 2011). The cascades-of-care model characterized gaps in HIV treatment and articulated specific areas of investigation to understand why fewer people were receiving care at each subsequent step in testing and treatment. The resultant unifying framework has connected policymakers, scientists, and doctors through functional targets and mechanisms—ultimately driving substantial global improvements in HIV treatment uptake over the past decade (UN AIDS, 2018). The cascades-of-care framework (and other related models) may serve as a valuable template for increasing access to and engagement with mental health services as we work together to improve our irrigation system.

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“Are You Sure You Want to Be Well? On Healing and the Practice of Joy”: Reflections on Dr. Wilson Kwamogi Okello’s Invited Address

Elizabeth Dougherty, *University of Chicago*

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THE 2023 ABCT Annual Convention featured Dr. Wilson Kwamogi Okello’s invited address, “Are You Sure You Want to Be Well? On Healing and the Practice of Joy.” Dr. Okello is an assistant professor of higher education at Pennsylvania State University and a research associate at the Center for the Study of Higher Education. He is an artist and transdisciplinary scholar who utilizes Black critical theories to advance research on youth and adult development theory. Dr. Okello delivered a thought-provoking invited address that illustrated the complexities of conceptualizing and cultivating joy in the context of oppression, and provided guidance on how teachers and clinicians can assist racially minoritized individuals to heal.

Throughout his presentation, Dr. Okello used literature to illustrate the challenges that racially minoritized individuals face striving for wellness in today’s society. At the start of his talk, he presented personal reflections on what it means to live and work as a minoritized individual in the current social and political climate. His reflections provided a powerful illustration of the challenges minoritized individuals face creating and operating in institutions and societies fraught with racism and discrimination. Dr. Okello drew a parallel between these challenges and the experiences of a character in Toni Cade Bambara’s *The Salt Eaters* (1980), named Velma. Velma is a civil rights activist who ends up in the community clinic suffering from exhaustion and burnout. While there, she meets a healer, Minnie Ransom, who asks her, “Are you sure, sweetheart, that you want to be well?” Dr. Okello used this story to emphasize the difficulty of pursuing wellness when experiencing racism, discrimination, and oppression, all of which are detrimental to mental health. Like Velma, many minoritized teachers and clinicians who serve their communities everyday do so in an oppressive environment, resulting in racial battle fatigue, or emotional and physical exhaustion from race-based stress (Quaye et al., 2020). Dr. Okello emphasized the necessity for racially minoritized individuals to engage in wellness practices as a means of thriving within systems that actively threaten and harm their health and wellness.

Striving for wellness often involves engaging in practices to cultivate joy. In contemporary society, joy is often associated with feelings of ease and gladness. However, Dr. Okello argued that for individuals who are marginalized, particularly Black individuals, joy is a more complex experience that takes into account the obstacles, barriers, and threats that come with racism and discrimination. As a historical example, Dr. Okello highlighted the experience of Harriet Jacobs, an enslaved woman living in the antebellum South who was forced to live in a crawl space for 7 years to escape horrific violence. In this crawl space, she was free from the harms of the outside world, but confined with little light or air and forced to be separated from her children. In her autobiography, *Incidents in the Life of a Slave Girl* (1861), Harriet writes about experiencing joy while recalling memories of her children, despite her depraved living conditions. For Harriet, joy was a private internal experience that held promise for a better future, giving her the will to press forward. Dr. Okello conducted an analysis of this text. From this, he came to

Dr. Okello argued that for individuals who are marginalized, particularly Black individuals, joy is a more complex experience that takes into account the obstacles, barriers, and threats that come with racism and discrimination.

understand a more nuanced form of joy—one that reflects the resilience and fortitude of Black individuals.

Dr. Okello defined Black joy as being characterized by concepts of interior elaboration, cramped creation, and otherwise imagining. According to Dr. Okello, *interior elaboration* is the idea that joy is small and deeply connected to one's internal world. *Cramped creation* is the idea that joy involves operating and creating from a place of oppression and confinement in institutions and in broader society. *Otherwise imagining* describes the idea that joy involves feeling inspired and calling one's future into view. Dr. Okello went on to discuss how teachers and counselors can put these concepts of interior elaboration, cramped creation, and otherwise imagining into practice to help minoritized individuals move closer to joy. First, as teachers and counselors grow in their own self-awareness, they should help minoritized students and colleagues deepen their own self-awareness by facilitating opportunities for them to practice intimacy and self-reflection. Second, teachers and counselors should assist minoritized individuals to identify other people in the community who can support them in cultivating joy. Finally, teachers and counselors should empower minoritized individuals to recognize their own strength and resilience and ability to heal.

Dr. Okello delivered an inspiring address about the complexity of conceptualizing and cultivating joy in the context of oppression. In a time of social and political turmoil, Dr. Okello highlighted the immense challenges of living and serving the community and striving for wellness as a racially minoritized individual, and challenged us to think differently about the concept of joy. With this knowledge, teachers and clinicians should strive to create institutional environments that better support minoritized individuals and their ability to heal.

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“Reward Sensitivity as a Risk Factor and Treatment Target for Depression and Anxiety”: Reflections on Dr. Michelle Craske’s Invited Address

Kiara Buccellato and Casey Straud, *University of Texas Health Science Center at San Antonio; University of Texas at San Antonio*

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IN THE FIRST invited address of the 2023 ABCT Annual Convention, Dr. Michelle Craske discussed reward sensitivity, positive affect, and anhedonia in patients with depression and anxiety. Dr. Craske is a Distinguished Professor of Psychology, and of Psychiatry and Biobehavioral Sciences, the 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. Dr. Craske is also a past president of ABCT, current Editor-in-Chief for *Behaviour Research and Therapy*, and holds the position of Officer of the Order of Australia.

Dr. Craske began her presentation by defining the two core motivational states that guide our behaviors and emotions: (1) the defensive system, which motivates avoidance of threats and punishments, and (2) the appetitive system, which motivates approach towards rewards and goals. The two states are associated with negative (e.g., fear, anxiety) and positive emotions (e.g., joy), respectively. To date, much of the literature surrounding anxiety-related dysfunction and treatment has focused on the defensive system and downregulation of negative emotions to achieve the desired clinical outcomes. In this invited talk, Dr. Craske delved into various studies conducted by her lab, exploring both the defensive and appetitive systems on the physiological, cognitive, and behavioral levels, as risk factors for the development and persistence of anxiety and depression.

The Role of Positive Affect

The first of these studies, the Youth Emotion project, tracked participants for up to 10 years, starting at age 16–17, to evaluate common versus unique risk factors in the development of depression and anxiety. The second study, the BrainMAPD project, expanded on available information gathered by the Youth Emotion project by adding collection of neurocircuitry data in a group of 18- to 19-year-olds, assessed over the course of 2.5 years. These projects demonstrated that high levels of negative emotion, as well as trait low levels of positive emotion, predicted the development of depression and anxiety over time. They also showed that positive affect buffered the impact of chronic social stress on the later development of these disorders.

Dr. Craske’s team expanded on these findings in supplemental studies examining potential mechanistic pathways by which social support could protect against depression and anxiety disorders, and impact how participants appraise negative events. In one such study, the researchers asked participants with high levels of trait neuroticism per behavioral assessment (deemed “at risk” for development of emotional disorders as defined by this study) to rate a series of negatively valenced images on how “bad” the images were. Two conditions were utilized for this task. The first condition asked participants to simply rate how “bad” they perceived these negative images to be and how positive they feel (solo condition), while the second condition asked participants

to identify their closest social support figure (e.g., best friend, parent, etc.), then rate the “badness” of the images in accordance with how their closest social support figure would encourage them to think and how positive they feel (social condition). The results showed that participants rated the images as “less bad” and rated themselves as feeling more positive in the social condition compared to the solo condition.

Another study examined if there is a relationship between positive affect and how participants interpret ambiguous scenarios. Participants were first asked to either recall a positive or negative autobiographical event to induce the associated emotional state. After induction of emotional state, participants were presented with ambiguous scenarios and asked to interpret how positive or negative they felt the scenario was. Those in the positive emotional state group rated the ambiguous scenario as more positive than those in the negative emotional state group.

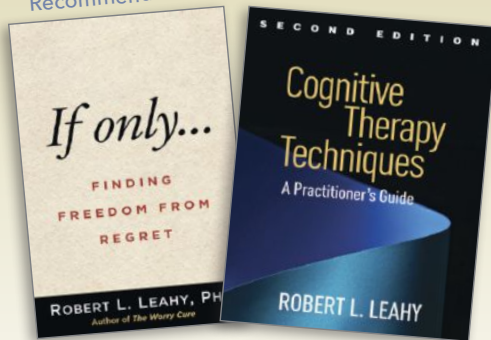
Dr. Craske’s lab aimed to understand how multifaceted life events (i.e., events that have both positive and negative components) impact anxiety and depression. Independent evaluators rated the positivity and negativity of life events collected from the BrainMAPD project participants, and those ratings were subsequently evaluated against development of anxiety and depression. The researchers found that events that were rated as both highly negative and highly positive were predictive of lower general distress over time than events rated as highly negative but not highly positive. This is interpreted to indicate that the positive components of the life event buffered against the negative components of the event to prevent symptoms of general distress. Taken together, the results of these studies indicate positive emotions and events have a protective effect on the development of anxiety and depression.

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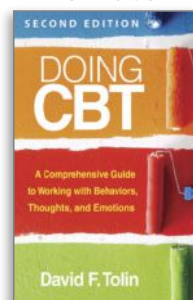
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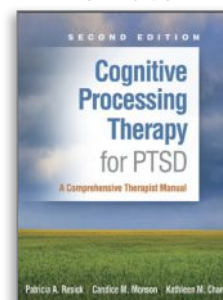


Robert L. Leahy, PhD, is Director of the American Institute for Cognitive Therapy in New York City and Clinical Professor of Psychology in the Department of Psychiatry at Weill Cornell Medical College. Dr. Leahy is past president of the Association for Behavioral and Cognitive Therapies (ABCT).

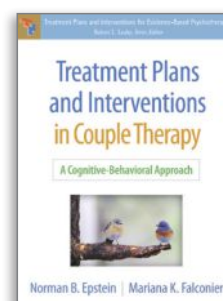
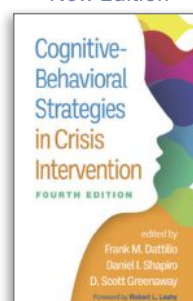
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Decreased Reward Sensitivity in Anxiety and Depression

In the next section of her address, Dr. Craske further explored the appetitive motivational system and the underlying factors that may drive people to seek reward. She defined two types of reward: (a) hedonic, “inherent pleasure or desire,” and (b) eudaimonic, “meaning and purpose.” She then described a study examining neural activation in response to reward among participants with anxiety or depression. Dr. Craske’s team used the Monetary Incentive Delay Task, which presents participants with a cue that informs them of how much monetary reward they could win based on their performance on a subsequent task. After completion of the task, the participant is given feedback telling them how much they won. The researchers measured anticipation of and response to reward through neural scans of ventral striatum and the orbitofrontal cortex during the task. They found lower activation in the orbitofrontal cortex, a region of the brain related to representation of the value of reward and regulation of reward responses, in response to reward in participants with lower positive affect. As positive affect increased, orbitofrontal cortex activation in response to reward increased as well. In summation, low positive affect appears to be associated with decreased reward sensitivity (hyposensitivity). The importance of these findings is discussed in the context of treating anxiety and depression, with Dr. Craske highlighting that current treatments typically focus on decreasing negative emotions rather than increasing positive emotions. Therefore, there is a clear need for treatments or treatment augmentations that specifically target reward sensitivity, with the goal of increasing response to reward.

Positive Affect Treatment

To that end, Dr. Craske and her team designed a treatment utilizing a series of strategies designed to increase the savoring, learning, and anticipation of reward. Strategies included developing behavioral skills, developing cognitive skills, and cultivating positivity. This treatment starts by teaching patients how to label and discriminate various positive emotions, then moves into behavioral activation with rewarding activities with imaginal recounting. The primary distinction between this treatment and standard behavioral activation is the extensive use of imaginal recounting of the most positive aspects of the behavioral activation. The purpose of this extensive imaginal recounting is to train the participant to improve positive recollection of past events, think about the past in first person rather than third person, and not overgeneralize memories of positive past experiences. An evaluation of this treatment method against a more analytic, narrative approach was conducted in participants with anhedonia and found that a first-person, present tense, experiential approach led to higher positive affect than a narrative approach. Once the behavioral activation component is introduced, the treatment moves on to developing cognitive skills, specifically teaching participants how to focus on the most positive components of a given situation, taking credit for positive outcomes, and imagining the future in a more positive way. Lastly, to cultivate positivity, the participants set intentions and conduct actions based on love and kindness, gratitude, and appreciative joy.

To test this positive affect training as a viable treatment option, Dr. Craske conducted an experiment of positive affect treatment versus negative affect treatment in people with clinically severe and impairing anxiety or depression. Negative affect treatment was defined as treatment focused on reduction of threat response. They found that participants in the positive affect treatment group showed significant increases in positive affect compared to negative affect treatment, with posttreatment levels on par

with positive affect levels in the normative population. Furthermore, positive affect treatment was also better at reducing depression, anxiety, and suicidal ideation. In a replication of this study, Dr. Craske's team again recruited people with clinically severe anxiety or depression, with the additional inclusion criteria of severely low positive affect at baseline. The results again show that positive affect treatment was better at raising positive affect and reducing depression and anxiety than negative affect treatment, and at increasing reward sensitivity.

Dr. Craske went on to describe another ongoing trial, this time assessing both reward sensitivity and threat sensitivity. She hypothesized that positive affect treatment will lead to greater changes in reward sensitivity, while negative affect treatment will lead to greater changes in threat sensitivity. Additionally, moderators will be explored to determine if certain groups benefit from these treatments above and beyond others. Full results are forthcoming; however, initial findings suggest differential responses among those with higher panicky anxiety.

Virtual reality might also serve as a useful tool for patients who struggle to identify positive, rewarding experiences in their daily life to address in positive affect treatment. By utilizing virtual reality, patients can be inserted into controlled, rewarding experiences, which they can then use as their focus of treatment. A lab-based pilot study of 6 highly anhedonic participants who completed 13 sessions of virtual reality with imaginal recounting found significant reductions in self-report evaluations of anhedonia and functional impairment. Additionally, increased neural response in the orbitofrontal cortex during the Monetary Incentive Delay Task was found over the course of treatment. This pilot was followed up with a replication using mobile (non-lab-based) virtual reality. Similar results to the pilot trial were found at mid-treatment; however, those improvements were not seen at posttreatment. This is attributed to participants not utilizing the virtual reality after mid-treatment, due to lack of engagement of the mobile version of the virtual reality technology. In response to this, Dr. Craske and her team are moving away from mobile virtual reality for positive affect treatment for now and reverting to an in-lab version for their ongoing work.

Relevance to Exposure Therapy

Dr. Craske posed the question, "What is the relevance of reward sensitivity to exposure therapy?" She noted that, in exposure therapy, a primary goal is the reduction of defensive responding. This is important because exposure therapy serves as a clinical proxy for extinction learning, and individuals with anxiety have been found to demonstrate high threat reactivity, difficulty inhibiting threat response to safe stimuli, and poor extinction learning. Therefore, strategies for improving extinction learning in people with anxiety are important for the effectiveness of exposure therapy. It is Dr. Craske's hypothesis that anhedonia interferes with the success of exposure therapy. This stems from work showing that if you judge a previously feared stimulus more positively at the end of treatment, the long-term retention of improved mental health outcomes is greater. Relatedly, if positive emotions are induced (via laboratory-based manipulation) during extinction learning, long-term retention of outcomes is more robust. On a neural level, higher anhedonia was correlated with weaker neural extinction at posttreatment across all examined brain regions.

Why does this relationship exist, and how does it relate to reward sensitivity? Dr. Craske explained how, during exposure therapy, patients expect a negative outcome and when that doesn't occur, they feel hedonic reward due to the better-than-expected outcome. In anhedonic patients, the hyposensitive reward system limits those feelings

... increasing positive affect prior to treatment, or inducing positive affect during treatment, could be an important component in improving outcomes for people with anxiety and depression.

of hedonic reward, and thus may inhibit effective extinction learning. In the context of exposure therapy, a better-than-expected outcome is measured from the discrepancy between the perceived likelihood of a feared outcome prior to conducting exposure and the absence of the feared outcome, and the perceived likelihood of the same outcome if the exposure was repeated. Larger discrepancies are associated with superior long-term outcomes. Furthermore, high positive affect is associated with larger discrepancies, while anhedonia can interfere with that change. Therefore, increasing positive affect prior to treatment, or inducing positive affect during treatment, could be an important component in improving outcomes for people with anxiety and depression.

In the final minutes of her invited talk, Dr. Craske explained a novel approach to exposure therapy using decoded neurofeedback that essentially produces unconscious exposure therapy. This approach uses machine learning and multi-voxel neuro-reinforcement to unconsciously link a person's phobia with feelings of reward, thus decreasing fear of the stimuli without consciously exposing the patient to their phobia. Though this treatment is in its preliminary stages, it could have profound implications for patient acceptability of exposure therapy.

Through her talk, Dr. Craske provided an in-depth understanding of reward sensitivity, the impact of positive affect and anhedonia on clinical outcomes, and a look forward towards groundbreaking new directions that aim to advance acceptance and outcomes of exposure therapy for people with anxiety and depressive disorders. ■



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“Affirmative Care Across Domains: Advancing Mental Health Equity” Reflection on the Invited Panel

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ACROSS THE LIFESPAN, individuals from marginalized and minoritized communities experience multifaceted and compounding barriers to receiving affirmative¹ and effective mental health care. Attitudinal barriers—including stigmatized beliefs about mental illness and help-seeking in communities of color as well as mistrust of medical and mental health professionals originating from historical and personal experiences of discrimination—deter many individuals from marginalized and minoritized groups from seeking mental health services (Huey et al., 2023; Mays et al., 2017). For the minority of individuals who do enroll in mental health services, knowledge barriers stemming from unrepresentative research samples preclude appropriate recognition, diagnosis, conceptualization, and treatment of mental health problems (Henrich et al., 2010; Vickers-Smith et al., 2023). The underrepresentation of marginalized and minoritized groups in mental health and the mental health service literature inherently limits the effectiveness and responsiveness of mental health care for these individuals, as clients from marginalized and minoritized communities have unique risk factors (e.g., pressure to assimilate; race-based violence; generational trauma) and protective factors (e.g., positive ethnic-racial identity as a result of cultural socialization; social connectedness) that influence their mental health. In the absence of supporting empirical evidence, these culturally specific risk and protective factors are traditionally not incorporated into manualized treatments (Park et al., 2023). Additionally, these culturally specific risk and protective factors may be overlooked by mental health professionals, especially when guidance from treatment manuals is lacking, given the demographics and training of the mental health workforce. For example, although more than 40% of the U.S. population identifies as people of color (U.S. Census Bureau, 2020), the U.S. mental health workforce is predominantly White (82%; Bureau of Labor Statistics, 2023). This discrepancy between the identities held by mental health professionals and their clients can contribute to generalizations and misunderstandings that negatively impact the quality of mental health care (Huey et al., 2023). In addition, a recent study found that although 91% of clinical psychology doctoral students in the U.S. reported working with clients of color, many endorsed that they did not receive training to address the unique stressors faced by their clients prior to providing care (Galán et al., in press). Accordingly, the provision of affirmative mental health care requires attention to not only what happens in the therapy room but also the research, training, policies, and sociocultural norms and values that influence who receives and ultimately benefits from mental health care.

The invited panel “Affirmative Care Across Domains: Advancing Behavioral Health Equity” at the 2023 ABCT Annual Convention discussed various barriers to receiving

¹In this article, we use affirmative care to refer to an approach to mental health care delivery that honors a client’s identities, emphasizes the client’s strengths and resilience, validates the client’s lived experiences, and empowers the clients to authentically express all aspects of themselves.

quality mental health services experienced by specific marginalized and minoritized groups, as well as actions that professionals can take to address these barriers and provide affirmative care. This panel, moderated by Dr. Donte Bernard (Assistant Professor, University of Missouri-Columbia), featured six presenters with expertise in affirmative care across a range of domains: Indigenous/American Indian people, Black youth, the Deaf² community, Autistic adults³, and sexual and gender minoritized individuals. In this article, we highlight key takeaways from their presentations, including group-specific treatment barriers and promising future directions for advancing mental health equity.

Affirmative Care for American Indian and Indigenous People

Dr. Ashleigh Coser (Health Service Psychologist, Cherokee Nation) described barriers to mental health service use as well as strategies to improve treatment outcomes for American Indian and Indigenous people. Such barriers include the significant underrepresentation of American Indians in the mental health and mental health services literature. Dr. Coser specified that American Indians have hardly any representation in clinical trials testing mental health treatments, and they are rarely included in normative samples. When they are included in mental health research studies, American Indians are oftentimes grouped in the nondescriptive “Other” category when reporting demographics, making it difficult to discern group-specific affirmative and effective treatment practices for American Indians. Dr. Coser also emphasized the diversity among American Indians in terms of languages, spiritual beliefs, and traditional practices, thus underscoring the need to understand culturally specific risk and protective factors for not only American Indians but also specific American Indian tribes. Additionally, although American Indians represent 2.9% of the U.S. population, only 0.13% of the U.S. psychology workforce identifies as American Indian/Alaska Native (American Psychological Association, 2022). Given the limited research including American Indians and the limited number of mental health professionals who identify as American Indian, it is likely that most mental health professionals may be unfamiliar with American Indian values, beliefs, and behaviors and may consequently fail to incorporate American Indian culture into treatment. Dr. Coser also spoke about the prevalence of stigma within the American Indian community, which prevents many individuals from seeking mental health care due to concerns of being viewed as weak (Abdullah & Brown, 2011).

To encourage treatment engagement, Dr. Coser advised mental health professionals to consider the negative impact of discrimination and historical trauma (e.g., forced relocation; genocide; forced assimilation of youth through government-operated boarding schools and adoption policies; Cromer et al., 2018; Stewart & Gonzales, 2023) on help-seeking beliefs and behaviors among American Indians. Given its potency, Dr. Coser suggested that cognitive behavioral therapy (CBT) could be an effective treatment for many American Indians. At the same time, she emphasized the need to culturally adapt CBT to be more congruent with American Indian culture, specifically for individuals holding more traditional values and beliefs. To help inform the decision of whether to culturally adapt treatment, Dr. Coser recommended asking specifically about a

² In this article, we use a lowercase d to describe to people who are unable to hear and an uppercase D to describe people who identify as culturally Deaf.

³ In this article, we use identity-first language, which is preferred by autistic adults (Taboas et al., 2023) because it allows individuals to express cultural pride and reclaim the disability.

client's background and culture and considering culturally adapting CBT for clients who strongly identify as American Indian. These concrete clinical recommendations offer a starting point for providing affirmative mental health care to American Indian people and moving toward mental health equity.

Affirmative Care for Black Families

Dr. Isha Metzger (Assistant Professor, Georgia State University) focused her presentation on how to promote healing from both interpersonal and racial trauma to improve mental health outcomes for trauma-exposed Black youth and families. She opened with an overview of barriers to mental health treatment initiation and utilization for Black clients, including practical barriers (e.g., limited hours of operation that make it challenging for working families to attend treatment) and attitudinal barriers (e.g., distrust of the U.S. healthcare system given history of mistreatment and racism; implicit biases held by mental health professionals that increase the likelihood of misdiagnosis and mistreatment of Black clients; Metzger et al., 2023). Moreover, Black youth are more likely than their peers from other racial/ethnic groups to experience interpersonal and race-related traumatic events (Metzger et al., 2021). However, racial stress and racial trauma are not recognized in the DSM-5-TR, and manualized treatments often lack guidance for addressing these interpersonal and race-related traumas, which may limit their effectiveness with Black youth and families.

Accordingly, Dr. Metzger emphasized the need for treatments to address culturally specific risk factors and integrate culturally specific protective factors, such as positive racial identity cultivated through racial-ethnic socialization. For instance, she described her work integrating racial-ethnic socialization (i.e., a process through which parents transmit messages about race and ethnicity to their children) into trauma-focused CBT (TF-CBT; i.e., a well-established treatment for trauma) for Black youth. Beyond general attention to the cultural responsiveness of treatment, Dr. Metzger suggested that mental health professionals integrate racial socialization practices into TF-CBT to address stressors that are unique to or exacerbated by racism and racial discrimination (Metzger et al., 2021). The integration of racial-ethnic socialization practices into TF-CBT can equip Black youth with the necessary cognitive and behavioral strategies to process interpersonal and racial trauma, while improving youths' racial-ethnic pride and helping them understand how racism and discrimination may impact them.

Affirmative Care for the Deaf Community

Drs. Melissa Anderson (Psychologist and Clinical Researcher, UMass Chan Medical School) and Alexander Wilkins (Assistant Professor of Psychiatry, UMass Chan Medical School) presented the history and the development of affirmative care for the U.S. Deaf population. They began by highlighting the historical oppression and challenges faced by the Deaf community. As exemplified by Dr. Anderson, “[Alexander Graham Bell] has a horrific history of oppressing Deaf people, and he was very successful in his campaign to ban the use of sign language in deaf residential schools, and also to close many deaf residential schools.” Such historical oppression and discrimination has contributed to the following: increased risk of adverse childhood experiences; reduced access to education, employment opportunities, and consequently health insurance; and relatively high prevalence of mental health conditions (e.g., mood disorders, attempted suicide, trauma exposure, or substance use disorders) in the Deaf community. Despite this high need for mental health care services, many barriers prohibit access to mental health care services in the Deaf community. Dr. Wilkins provided the example that “There are

not enough signing therapists or mental health professionals ... when [Deaf people] meet a hearing individual or therapist that doesn't have the signing skills, there is a lack of signing with interpreters, and they are not willing to collaborate with the Deaf person because of that. Often, hearing psychologist will say 'okay, we can write back and forth,' and that is challenging for many Deaf people because English in a written form is their second language."

Drs. Anderson and Wilkins also offered several suggestions for advancing mental health equity, specifically for the Deaf community. First, it is crucial to establish research teams that focus on community engagement. Such teams should ideally include Deaf leaders and advisors, hearing members who are receptive and humble, and other intersectional identities to foster collaboration and shared decision-making. This approach can help mitigate the power differentials often observed in clinical settings. Moreover, it is essential to develop innovative mental health resources tailored for Deaf-signing individuals. An illustrative example of the speakers' work is the "Signs of Safety" toolkit, adapted from the widely used Seeking Safety protocol (Najavits, 2002) for trauma and addiction. This toolkit, featuring nonaudio components, aids in conveying the principles of CBT more effectively to Deaf clients. Incorporating such tailored tools and methods can considerably improve the accessibility and effectiveness of mental health care for the Deaf community. Lastly, Drs. Anderson and Wilkins emphasized that it is vital to take a strengths-based approach when providing affirmative care to Deaf people, rather than to rely on the medical model of curing and fixing deafness.

Affirmative Care for Autistic Adults

Dr. Susan White (Professor and Doddridge Saxon Chair in Clinical Psychology, University of Alabama) provided an overview of some of the mental health inequities faced by the neurodiverse community and reviewed her work in affirmative care for autistic individuals. She opened her presentation by introducing longstanding challenges, including overlapping symptoms across autism and related neurodevelopmental disorders (e.g., attention-deficit/hyperactivity disorder or social communication disorder) that obfuscate diagnosis, long waitlists for neuropsychological assessment and initial diagnosis, and reluctance of many mental health professionals to work with autistic patients. To the last point, a recent systematic review revealed that only 13.7% of cultural competence trainings for mental health professionals addressed ability status, indicating a significant gap in the preparedness of mental health professionals to meet the unique needs of autistic individuals (Chu et al., 2022).

Dr. White and her team have been targeting mechanisms behind autism and commonly co-occurring conditions (e.g., suicidality, nonsuicidal self-harm, anxiety, and mood disorders), namely emotion dysregulation. There is a noteworthy discrepancy in how scientists versus autistic individuals understand what contributes to emotion dysregulation. While scientists often attribute emotion dysregulation in autistic people to cognitive processes, amotivation/executive function impairment, information processing, neural problems, and altered physiological activity, autistic people attribute their emotion dysregulation to inaccessible environments, discrimination, masking, awareness, and social rejection (Beck, 2023). The limited acknowledgement of sociocultural influences in the scientific perspective of emotion dysregulation can be traced back to the domination of medical models in autism research, which viewed autism as a disorder that needs to be treated and prioritized clinical observations over the lived experiences of autistic individuals (Silberman, 2015). Yet, failure to include autistic voices in research, coupled with the general lack of clinical training in neurodiversity, may result

in mental health care that is incongruent with the actual needs and experiences of the autistic community (Bottema-Beutel et al., 2021; Pellicano et al., 2014).

In her presentation, Dr. White emphasized the importance of integrating scientific knowledge with the intraindividual lived experience of autistic individuals to better understand their challenges and inform effective treatment approaches. She also called for the de-implementation of low-value or harmful treatments (e.g., discrete trial training, facilitated communication) that may inadvertently suppress natural autistic behaviors in favor of conforming to neurotypical norms and lead to distress and counterproductive outcomes for autistic individuals (Kapp et al., 2013). Instead, Dr. White advocated for strengths-based approaches that embrace neurodiversity and empower autistic individuals to self-advocate and determine their own paths, thereby enhancing their quality of life (Cage & Troxell-Whitman, 2019).

Affirmative Care for LGBTQ People

Dr. John Pachankis (Susan Dwight Bliss Professor of Public Health and Psychiatry, Yale School of Public Health) provided an overview of affirmative CBT for LGBTQ people—underscoring the ethical responsibility of mental health professionals to deimplement harmful sexual orientation and gender identity change efforts and instead provide mental health care that accepts and empowers LGBTQ people. Based on the Minority Stress Model (Meyer, 2003), LGBTQ individuals' mental health may be affected by distal (e.g., prejudice, discrimination) and proximal (e.g., expectations of rejection, concealment, internalized homophobia) minority stress processes, along with general stressors. To identify concrete techniques for addressing these stressors in the delivery of CBT, Dr. Pachankis and his team interviewed LGBTQ people with mental health concerns and mental health professionals working with LGBTQ people about how to adapt CBT to be more affirming. Such strategies included acknowledging the host of stressors experienced by LGBTQ people, developing cognitive flexibility, empowering clients to stand up to stigma, and building supportive communities. Several randomized controlled trials (RCT) have demonstrated positive outcomes of LGBTQ-affirmative CBT, including reductions in depression, anxiety, substance use, and other co-occurring issues.

The next step is implementing LGBTQ-affirmative CBT on a larger scale. Dr. Pachankis and his team have started to train staff at more than 50 LGBTQ community centers around the U.S. in LGBTQ-affirmative CBT. These trainings have resulted in increased cultural competence, knowledge of minority stress and CBT, and skill in providing LGBTQ-affirmative CBT techniques. For future directions, Dr. Pachankis encouraged ongoing curiosity and adaptation of existing treatments for LGBTQ people. He also advocated for the rapid dissemination and implementation of LGBTQ-affirmative treatments, capitalizing on methods such as technology and innovative approaches in global mental health to reach those who might not be able to receive such care otherwise.

Conclusion

This invited panel brought together experts in affirmative mental health care for various marginalized and minoritized communities. Through presentations of their research, clinical work, and advocacy, panelists highlighted structural and systemic inequities that negatively impact the mental health and mental health care of ethnic-racial minoritized, Deaf, neurodiverse, and sexual and gender minoritized individuals. To combat these structural and systemic inequities, panelists called for multifaceted solutions. Across presentations, panelists recommended partnering with the commu-

nities that we intend to serve to develop affirmative mental health care solutions. This partnership involves not only recruiting a diverse and representative research team but also speaking with community leaders to understand the service context and develop a plan for sustaining mental health services after the conclusion of the research project. Relatedly, panelists encouraged mental health professionals to consider the intersectional identities of clients when making decisions about whether, when, and how to adapt mental health services to be more affirming. Although panelists presented some evidence supporting group-level treatment adaptations, they noted how individual differences should influence the application of nonadapted and adapted CBT. Lastly, panelists emphasized the need for selective (i.e., using evidence to make decisions about when to adapt treatment; Lau, 2006) and directed (i.e., using evidence to make decisions about how to adapt treatment) adaptation of CBT. While it is a problem to assume that one-size-fits-all in the application of CBT, it is also a problem to assume that minoritized individuals will universally benefit from adapted CBT. Instead, panelists encouraged mental health professionals to ask clients about their identities, self-reflect on their own identities and biases, acknowledge clients' lived experiences including the minority stressors in their lives, and join with clients in advocating for mental health equity. These panelists provided concrete recommendations for providing affirmative mental health care, and now it is on us to do our affirmative CBT homework.

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

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IN HER PRESIDENTIAL address at the 57th Annual Convention in Seattle, ABCT's 2022–2023 president, Dr. Jill Ehrenreich-May, used the time and platform to address a topic of great relevance to the field of cognitive and behavioral therapists: transformative ideas to address the ongoing youth mental health crisis. This important panel, moderated by Dr. Ehrenreich-May, highlighted the work of six scholars employing innovative approaches to bridge the gap between youth mental health needs and service delivery/utilization.

Dr. Carolyn Black Becker introduced Dr. Ehrenreich-May as a diligent, thoughtful, and scientifically rigorous psychologist, as well as a kind, supportive, and generous person. Dr. Black Becker highlighted Dr. Ehrenreich-May's strong commitment to making treatments available to all who need it, increasing the inclusivity of ABCT, and helping ABCT grow as a professional organization. Dr. Ehrenreich-May has built an impressive program of work focused on the development, evaluation, and dissemination of the Unified Protocols for Transdiagnostic Treatments of Emotional Disorders in Children and Adolescents. Her research has been focused on the dissemination of evidence-based practices in youth psychotherapy, as well as the study of mechanisms and outcomes associated with transdiagnostic treatments for youth. Over the course of her career, she has been instrumental in ensuring that evidence-based treatments are effective and available to youth with a variety of mental health concerns.

Given her many accomplishments, Dr. Ehrenreich-May could have easily spent her presidential address highlighting her own program of research. Instead, Dr. Ehrenreich-May elected to depart from tradition by inviting six "great thinkers and innovators" in the field of clinical psychology to present flash talks on transformative approaches to address the ongoing youth mental health crisis. She stated that her goal in inviting these speakers was to highlight future potential leaders in the field. The six speakers invited by Dr. Ehrenreich-May were Dr. Riana Elyse Anderson (Columbia University), Dr. Shirley Wang (Harvard University), Dr. Rob Morris (Koko, Inc), Dr. Miya Barnett (UC-Santa Barbara), Dr. Maggi Price (Boston College), and Dr. Jessica Schleider (Northwestern University).

Prior to introducing the panel, Dr. Ehrenreich-May highlighted a number of important challenges affecting youth mental health. In particular, she noted that the preexisting global mental health crisis among youth was greatly exacerbated by the onset of the COVID-19 pandemic. She highlighted various factors contributing to this crisis, including social isolation, academic disruption, economic hardships, abuse, loss of caregivers, as well as broader societal issues (e.g., social media, natural disasters, climate change, racism, violence). Additionally, she noted that as a field, we often fail to consider contextual factors that may affect families, and therefore we often fail minoritized, marginalized, or historically underserved families. These families are often left without the resources that we as a field have worked so hard to develop. Further, Dr. Ehrenreich-May highlighted research demonstrating that even if we have evidence-based services

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developed, the implementation of these services in community settings often fails. Dr. Ehrenreich-May presented a compelling case for a need to explore novel ideas designed to address the youth mental health crisis, with a focus on expanding the clinical workforce, reinventing intervention models, and leveraging technology for identification and intervention.

The first panelist to present a flash talk was Dr. Riana Elyse Anderson. Dr. Anderson's talk covered a range of topics related to behavioral and cognitive strategies, interventions [including the development of the Engaging, Managing, and Bonding through Race (EMBRace, Anderson et al., 2019) program], and the use of technology to address racism and its impact on mental health, with a focus on practical applications and collaboration. She ended her talk with a call to action—noting that it was not enough to maintain expertise; instead, we as a field should acknowledge and act behaviorally on social injustice.

Next, Dr. Shirley Wang presented a flash talk focused on improving our theories of psychopathology. She argued that by building more rigorous theories (by, for example, using mathematical models to formalize theories of psychopathology), we can enhance our treatment of youth mental health disorders (Wang, 2021). In particular, she noted that we can use model simulations with real work data from smartphones and wearable biosensors to create personalized interventions for youth with mental health concerns.

Third, Dr. Robert Morris, the co-founder and CEO of Koko, Inc., presented his flash talk. Koko is an application designed to reach young people where they are by embedding services directly into social networking platforms (Dobias et al., 2022). The primary aim of Koko is to suppress access to harmful content (e.g., “thinspiration” for youth with eating disorders) and redirect youth to supportive mental health services.

Fourth, Dr. Miya Barnett presented a talk urging the field to partner with lay health workers to improve access to mental health services, arguing that the use of lay health workers can help overcome barriers to treatment access, particularly in underserved areas and communities (Barnett et al., 2018).

Fifth, Dr. Maggi Price presented on the multifaceted issue of multilevel stigma, particularly focusing on interventions to improve mental health care for transgender youth. She emphasized the three levels of stigma—internalized, interpersonal, and structural—and discussed their adverse effects on mental health. Dr. Price presented a comprehensive multilevel intervention model for addressing these challenges, using approaches like cognitive restructuring, therapist training, and structural changes at the clinic level (Price & Hollinsaid, 2022).

Finally, Dr. Jessica Schleider highlighted the potential of single-session interventions (SSI) to improve accessibility of services for youth with mental health symptoms. She noted that SSIs can meet youth where they are, and can provide services in an

effective, transportable manner that overcomes many existing barriers (Loades & Schleider, 2023).

Ultimately, Dr. Ehrenreich-May's presidential address was a compelling call to action for the members of ABCT. She highlighted innovative research from a variety of scholars that clearly demonstrated both the shortcomings of our current service delivery system for youth mental health symptoms, as well as exciting opportunities to move the field forward and expand our services' reach. This engaging panel signaled some important paths forward that ABCT membership can consider in the coming years.

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“Reckoning With Our Past: An Update From Behavior Therapy’s Editorial Task Force on Addressing the SOGIECE Literature”: Reflections on the Invited Panel

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BEHAVIOR THERAPY’S Editorial Task Force on Addressing the Sexual Orientation and Gender Identity/Expression Change Efforts Literature was introduced by the co-chairs, Drs. Ilana Seager van Dyk and Danielle Berke, of the Sexual and Gender Minority Special Interest Group (SIG) at ABCT’s Annual Convention in Seattle. Dr. Seager van Dyk reflected on the statement ABCT issued apologizing for the role *Behavior Therapy* played in the creation and dissemination of behavioral “conversion therapy” practices (defined further in the next paragraph) for LGBTQ+ individuals. Dr. Berke introduced each member of the panel, which was composed of (a) Dr. Jonathan Comer, Editor of *Behavior Therapy*, Professor of Psychology and Psychiatry at Florida International University, Director of Mental Health Interventions and Technology (MINT) Program; (b) Dr. Richard LeBeau, Editor of *the Behavior Therapist*, Clinical Quality Supervisor at Lyra Health; (c) Dr. Diane Chen, Editorial Board Member for *Behavior Therapy*, Associate Professor of Pediatrics, Psychiatry, and Behavioral Science at Northwestern University Feinberg School of Medicine, Behavioral Health Director for Adolescent Medicine at Lurie Children’s Hospital, Founding Psychologist of Lurie Children’s Gender and Sex Development Program; (d) Dr. John Pachankis, Editorial Board Member for *Behavior Therapy*, Professor of Public Health, Psychology, and Psychiatry at the Yale School of Public Health, Director of Yale LGBTQ Mental Health Initiative; and (e) Dr. David Langer, Editorial Board Member for *Behavior Therapy*, Associate Professor of Psychology at Suffolk University.

Dr. Comer began by acknowledging the work of this 14-person task force and providing background for the need of such a task force. Sexual Orientation and Gender Identity/Expression Change Efforts (SOGIECE), also referred to as “conversion therapy,” are techniques used by mental health professionals and nonprofessionals to deny, suppress, or change one’s sexual and/or gender identity to follow heterosexual cisgender patterns. The task force published a report that thoroughly overviews the mission, decision-making, results, and actions taken to address the impact of the publication of information on SOGIECEs in *Behavior Therapy*. In summary, these change efforts lack compelling evidence for clinical effectiveness and instead are associated with internalized stigma, lower self-esteem, depression, anxiety, isolation, dissociation, substance use, and self-injurious thoughts and behaviors (Davison, 2023; Goodyear et al., 2023; Hope & Puckett, 2023; Kinitz et al., 2021). Studies have suggested that somewhere between 11–34% of LGBTQ+ individuals living in the United States have been subjected to SOGIECE; roughly half were subjected when they were children (Kinitz et al.; Salway et al., 2023). Although these rates have decreased over the past two decades, more than half of U.S. states do not have statewide bans on change efforts with minors. Approximately 10% of LGBTQ+ individuals are still subjected to these practices, a majority of which are being carried out by nonprofessional, unlicensed practitioners (Kinitz et al.;

Movement Advancement Project, 2023). Dr. Comer highlighted the history of SOGIECE and ABCT's role in its dissemination. When assembling this task force, Dr. Comer recruited individuals who were experts in LGBTQ mental health, identified as LGBTQ, and/or had senior editorial experience, all ranging in career stage.

Dr. Chen briefly summarized the APA guidelines on affirmative care (e.g., Guidelines for Psychological Practice with Sexual Minority Persons; APA, 2021; Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; APA, 2015). First, sexual orientation and gender identity differing from a heterosexual and cisgender identity are not to be viewed as inherently disordered. In clinical applications, this is demonstrated by providing accurate education on sexuality and gender identity/expression, understanding that these constructs may vary over time, and ensuring informed and voluntary consent for services is obtained prior to starting therapy. Second, it is important to recognize the role of identity-related stress/stigma in functioning, as well as establish support and coping strategies. Third, intersectionality must be considered for each client. Lastly, affirmative care should connect clients to appropriate services in the community, which may include gender-related medical treatment.

Dr. Pachankis emphasized the translation of these guidelines into tangible practice techniques, moving towards more standardized affirmative care across settings. Recent empirical studies have been grounded in the Minority Stress Theory (Meyer, 2003), which acknowledges the cognitive, affective, and behavioral mechanisms linking minority stressors to adverse mental health outcomes (e.g., shame, internalized stigma, identity concealment). These findings have been validated by a variety of study designs and have been applied to effectiveness and implementation research. It was also noted that the Minority Stress Theory has been consistently and successfully used within the framework of cognitive behavioral therapies.

Dr. Langer reflected on the challenges of reviewing past SOGIECE literature, as science—especially human science—is inevitably influenced by social, cultural, and political factors. Some examples include biases associated with who is funding the research, who is defining the regulations, and who is reviewing what gets published. However, this influence is bidirectional, lending itself to self-correction. As evidence evolves, so does our understanding and, in turn, our practice. We now have empirical evidence demonstrating how ineffective and harmful SOGIECEs are, as well as the importance and benefits of affirmative care for LGBTQ individuals. Unfortunately, SOGIECEs are still being used in practice today.

Dr. Comer outlined the steps taken by the task force to mitigate any issues stemming from this body of literature in *Behavior Therapy*. Step one involved systematically reviewing the deidentified literature, which resulted in the inclusion of 33 SOGIECE articles published between 1970–1995, 18 of which reported on original outcome data. Some of the interventions used were electroconvulsive therapy, aversion therapy, and environment control, a majority of which did not employ rigorous methodology (e.g., insufficient sample size, invalidated measures, lack of reporting on negative outcomes). Editorial action was taken if 75% of the group voted (anonymously) and 75% of voters agreed on the action. The possible actions in response to the presence of SOGIECE literature in *Behavior Therapy* included (1) inaction, rejected by all; (2) task force report, endorsed by all; (3) publish comprehensive summary of findings, endorsed by all; (4) seek updated comments from living authors, not endorsed by majority; and (5) retraction, held on a case-by-case basis. ABCT and Elsevier consulted with the Committee on Publication Ethics (COPE), who advised retraction was not appropriate; however, the task force felt retraction recommendations were warranted.

... a majority of the task force were not in favor of retraction. However, a majority did endorse a required “black box disclaimer” advising the readers to consider the context in which the article was published. Additionally, all members endorsed the addition of links to current and up-to-date literature detailing affirming care as the current evidence-based approach to working with LGBTQ individuals.

Two panelists were asked to provide the reasons for and against retraction that were discussed within the committee meetings. The two selected panelists were not necessarily voicing their own opinions on the matter during the panel but instead serving as representatives of the committee. Dr. LeBeau summarized the case made for recommended retractions. Given that SOGIECEs have been shown to be ineffective, unethical, and harmful, all members felt some level of action was necessary. Retractions of these articles may decrease the use of these practices by practitioners, researchers, and policymakers.

Dr. Pachankis summarized the case against recommended retractions. According to COPE guidelines, retractions should be reserved for publications using flawed or fabricated data or use unethical methods in the context in which they were conducted. There are concerns for openness in science, politicization of science, and respect for the progression of knowledge through science. Additionally, it was noted that many providers who deliver SOGIECEs are not consumers of the academic literature and are instead guided from an internal “moral” perspective, making it unlikely that their stance on utilizing SOGIECEs would change due to publication retractions.

Dr. LeBeau addressed the idea of a “slippery slope”; if we retract these articles, we may be opening a door permitting all politically incorrect articles to be retracted. His rebuttal was grounded in the idea that these articles were not politically incorrect or morally uncomfortable, but rather objectively harmful. Self-correction may be occurring, but that does not inherently prohibit implementation of SOGIECEs. Since “unethical research” has not been formally defined by COPE and there has not been a precedent set for nonacademic ethics, Dr. LeBeau suggested a precedent be set now. Furthermore, Institutional Review Boards did not exist at the time of SOGIECE publication, undermining the assumption that these studies were conducted ethically.

Dr. Comer reviewed the results, indicating a majority of the task force were not in favor of retraction. However, a majority did endorse a required “black box disclaimer” advising the readers to consider the context in which the article was published. Additionally, all members endorsed the addition of links to current and up-to-date literature detailing affirming care as the current evidence-based approach to working with LGBTQ individuals. The task force felt that these actions should be taken on articles reporting on original data and articles describing SOGIECEs in detail (24 total articles). To offset the financial gain received by ABCT from these publications, the task force recommended an equal financial value be invested in affirmative care efforts. Finally, the committee announced the development of a systematic review on the state of the literature on affirmative care, slated for publication in *Behavior Therapy*. Dr. Comer concluded by reflecting on the progress the field of psychology has made and the work that is yet to

be done, especially in collaboration with community partners with lived experience.

The methodology utilized in this task force was rigorous and generalizable to other journals and topics. The content covered by the panel was also a striking reminder of the powerful role the field of psychology plays for both harm and good, and the responsibility of psychologists to continually monitor and correct the use of therapies when it strays from serving the public in an equitable manner.

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“Psychology’s Path Forward: Trauma-Informed and Culturally Attuned Care”: Reflections on Dr. Thema S. Bryant’s Invited Address

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DR. THEMA BRYANT received the ABCT 2023 Charles Silverstein Lifetime Achievement Award in Social Justice. Dr. Bryant is a tenured Professor of Psychology at Pepperdine University and the 2023 President of the American Psychological Association. She is the author of *Homecoming: Healing Trauma to Reclaim Your Authentic Self* (2023) and co-author (with Dr. Edith Arrington) of *The Antiracism Handbook* (2022). In addition, Dr. Bryant is an ordained minister of the African Methodist Episcopal Church, host of the *Homecoming* podcast, and a sacred artist. Dr. Bryant has received multiple awards and accolades for her contributions to psychology. She is a national leader in the study and treatment of trauma, with a focus on interpersonal trauma and the societal trauma of oppression.

Dr. Bryant began her invited address by first framing her talk from multiple perspectives: She described several elements of her personal identity, highlighting the need to bring all aspects of our identity to our work. She noted that many feel the need to exclude or erase parts of their personal identity for the sake of being “professional.” In turn, Dr. Bryant invited the audience to show up fully and access all parts of our identities. “What is the point of having diversity at the table if everyone at the table must pretend to be clones?” she asked, highlighting a need to celebrate the way our own diverse identities impact our work.

Throughout her talk, Dr. Bryant artfully leveraged scientific findings, personal anecdotes, poetry, and audience participation to share her wisdom on the topics of understanding and conceptualizing trauma and providing trauma-informed care. She highlighted the importance of being intentional about seeing others’ diverse identities, cultural perspectives, and experiences with oppression. Clients from different racial, ethnic, and sociocultural backgrounds may experience and display symptoms of post-traumatic stress differently (Hall-Clark et al., 2016). Providers, therefore, must be keenly aware of these differences, to best serve our clients.

Dr. Bryant proposed a seemingly simple but revolutionary concept: “A part of our path forward is ‘How do we reclaim our joy?’” In doing so, she characterized the need for a more holistic and culturally centered approach to trauma-informed care that goes beyond deficit-focused approaches to alleviate symptoms. She described the historical shift in trauma-focused treatment, from early veteran- and war-focused definitions of trauma to more inclusive definitions that consider a wider array of experiences as traumatic (for a discussion, see Dalenberg et al., 2017). Dr. Bryant addressed the concern that a definition of trauma inclusive of experiences of racism, sexism, and oppression might somehow lessen the power and impact of labeling something as traumatic. Recognizing experiences of racism and sexism as trauma, she proposed, does not in any way exclude or lessen other traumatic experiences.

By considering a more robust definition of trauma as well as the pervasive impacts trauma may have on our clients, psychologists also must reconsider how we assess trauma exposure in our clinical practices. As Dr. Bryant highlighted through a series of

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Dr. Bryant invited the audience to show up fully and access all parts of our identities. “What is the point of having diversity at the table if everyone at the table must pretend to be clones?” she asked, highlighting a need to celebrate the way our own diverse identities impact our work.

anecdotes, asking our patients about experiences with discrimination opens the door for clients to share critical information that might otherwise go unrecognized. Understanding the potential impacts of discrimination and trauma is critical to providing quality clinical experiences for our clients. In turn, providers should also consider whether the use of culturally emergent treatment approaches may be warranted (see Bryant-Davis, 2019), rather than assuming a one-size-fits-all approach to trauma-focused care.

Dr. Bryant’s address served as both a call to action and an opportunity for self-recognition and healing. She encouraged providers to celebrate their diversity and the wisdom they have gathered from their clinical service. At the same time, Dr. Bryant called on providers to carefully consider how we advocate for our clients, our profession, and our communities.

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“My Adventures in the Traumatic Stress Field: Lessons Learned and Thoughts About the Future”: Reflections on Dr. Dean G. Kilpatrick’s Lifetime Achievement Award Address

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DR. DEAN KILPATRICK, who received ABCT’s Lifetime Achievement Award in 2022, presented his address at ABCT’s 57th Annual Convention. Dr. Kilpatrick is a Professor of Clinical Psychology at the Medical University of South Carolina and serves as the founding Director of the National Crime Victims Research & Treatment Center and the National Mass Violence Victimization Resource Center. Dr. Kilpatrick’s involvement in the traumatic stress field began 50 years ago when he was a founding member of South Carolina’s first rape crisis center in 1974 and 6 years before PTSD was established as a diagnosis. His dedication since that time has resulted in invaluable contributions to the study of PTSD and related disorders, and his research has increased public awareness and influenced public policy. His research program has been highly influential; he has over 400 publications, resulting in more than 59,000 citations.

Dr. Kilpatrick has held numerous leadership positions, including President of the International Society for Traumatic Stress (ISTSS), Editor-in-Chief of the *Journal of Traumatic Stress*, President of the South Carolina Psychological Association, and member of multiple Institute of Medicine/National Academy of Sciences Committees. He has received numerous awards and recognition for his work, including 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. In his address, Dr. Kilpatrick shares key lessons learned throughout his research, clinical, media, and public policy adventures in the field. He also shares suggestions about how to best address current challenges researchers and clinicians face in order to best serve those in need and maximize the impact of psychological research.

In his Lifetime Achievement address, Dr. Kilpatrick began by describing his introduction to the field of traumatic stress before the topic even existed as a field of study. In 1974, he was a volunteer and founder of a rape crisis center in South Carolina and discovered that there was no existing research on the impact of rape on sexual assault survivors. This led to a longitudinal study on the aftermath of rape funded by the National Institute of Mental Health (NIMH; Kilpatrick et al., 1979). Although the findings demonstrated higher rates of fear and anxiety in rape survivors, he recognized the limitations of only surveying individuals who reported to police. The desire to capture a more complete picture led to an NIMH grant for an epidemiological study using a household probability sample exploring the experiences of women impacted by a variety of criminal victimization (Kilpatrick et al., 1985). Throughout his address, he encouraged all psychologists (especially those in the traumatic stress field) to engage in epidemiological research. He states that it provides information on the entire population studied, prevalence estimates for various disorders (including in those not seeking treatment),

and information about barriers to care. Dr. Kilpatrick has conducted 18 separate epidemiological studies in the past 50 years.

For several years, Dr. Kilpatrick and his team researched, published, and presented compelling and novel findings on the negative consequences of rape and sexual violence on the mental health of survivors with a clear need for increased access to mental health services. He expressed frustration and disappointment that data alone did not result in meaningful law changes or access to services. This stagnation commanded a new approach, intentionally targeting public policy.

Next, Dr. Kilpatrick described the definition and importance of considering public policy in our work as clinical psychologists. Public policy is defined as "a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic that is promulgated by a governmental entity or its representatives. Public policy is accomplished through enactment of legislation, regulation, and funding priorities" (Kilpatrick & Ross, 2001). Public policy sets priorities for what is important and how much funding specific services and programs will receive. He established the importance of public policy on our ability as clinical psychologists to conduct meaningful research and effectively serve individuals needing psychological services.

Laws, regulations, and policies also determine the eligibility of individuals to receive services, the types of services covered, and priorities for grant funding. Dr. Kilpatrick asked, "Why didn't our research impact policymakers?" and quickly answered, "They didn't know about it!" He suggested that leveraging traditional news media and social media is key to bridging the gap between scientific publications and the dissemination of research findings. Engaging those outside of the field serves as a crucial way to spread your message to policymakers. Dr. Kilpatrick went on to summarize three research projects that demonstrate his efforts to impact public policy and increase public awareness about the impact of traumatic stress.

First, he described the Charleston County Women's Study (Kilpatrick et al., 1985), which found that the majority of survivors of crime do not report the crime or seek services, despite their significant increase in mental health problems. Dr. Kilpatrick's determination to disseminate his findings resulted in several presentations to the Governor's office, the Crime Victim's Rights Task Force, and a Senate committee. The news coverage of these events contributed to the ultimate passing of the Crime Victims Bill of Rights, which included payment for rape exams, an increase in crime victim compensation, and the establishment of a nonprofit group called the South Carolina Victims Assistance Network. Dr. Kilpatrick learned that media coverage was crucial in disseminating research findings and engaging policymakers.

Second, he reported the results from a survey funded by the National Center for Victims of Crime on citizens' attitudes toward victims' rights and violence (Kilpatrick et al., 1991). He wrote an executive summary of the findings that showed that public opinion supported improvements to victim services and the desire to add victims' rights to state constitutions. He presented at numerous wide-reaching press conferences with key politicians and media coverage, which resulted in codifying victims' rights in the South Carolina constitution.

Third, he presented findings from a 3-year longitudinal study on the relationship between violent assault and substance use in 4,008 women (Kilpatrick et al., 1997). The findings showed that 1 out of 8 women were victims of forcible rape at some point in their lifetime; that a history of forcible rape led to a substantially higher risk of PTSD, MDD, substance use, and suicidality; and only 16% of rapes were reported to the police. Dr. Kilpatrick captured these findings in a report titled *Rape in America: A Report to the*

Nation and presented the data at a press conference, garnering massive press coverage (Kilpatrick et al., 1992). The results of the extensive media exposure led to significant changes in the way that the Bureau of Justice Statistics measures the prevalence of rape in their annual national crime survey. Dr. Kilpatrick went on to present at several congressional hearings to attest to the severe underreporting of rapes due to a previously limited definition of rape.

These experiences and the publicity that followed his research led to more opportunities, including involvement in the RAND Military Workplace Study (the largest study of military sexual assault) and providing testimony for the Department of Defense Independent Review Commission on sexual assault. As a result, the Department of Defense changed the way they handle the prosecution of sexual assault cases under the uniformed code of military justice. Recently, officials from the Department of Justice visited the National Crime Victims Research & Treatment Center to present a \$8.9 million award to continue Kilpatrick's work at the National Mass Violence Victimization Resource Center. Together, these examples highlight the impact that conducting epidemiological research, thoughtfully engaging with policymakers, and involving media can have in changing public policy.

Dr. Kilpatrick's address served as a welcome reminder that good research alone does not generate the changes we need in public policy. He demonstrated the importance of working with news media to disseminate information that can improve public awareness about survivors' needs. It was clear that Dr. Kilpatrick's tireless dedication to furthering the research of traumatic stress stems from a genuine desire to help those in need and to increase access to services. Throughout his address, he demonstrated humility and appreciation to the collaborators and partners who have contributed to his endeavors. In his concluding remarks, Dr. Kilpatrick urged us to stay connected to the meaning of our work and not lose sight of how impactful our research can be. Dr. Kilpatrick represents an inspirational example of how psychological research can be leveraged to improve individuals' lives and change public policy.

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In Memory of George F. Ronan

Elizabeth A. Meadows, *Central Michigan University*

GEORGE RONAN, Professor of Psychology at Central Michigan University, passed away in November 2023. His family shared the following obituary:

George Ronan, aged 69, passed away peacefully at home in the early morning hours of November 23, 2023, ending his year and a half long battle with brain cancer. His last days were spent with Donna, his loving wife of 37 years, and both his young adult children, George Jr. and Patrick, at his bedside.

George was born on Sunday December 13, 1953, to Dorothy (Dot) Ronan (d. December 25, 2006) and Leo Ronan (d. April 1, 1986), and he is survived by his brothers Ed Ronan and Lee (Terry) Ronan, sisters Barbara (Roy) Spelman and Mary Ann (Frank) Lamson and numerous nieces and nephews. George grew up in Salem and Peabody, Massachusetts, graduated from Peabody Veterans Memorial HS in 1972, and served in the US Army from 1972 to 1975, in the 10th Special Forces Group stationed in Bad Toelz Germany.

After completing his active military service, George attended Salem State College and graduated in 1979. He continued his education at Fairleigh Dickinson University and was awarded his Ph.D. in Clinical Psychology in 1985. He started his career as a faculty member at Alfred University in the Southern Tier region of New York. In 1989 he accepted a faculty appointment at Central Michigan University where he spent the remainder of his career. George was very active in his professional life. He was known for the vision, energy and enthusiasm he brought to CMU, and garnered the esteem of his colleagues and students. He brought those same qualities to his professional organizations, and he will be missed by colleagues at ABCT, ABPP, and the APA Commission on Accreditation. George also sought to make his mark as a provider of psychological services.

George and Donna co-owned Ronan Psychological Associates, a group private practice they opened in 2003, and in 2007 they purchased the “old post office” in downtown Mt. Pleasant to make that historic building home to their practice. George enjoyed being involved with Mt. Pleasant happenings and served on the City Commission from 2020 to 2022.

In 1986 George married Donna, who was a fellow Ph.D. student at Fairleigh Dickinson. They shared love, laughter, and adventure, first in western NY and then in central Michigan. With the arrival of George Jr. in 1997 and Patrick in 1999, the family became the centerpiece of their lives. The boys’ activities became family activities and George found himself coaching soccer, manning the music box at the Mt. Pleasant Figure Skating Club, and being a roadie and videographer for Mt. Pleasant Music Studio’s School of Rock.

George also enjoyed doing things with just Donna. They took ballroom dancing lessons early on in their marriage, and loved to waltz, foxtrot, swing, and cha cha the night away. More recently George took up the drums and he and Donna

played together in a band. They loved to bicycle together, especially along the beaches of Long Beach Island, NJ, where they spent time every summer visiting with Donna's family. George was a beloved brother-in-law to Tommy (Laurie), Sharon, Linda (Andrew), and Tony (Gina).

Cremation has taken place at Clark Funeral Home and the family is planning a memorial service out of state to bid farewell to George with those nearest and dearest to them.

George was in the first doctoral class to graduate from Fairleigh Dickinson University. Dr. Arthur Nezu, George's advisor and mentor, recalled George as an excellent student who was markedly curious and interested in advancing the field of clinical psychology, behavioral and cognitive therapy, and particularly social problem-solving theory. Specifically, they published some of the early articles regarding the system of psychotherapy based upon the theory known as Problem Solving Therapy (PST), and published several frequently cited papers that advanced dissemination of PST. Their collaboration was published in leading journals, including the *Journal of Consulting and Clinical Psychology*, *Cognitive Therapy & Research*, and the *Journal of Counseling Psychology*.

When George joined the faculty at Central Michigan University in 1989, he brought his interest in social problem solving with him and developed a problem-solving-based violence reduction training program (VRTP) that provided services to the community, partnered with local correctional and other institutions, and was both a research and training program for numerous students over the years. His efforts to reduce violence were also seen in other clinical, research, and consulting work. With his students, George worked to reduce recidivism, increase the impact of violence reduction programs, increase understanding of attitudes and decision-making factors related to incarceration, and more. In his private practice he provided a wide range of needed services. His clinical work was important to him, and he earned board certification from the American Board of Professional Psychology in Cognitive and Behavioral Psychology. In addition to his own clinical and research work, George had an enormous impact on the clinical psychology program at CMU. When he arrived, the clinical psychology program was a primarily psychoanalytic Psy.D. program. He almost single-handedly transformed it to the primarily cognitive-behavioral Ph.D. program it became. As his department colleague Dr. Nathan Weed put it when sharing the news of George's passing with those associated with CMU's clinical psychology program, the program is "almost entirely of George's design, including fundamental principles, curriculum, and faculty recruitment. His quirky awesomeness will never be replicated." George spent many years as director of clinical training (DCT), and never hesitated to step up to help those taking over those positions, or to fill in when needed.

George was a dedicated and understanding mentor to numerous students over his decades here and was regularly generous with his time and energy. One of those former students, Dr. Jim Gerhart, noted, "George was my graduate mentor and eventually recruited me to return to CMU as faculty. I got to see and appreciate George as a colleague, but in many ways, he remained my mentor. I miss George very much, and it was a blessing that I got to serve as his associate DCT before taking up the DCT mantle when he became ill. I was lucky that I got to see George through the lenses of so many roles, and it helped me realize that he would have made an impact in any profession or community he joined. George was perpetually in motion, hopeful, and hilarious. I imagine he became interested in social problem-solving research because he was so good at helping others solve problems."

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Service to others was one of the areas that most characterized George. At CMU his service extended well beyond the clinical psychology program and the department, although he was heavily involved in both of those. For example, he served as the director of the general education program for several years, helping to shape CMU's undergraduate program. While George had not been actively involved in ABCT in recent years, his previous involvement was extensive and the organization remained important to him, as did the many close relationships he had with so many. He was editor of *the Behavior Therapist* for 6 years in the late 90s/early 2000s, making him the longest-serving editor in *tBT*'s history. He also served as Secretary-Treasurer, multiple times on the Program Committee, and as an author/editor on two volumes (*Depression*; and *Anger, Aggression, and Violence*) of the Practitioner's Guide to Empirically Supported Measures series. In 2011, George received the Outstanding Service to ABCT award. He continued serving both ABCT and the field by participating in the task force spearheaded by ABCT that led to the “Guidelines for cognitive behavioral training within doctoral psychology programs in the United States: Report of the Inter-organizational Task Force on Cognitive and Behavioral Psychology Doctoral Education,” published in *Behavior Therapy* in 2012. His interest in and dedication to helping guide doctoral education was also seen in his work as an APA accreditation site visitor.

George's ethos of service wasn't limited to his professional life. He became a town leader, contributing to Mt. Pleasant's downtown area by renovating a historic building and serving as City Commissioner. And in his personal life, George was always willing to lend a helping hand. Jim Gerhart shared several examples of such help: “George was also a good neighbor who lived down the street. He loaned me a wallpaper steamer because we both lived in historic houses and knew the literal pain of tearing down wallpaper. He always ‘knew someone who knew someone’ and called around to find an electrician during the pandemic.” So many others have shared similar stories of George's helping them with his time, tools, knowledge, and connections over the years.

George had been moving toward retirement when he became ill, and he left us much too soon. He will be greatly missed by all who had the good fortune to know him.



ERRATUM

The October 2006 issue of *the Behavior Therapist* (Vol. 29, issue 7), in honor of ABCT's 40th anniversary, documented ABCT's history via numerous lists of publications, awards, governing bodies, SIGs, convention sites, etc., over its 40 years. An article entitled "ABCT SIGs Through the Years" inadvertently omitted The Group for the Study of Gay and Lesbian Issues (1980–1988). Joel Becker chaired the SIG from 1984–88. We apologize for this omission.

SPOTLIGHT on a MENTOR

The ABCT Academic Training and Education Standards committee annually solicits nominations for the "Spotlight on a Mentor" recognition to highlight the diversity of excellent mentors within the membership ranks of ABCT. Its goal is to spotlight promising early-career and well-established mentors across all levels of academic rank, areas of specialization, and types of institution. We asked the three 2023 winners to share some wisdom related to their own influential mentors, their mentorship philosophy, and advice for mentees and aspiring mentors. Learn more below, and you can find more information online: <https://www.abct.org/mentor-spotlights/>

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



MENTOR > Michael P. Twohig, Ph.D.

Dr. Twohig is a psychologist and a Professor of Psychology at Utah State University, where he co-runs the ACT Research Group. He studied at the University of Wisconsin-Milwaukee, the University of Nevada, Reno, and the University of British Columbia Hospital. He is past-president of the Association of Contextual Behavioral Science. He focuses on ACT for obsessive-compulsive and related disorders. He has published over 200 peer-reviewed papers, chapters, and 9 books. His research has been funded through multiple sources, including the NIMH and the IOCDF. In 2022, he and USU were rated as the leading ACT researchers.

● **Response:** Professionally, I am where I am today because of my mentors. While many people have influenced me, two people stand out: Doug Woods in Wisconsin, and Steve Hayes in Nevada. Doug and Steve continually stressed the importance of the work we do. They taught me that science and teaching can make the world better. That enthusiasm kept me going and I never felt like graduate school was work. The second thing they taught me was that anything was possible, and then they supported me in everything I tried to do. It does show a bit of my privilege that I believed them, but I think these grandiose approaches to our work have helped me. Without Doug and Steve's guidance, I would not be a Professor of Psychology at Utah State University co-running the ACT Research Group with Dr. Mike Levin.

I could make a long list of things that I think are important as a mentor, but [I'll] ... offer four things emphasized in the ACT Research Group. First, we treat all graduate students like the young professionals they are. We see them as collaborators in the work that the lab does. In many ways, a first-year graduate student has the power and say of a co-investigator in our lab. Students who work in our lab do everything that a young professional would do: writing and submitting grants, designing and running their own studies, running workshops, giving presentations, being authors on books, and the list

goes on. When we get a request to collaborate, we look at the entire lab and find the right team. If someone asks me to be on a panel at a conference, I will commonly offer a student in the lab instead. By the time students leave Utah State University they are functioning like assistant professors.

This leads into my second point: every student is different and has their own aspirations and goals. We work hard to meet the students where they are and help them move along this path in the way that works well for them. This has been interesting because sometimes it means we have to pick up our game to keep up, and other times it means giving them space to explore what they want. Each student is unique, and we do our best to support them in what they need and where they hope to go.

A third focus in our lab is that we model and reinforce finding a way to live a meaningful life that is integrated with the professional work that we do. Working in psychology has few highs, lots of mediums, and a handful of lows. We need to find ways to live comfortably within stress; otherwise, motivation is going to be hard to find, and burnout might be close behind. We always promote finding meaning in our work, collaborating with enjoyable colleagues, loving the projects we are doing, and living purposeful lives. We try to make our work motivating and the pressure somewhat low. If we put meaning and value into the work, then the pubs, grants, and books will just naturally happen. We try and teach the student to focus on the process over the outcome. If a student says they “just want this paper off their computer,” we might ask them to also connect with why this paper is meaningful and what motivator they can find in the moment. The same goes for nonuniversity activities. We hope our students have enjoyment that is not in this field. We model working in reasonable and logical ways. This means that we don't work 24 hours a day, and we don't expect them to either. Sometimes, when something big is due, we must put in a lot of hours, and that's OK too. We want students to make a difference in the world while living gratifying, meaningful lives.

Fourth, we strive to model ways to have successful and pleasing professional relationships with one's colleagues. Psychology is unique in that we have important ethical standards we should maintain, while enjoying those we work with. Graduate school can be a great setting to model how to balance multiple relationships. We aim to be clear on the boundaries of a student/mentor relationship while showing caring. We want our students to feel comfortable bringing issues to us, but also understand and appreciate our roles as student/mentor. This issue relates back to the first point of learning how to function as a professional. Our profession is inherently a social one and we work to teach our students how to successfully navigate that.

Thank you to my students for nominating me. I'm not sure I deserve it, but I really appreciate it.



MENTOR > Kelsie H. Okamura, Ph.D.

Dr. Okamura (she/her) is an Implementation Researcher at the Baker Center for Children and Families, a Harvard Medical School affiliate, and a licensed psychologist. Dr. Okamura serves on the training, consultation, and distance learning development teams at PracticeWise, LLC. She received her B.A. in Psychology with Honors and Ph.D. from the University of Hawai'i at Mānoa. Dr. Okamura completed her predoctoral internship at I Ola Lāhui Rural Hawai'i Behavioral Health and postdoc at the University of Pennsylvania Center for Mental Health. Dr. Okamura was both a NIMH Child Intervention, Prevention and Services and Training in Dissemination and Implementation Research in Health fellow; and has more than 30 peer-reviewed journal articles and book chapters. She currently serves as Leader for the ABCT Dissemination and Imple-

mentation Science Special Interest Group and is a Diversity, Equity, and Inclusion Advisory Group Member to Implementation Research and Practice. Dr. Okamura is passionate about community-based public-sector service system implementation, particularly (a) knowledge formation, (b) quality improvement initiatives that bridge team-based technology, and (c) financial strategies to improve implementation. She is currently funded through the Substance Abuse and Mental Health Services Administration (Co-PI, System of Care Expansion Award), and has received funding through the National Institute for General Medical Services, Robert Wood Johnson Foundation, and American Psychological Foundation. As a fourth-generation daughter of Japanese and Okinawan immigrants to Hawai'i, Dr. Okamura has a deep appreciation of understanding diversity, culture, and contexts as they apply to youth mental health implementation. Growing up in a rural town in O'ahu, Hawai'i has afforded her insight into the complexities of socioeconomic and cultural barriers that may impede successful implementation of youth psychosocial interventions.

● **Response:** I continue to benefit from multiple mentors who have shaped my life both professionally and personally. Mentorship is the greatest privilege I have as a researcher and the part of my job that is most rewarding. I currently mentor four rising research assistants in various stages of their academic careers. Fundamental to our mentorship is the bidirectional learning that comes from a trusting and solution-focused relationship. I am guided by principles that transcend my professional career and personal life, that have been instilled in me by various team-based sports and well-being activities. Namely, I am inspired by Buddhist teachings related to impermanence and the ever-changing nature of all living beings. That said, my mentorship approach is tailored to each individual needs and varies based on their career stage and goals. I also follow the kaizen principle of continuous improvement with the ongoing goal of finding new areas to develop and hone skills. Each mentorship relationship and individual meeting starts with a clear agenda and goals to help align priorities. Whereas some mentors might find personal aspects of their trainees' life to be off limits, I do my best to create open communication (with some safety caveats) to discuss anything that may be relevant to each trainee's goals.

I (try to) bring humor to every interaction with trainees. I believe laughter is universal to creating trust and building relationships. I also am patient with trainees. There are countless times where I could easily provide guidance or what I perceive to be the right path forward. However, I feel the biggest responsibility that I have as a mentor is to guide (or coach) trainees to decisions and make sure that they feel empowered to make decisions. It also helps when they come back to me with a favorable outcome (usually to thank me) and I can say definitively that they made the decision and took the action (and nothing that I did is attributable to the favorable outcome, aside from a suggestion).

As I mentioned earlier, I have benefitted from multiple mentors that serve to advise on various aspects of my life. My former major advisor, Dr. Brad Nakamura, continues to be a source of solid and consistent professional development advice. However, I personally seek out these opportunities for mentorship. I currently serve as the Dissemination and Implementation Science Special Interest Group leader. Each year in our annual membership survey, we have feedback from members that asks leadership to create more networking opportunities. We happily do this through our annual happy hour, preconference, quarterly coffee breaks, buddy system, conference submission matching service, and various committees. It would make me extremely happy if there

were more members taking advantage of these opportunities. My larger point here is that you should seek out mentorship from diverse perspectives and use your critical thinking skills to find the right fit for you based on your goals and needs.



MENTOR > Anu Asnaani, Ph.D.

Dr. Asnaani is a licensed Clinical Psychologist who currently is the Principal Investigator of the Treatment Mechanisms, Community Empowerment, and Technology Innovations laboratory and an Associate Professor in the Department of Psychology at the University of Utah in Salt Lake City. Dr. Asnaani is particularly interested in expanding our understanding of how basic emotion processes (such as how we regulate strong emotions in the face of stressful life events) can be targeted to reduce negative impacts on mental health, and how we can do this for a greater diversity of individuals from a range of backgrounds and countries. Within this research focus, Dr. Asnaani has been thrilled to mentor a number of undergraduate, graduate and postdoctoral students, who have enriched and broadened the scope of this work. Being a research advisor to these insightful and bright future stars in this field has been one of Dr. Asnaani's most fulfilling professional roles.

- **Response:** Some of my most valued traits as a mentor have been those that I have seen in my own fantastic mentors over the course of my career (and even from before the "official" start to my career when I was a child): treating my students and mentees as equal partners in the mentorship process, listening to their ideas, being open to their criticism about our relationship and ways we can improve it, and regarding the ideas and questions they pose with respect and validation. I love that my mentees continue to push me to be better in my professional pursuits across the board (my teaching style/effectiveness, my research vigor, and my service commitments), and I hope that I model for them the humility one needs to have throughout their career as a mentor to keep growing, owning one's mistakes, and still imparting knowledge/sharing experiences that your mentees could benefit from.

Don't underestimate the power of being a mentor to your own growth as a scholar. Often, we are afraid to take those types of responsibilities on because we worry that we have enough of our own development to do as graduate students and early career professionals, and truthfully, taking on a mentorship role will strengthen your own abilities professionally. Further, we sometimes feel we don't have anything to offer as an early career person to truly mentor another person, and we have to push through this insecurity. Years of experience does not always equal superior mentorship; some of my best mentors were people at my level or only a few years ahead. Find mentors everywhere and be open to being a mentor to others at all stages of your career; everyone can win from these relationships! I have been so thankful to my own mentors and mentees alike, and couldn't be where I am today without them, without a doubt. ■

Minutes of the Annual Meeting of Members

Call to Order

President Jill Ehrenreich-May called the meeting together at 3:15 p.m., PT. Written notice of the meeting had been sent to all members.

Minutes

President Ehrenreich-May, presenting for Secretary-Treasurer Barbara Kamholz, presented the minutes of the November 19, 2022, Annual Meeting of Members, which can be found at https://services.abct.org/i4a/doclibrary/index.cfm?category_id=26. M/S/U: The November 2022 Annual Meeting of Members were approved as submitted.

President Ehrenreich-May welcomed the attendees. She commented that we will be doing things differently this year to ensure we have sufficient time for Drs. Lo Presti and Abdullah-Swain, the BARE consultants, to present their report, and for she and Dr. Pimentel to update the membership on progress on DEIAJ initiatives in 2023, and permit time for Q&A.

Expression of Gratitude

We are most appreciative of the many members who have served the organization in valued and meaningful ways.

President Ehrenreich-May thanked Laura Seligman, rotating off as Immediate Past President; Carolyn Becker, Representative-at-Large, 2020–2023; Nathaniel Herr, Coordinator of Academic & Professional Issues, 2020–2023; Monnica Williams, 2020–2023 Academic Training & Education Standards Committee Chair; Sara Elkins, 2020–2023 Awards & Recognition Committee Chair; Rebecca Skolnick, 2020–2023 Membership Committee Chair; Lily Brown, 2020–2023 Continuing Education Chair; Tajal Jakatdar, 2020–2023 Master Clinician Seminars Committee Chair; Tammy A. Schuler, 2023 Local Arrangements Committee Chair; Krystal M. Lewis, 2023 Associate Program Chair; Emily L. Bilek, 2023 Program Committee Chair; Richard LeBeau, Editor, the Behavior Therapist, Volumes 43–46; and Laura A. Payne, 2020–2023 Web Editor.

The President commented, “We all know that to put together a program of this size takes a lot of time and dedication. This year we had 322 members help review program submissions. We also want to acknowledge our 113 Super Reviews, and for the second year, 44 student reviewers who helped us out this year. There are too many names to mention here but a heartfelt thank you to the 2023 Program Committee members. We will also make sure your name appears in the minutes from this meeting, which will appear in the March issue of *tBT*. Again, thank you.”

Program Committee (*denotes Super Reviewers):

*Ana Abrantes, Butler Hospital & Albert Medical School of Brown University; *Michael Accardo, Private Practice; *Caroline Francoise Acra, University of Hawaii at Manoa; Erica Ahlich, University of South Alabama; Sandra Ahumada, Private Practice; *Nicholas Allan, Ohio State University Wexner Medical Center; Brianna Altman, Rutgers, State University of New Jersey; Drew Anderson, University at Albany-SUNY; Scott Anderson, Rochester Regional Health and Private Practice; *Kim Arditte Hall, Framingham State University; Anu Asnaani, University of Utah; *Dara Babinski, Penn State College of Medicine; Alisa Bahl, University of Virginia; Abby Bailin, University of Texas at Austin; Amanda Baker, Massachusetts General Hospital/Harvard Medical School; Joseph Bardeen, Auburn University; Sean Barnes, Department of Veterans Affairs; *J Gayle Beck, Univer-

sity of Memphis; Stephen Becker, Cincinnati Children's Hospital Medical Center; *Emily Becker-Haimes, University of Pennsylvania; Kathryn Bell, Acadia University; *William Benson, Child Mind Institute; *Andrew Bertagnolli, Alliant International University–San Francisco Bay Area; Jennifer Block-Lerner, Kean University; Kerstin Blomquist, Furman University; Heidemarie Blumenthal, University of North Texas; *Brittany Bohrer, University of California, San Diego; Christina Boisseau, Northwestern University Feinberg School of Medicine; Lauren Borges, Rocky Mountain MIRECC; Yevgeny Botanov, Penn State York; Melanie Bozzay, Ohio State University Wexner Medical Center; Scott Braithwaite, Brigham Young University; Amy Brausch, Western Kentucky University; Rosanna Breaux, Virginia Polytechnic Institute & State University; Elle Brennan, Akron Children's Hospital; Ana Bridges, University of Arkansas; *Lily Brown, University of Pennsylvania; *Wilson Brown, Penn State Erie, Behrend College; Julia Buckner, Louisiana State University; Mary Kathryn Cancilliere, Alpert Medical School of Brown University; Margaret Canter, University of Alabama at Birmingham; Will Canu, Appalachian State University; Matthew Capriotti, San Jose State University; Daniel Capron, University of Southern Mississippi; *Erin Cassidy-Eagle, Stanford University School of Medicine; Corinne Catarozoli, Weill Cornell Medicine; Nadine Chang, Gracie Square Hospital; Daniel Chazin, University of Pennsylvania; *Robert Chernoff, Cedars-Sinai Medical Center; Karl Chiang, University of Texas at Austin Dell Medical School; Tina Chou, Massachusetts General Hospital/Harvard Medical School; Kara Christensen, University of Nevada, Las Vegas; *Sharon Clevenger, Indiana Center for Cognitive Behavior Therapy; *Jean Clore, University of Illinois at Chicago; Jeffrey Cohen, Columbia University; Danielle Cohn, Louisiana State University Health Sciences Center; Theodore Cooper, University of Texas at El Paso; *Angela Coreil, Better Living Center for Behavioral Health; Julia Cox, University of California Los Angeles; Torrey Creed, Perelman School of Medicine, University of Pennsylvania; Kristy Dalrymple, Alpert Medical School, Brown University; *Pooja Dave, Wellstar Medical Group; Charlie Davidson, Atlanta Center for Cognitive Therapy; Thompson Davis III, University of Alabama; Heather Davis, Virginia Tech; *Margaret Davis, Yale University; Kimberly Dean, Big Health Clinical Lead; *Marla Deibler, The Center for Emotional Health of Greater Philadelphia; *Tamara Del Vecchio, St. John's University; Patricia DiBartolo, Smith College; Gretchen Diefenbach, Institute of Living; David DiLillo, University of Nebraska-Lincoln; *Laura Dixon, University of Mississippi; Katherine Dixon-Gordon, University of Massachusetts, Amherst; *Anne Donnelly, Private Practice; Brian Doss, University of Miami; *Michelle Drapkin, CBT Center; *Melissa Dvorsky, Children's National Health System; *Anthony Ecker, Baylor College of Medicine; Jill Emanuele, Child Mind Institute; *Jamal Essayli, Penn State College of Medicine; Elizabeth Eustis, Boston University; Wyatt Evans, VA North Texas Health Care System; Iony Ezawa, University of Southern California; Martha Falkenstein, McLean Hospital and Harvard Medical School; Angela Fang, University of Washington; Norah Feeny, Case Western Reserve University; Megan Hughes Feltenberger, Weill Cornell Medicine; Melanie Fischer, University of Marburg, Germany; Lauren Friedman, Arizona State University; Steven Friedman, SUNY Downstate Medical Center; Patti Fritz, University of Windsor; Nancy Gajee, Center for Specialty Behavioral Health Services; Regine Galanti, Long Island Behavioral Psychology; *Richard Gallagher, NYU Langone Health/NYU School of Medicine; *Frank Gardner, Touro University; Dylan Gee, Yale University; *Emily Georgia Salivar, Nova Southeastern University; Adria Gerber, Stony Brook University; Tiffany Glynn, Massachusetts General Hospital/Harvard Medical School; Tina Goldstein, University of Pittsburgh; *Rose Emily Gonzalez, University of Virginia; *Jeffrey Goodie, Uniformed Services University of the Health Sciences; *Anthony Goreczny, Chatham University; *Hollie Granato, University of California Los Angeles; *Tatiana Gray, Springfield College; Jonathan Grayson, The Grayson LA Treatment Center for Anxiety and OCD; Dawn Greathouse, Nationwide Children's Hospital & Ohio State University; Kelly Green, University of Pennsylvania; Jeffrey Greeson, Rowan University; *Eric Guendner, University of North Carolina, Wilmington; John Guerry, Private Practice; Nicole Gumpert, Stanford University; Arryn Guy, Brown University School of Public Health; Dave Haaga, American University; *Lauren Hallion, University of Pittsburgh; *James Hambrick, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; *Kyle Haney, NYCBT; *Rochelle Hanson, Medical University of South Carolina; Shelby Harris, Albert Einstein College of Medicine; Katie Hart, Florida International University; Trevor Hart, Ryerson University; *Jessica Hawks, University of Colorado School of Medicine/Children's Hospital Colorado; Sarah Hayes-Skelton, University of Massachusetts, Boston; *Ann Haynos, Virginia Commonwealth University; Mariely Hernandez, Columbia University/New York State Psychiatric Institute; Juventino Hernandez-Rodriguez, University of Texas Rio Grande Valley; Joanna Herres, College of New Jersey;

*Michiyo Hirai, University of Texas Rio Grande Valley; Daniel Hoffman, Northwell Health Long Island Jewish Medical Center; Natalie Holt, VA Tennessee Valley Healthcare System; *Janie Hong, Stanford University School of Medicine; *Debra Hope, University of Nebraska-Lincoln; Kean Hsu, National University of Singapore and Georgetown University Medical Center; *Christopher Hughes, Alpert Medical School, Brown University; Jennifer Hughes, Ohio State University Wexner Medical Center; Masaya Ito, National Center for Neurology and Psychiatry; Ryan Jane Jacoby, Massachusetts General Hospital/Harvard Medical School; Tejal Jakatdar, Private Practice; Amanda Jensen-Doss, University of Miami; Matthew Johnson, Binghamton University-SUNY; Matt Judah, University of Arkansas; Erin Kang, Montclair State University; *Jaclyn Kearns, VA Boston Healthcare System/Boston University; Amy Keefer, Kennedy Krieger Institute/Johns Hopkins University; Shannon Kehle-Forbes, Department of Veterans Affairs; Gail Kemp, Mercer University College of Health Professions; *Gabriela Khazanov, University of Pennsylvania/Philadelphia VA Medical Center; Elizabeth Kiel, Miami University; Katharina Kircanski, Emotion and Development Branch, National Institute of Mental Health; *Evan Kleiman, Rutgers, State University of New Jersey; Alexander Kline, Naval Health Research Center; Nancy Kocovski, Wilfrid Laurier University; Steven Kurtz, Kurtz Psychology Consulting PC; Tonya Lambert Delp, Virginia Institute of Autism; David Langer, Suffolk University; Cynthia Lancaster, University of Nevada, Reno; *Jennifer Langhinrichsen-Rohling, University of Carolina, Charlotte; *Sean Lauderdale, Texas A&M-Corpus Christi; Gwendolyn Lawson, University of Pennsylvania; Yunying Le, University of Denver; *Robert Leahy, Weill Cornell Medicine; Deborah Ledley, Children's Center for OCD and Anxiety; Penny Leisring, Quinnipiac University; Greg Lengel, Drake University; *Katherine Lenger, University of North Carolina, Chapel Hill; Matthew Lerner, Stony Brook University; Cheri Levinson, University of Louisville; Corey Lieneman, University of Nebraska; Anne Limowski, The Reeds Center; Danielle Lindner, Stetson University; *Mark Litt, University of Connecticut School of Medicine; Patricia Long, University of New England; Susan Longley, Texas A&M-Commerce; Daniel Maitland, Bowling Green State University; Abby Mandel, Catholic University of America; Joel Martin, Butler University; Carrie Masia, Montclair State University; Alexis May, Wesleyan University; *Patrick McGrath, NOCD, *Carmen McLean, National Center for PTSD; *Alison McLeish, University of Louisville; Daniel McNeil, University of Florida; *Julia McQuade, Amherst College; Michael Meinzer, University of Illinois at Chicago; *Alicia Meuret, Southern Methodist University; Allison Meyer, Indiana University School of Medicine; *Robert Meyers, Private Practice; Nicholas Mian, University of New Hampshire; Maha Mian, University of California, San Francisco; *Jamie Micco, Private Practice/Harvard Medical School; Catherine Michas, Private Practice; *John Mitchell, Duke University Medical Center; Kelly Moore, East Tennessee State University; *Michael Moore, Adelphi University; Russ Morfitt, Learn to Live, Inc.; Taryn Myers, Virginia Wesleyan University; Allison Nahnias, Stony Brook University; *Brad Nakamura, University of Hawaii at Manoa; Karl Nelson, Department of Veterans Affairs; Rosemary Nelson-Gray, University of North Carolina at Greensboro; *Amie Newins, University of Central Florida; *Michelle Newman, Pennsylvania State University; Arthur Nezu, Drexel University; Laura Nichols, Centre for Change; Roisin O'Connor, Concordia University; *Shannon O'Flinn, Beck Institute; Kelsie Okamura, The Baker Center; Harvard Medical School; Bunmi Olatunji, Vanderbilt University; *Thomas Olino, Temple University; *Julianne Oliver, Kaiser Permanente Medical Group; Rosaura Orengo-Aguayo, Medical University of South Carolina; *Camilo Ortiz, Long Island University-Post; Julie Owens, Ohio University; Zachary Pacha, Private Practice; *David Pantalone, University of Massachusetts, Boston; Freddie Pastrana Rivera, University of Southern Mississippi; *Laura Payne, McLean Hospital/Harvard Medical School; *Andrew Peckham, University of Massachusetts Chan Medical School; VA Bedford Healthcare System; *Scott Perkins, Abilene Christian University; *Nicholas Perry, University of Denver; *Jacqueline Persons, Oakland CBT Center; Sandra Pimentel, Montefiore Medical Center/Albert Einstein College of Medicine; Jennifer Piscitello, Florida International University; Jonathan Poquiz, University of Minnesota Medical School; Carla Rash, University of Connecticut School of Medicine; *Jennifer Read, University at Buffalo-State University of New York; Hannah Reese, Bowdoin College; Elizabeth Reichert, Stanford University School of Medicine; Lillian Reuman, Stonehill College; *Bradford Richards, Cognitive Behavioral Institute of Albuquerque; *Vanessa Ringle, Lehigh University; *Donald Robinaugh, Northeastern University; Patti Robinson, Mountainview Consulting Group; McKenzie Roddy, Vanderbilt University; Natalie Rodriguez-Quintana, TRAILS; *Kelly Rohan, University of Vermont; Paul Rohde, Oregon Research Institute; *Cynthia Rohrbeck, George Washington University; *Michelle Roley-Roberts, Creighton University/CHI

Health; Eleanor Rosenzweig, Queens University (ret) Kingston, Canada; *Halle Ross-Young, The University of Texas at Tyler Health; Barbara Rothbaum, Emory University School of Medicine; Laurel Sarfan, University of California, Berkeley; Dustin Sarver, University of Mississippi Medical Center; Rebecca Schacht, University of Maryland, Baltimore County; Heather Schatten, Butler Hospital & The Alpert Medical School of Brown University; *Melissa Schick, Yale University; Stephen Schueller, University of California, Irvine; *Susan Schwendener, The Family Institute at Northwestern University; *Kelli Scott, Northwestern University Feinberg School of Medicine; Ilana Seager van Dyk, Massey University; Stacy Shaup, Private Practice; Erin Sheets, Colby College; Ki Eun Shin, Long Island University; Nicole Short, University of Nevada, Las Vegas; *Nicholas Sibrava, Baruch College- City University of New York; *Greg Siegle, University of Pittsburgh; Matthew Skinta, Roosevelt University; Colleen Sloan, Boston University/VA Boston Healthcare System; Stephanie Smith, University of Southern Mississippi; Lisa Smith Kilpela, University of Texas Health San Antonio; Robert Smith-Dvorak, University of Central Florida; Laura Sockol, Davidson College; *Leslie Sokol, Private Practice; Matthew Southward, University of Kentucky; *Amanda Spray, NYU Langone Health/NYU School of Medicine; Susan Sprich, Massachusetts General Hospital/Harvard Medical School; Caitlin Stamatis, Northwestern University Feinberg School of Medicine; Jonathan Stange, University of Southern California; Amelia Stanton, Brown University; *Nicole Starace, Rutgers, State University of New Jersey; Ann Steffen, University of Missouri–St. Louis; *Shari Steinman, West Virginia University; Gail Steketee, Boston University; Marlene Strege, University of Pittsburgh; *Barbara Stuart, University of California, San Francisco; *Lauren Stutts, Davidson College; Laurel Sugden, Private Practice; *Maureen Sullivan, Oklahoma State University; Carole Swiecicki, Medical University of South Carolina; *Jennifer Sy, McLean Hospital and Harvard Medical School; Jennifer Taub, Private Practice; Kathleen Taylor, Barnard College; Daniel Taylor, University of Arizona; *Kiara Timpano, University of Miami; Maddison Toller-Lynn, Indiana University; *Kimberli Treadwell, University of Connecticut; *Emily Treichler, University of California, San Diego and VA Desert Pacific MIRECC; Charity Truong, Stress & Anxiety Services of NJ and StrongStar; *Siena Tugendrajch, University of Michigan; Jeremy Tyler, University of Pennsylvania; Hannah Tyler, University of Texas Health Science Center San Antonio; *David Valentiner, Northern Illinois University; *Shona Vas, University of Chicago; *Clorinda Velez, Quinnipiac University; Aditi Vijay, Kean University; Bianca Villalobos, University of Texas Rio Grande Valley; Andrew Voluse, University of Mississippi Medical Center; Anka Vujanovic, University of Houston; *Lynn Waelde, Palo Alto University; Barry Wagner, Catholic University of America; Catherine D. Walker, Union College; Kristen Walter, Naval Health Research Center; Laura Watkins, Emory University School of Medicine; Hilary Weingarden, Massachusetts General Hospital/Harvard Medical School; Jeremiah Weinstock, Saint Louis University; Lauren Weinstock, Alpert Medical School of Brown University; Amy Weisman de Mamani, University of Miami; *Brandon Weiss, NYU Langone Health/NYU School of Medicine; *Stephanie Wells, Department of Veterans Affairs; Amy Wenzel, Main Line Center for Evidence-Based Psychotherapy; *Tali Wigod, CBC; *Victoria Wilkins, Weill Cornell Medicine; Joah Williams, University of Missouri–Kansas City; *Courtney Wolk, University of Pennsylvania; Alison Yaeger, McLean Hospital and Harvard Medical School; Kymberly Young, University of Pittsburgh; *Brian Zaboski, Yale University; *Nur Hani Zainal, Harvard University; Alyson Zalta, University of California, Irvine; and Laurie Zandberg, University of Pennsylvania School of Medicine

Student Reviewers:

Jen Ying-Zhen Ang, Gracie Square Hospital; Jenna Bagely, Case Western Reserve University; Amy Band, University of Missouri-St. Louis; Gina Belli, Northwestern University Feinberg School of Medicine; Samantha Berg, University of Maryland, Baltimore County; Christine Bird, University of California, Los Angeles; Katherine R. Braund, Penn State Erie, Behrend College; Miguel Cantadori Barbeiro, University of Sao Paulo School of Medicine/Brigham and Women's Hospital; Mary Isaac Cargill, Montclair State University; Annika Carter, Chatham University; Joseph A. Carter, Graduate Center of the City University of New York; Anwasha Chaudhuri, Stress & Anxiety Services of New Jersey; Lindsay C. Chromik, Arizona State University; Clara DeFontes, University of Massachusetts, Amherst; Celenia DeLapp, Montefiore Medical Center; Dominic Denning, University of Massachusetts, Amherst; Urvashi Dixit, University of South Alabama; Gabrielle L. Fabrikant-Abzug, Arizona State University; Brienna M. Fogle, University of Houston; Lillian Foote, The Catholic University of America; Sandra Mariely Estrada Gonzalez, University of Texas Rio Grande Valley; Caroline J.

Harris, Oakland Cognitive Behavior Therapy Center; Dorian Higashi, University of Hawaii at Manoa; Juliana Holcomb, Suffolk University; Elizabeth Kitt, Yale University; Clara Law, City University of New York-Hunter College; Daniella Levine, Case Western Reserve University; Jasmine Lewis, Virginia Tech; Letian Li, Oakland Cognitive Behavior Therapy Center; Rachel McDonald, Montclair State University; Laurel Meyer, University of Maryland, Baltimore County; Alexandria Miller, Suffolk University; Emily Nishimura, University of Hawaii at Manoa; Immanuela Obisie-Orlu, Northwestern University Feinberg School of Medicine; Gabriela Rivera, Rutgers, State University of New Jersey; Sarah Rutter, Case Western Reserve University; Nellie Shippen, University of Illinois at Chicago; Daniel J. Taylor, University of Arizona; Logan Tufty, University of Illinois at Chicago; Holly R. Turner, University of Hawaii at Manoa; Mikayla Ver Pault, University of Rhode Island; Christine Wang, William Patterson University; Elizabeth Weimer, Chatham University; and Abigail Winnier, University of Texas at Austin.

Appointments

The President announced the new appointments. These include the following: Muniya Khanna, 2024 Program Chair; Maria C. Alba and Abby Bailin, 2024, Associate Program Chairs; Jesslyn Jamison, 2024 Local Arrangements Chair; Brooke Hughes, 2025 Program Chair; Courtney Lynn De Angeles, 2023–2026 Continuing Education Committee Chair; Samantha Busa, 2023-2026 Master Clinician Seminars Committee Chair; Sara Elkins, Academic and Professional Issues Coordinator; Anne Donnelly, 2023–2026 Awards & Recognition Committee Chair; Monica Shah, 2023–2026 Special Interest Groups Committee Co-Chair; Abby Adler Mandel, 2023–2026 Membership Committee Chair; Gregory Chasson, January 2024–December 2026, Editor, *the Behavior Therapist*; Carmen McLean, January 2025–December 2028, Editor, *Cognitive and Behavioral Practice*; Richard Liu, January 2026–December 2029 Editor, *Behavior Therapy*; Nick Crimarco, November 2023–2026, Web Editor; Amelia Stanton, 2026 World Congress Scientific Program Chair; Alyssa Farley, 2026 World Congress Scientific Associate Program Chair; and Jasper Lee, 2026 World Congress Scientific Associate Program Chair.

Finance Committee Report

Ana Bridges, reporting for Barbara Kamholz, noted that the Board has approved the 2024 budget. The projected deficit in the 2023 budget did not materialize; instead, ABCT had excess revenue of \$492,000. However, we are predicting budget deficits in upcoming years due to anticipated staff growth, numerous consultants, and very tough markets that negatively affect our interest income. She noted that the Finance Committee's goals include cost savings where possible, continuing aligning budgets with ABCT priorities, and embracing DEIJA. She noted that CHANGE Leaders program is funded and launched; IOSTF funding was approved; ABCT student convention scholarships were funded and expanded; and financial resources were given to all SIGs and noted that additional funding was given to historically underrepresented SIGs. In addition, funding for ABCT podcasts aimed at professionals were approved and launched; a web manager was hired. She noted that the 2024 dues increase affected only full and new professional members, no increases were assessed against students or members from low- and middle-income countries. She thanked the members of the Finance Committee for their support.

Coordinator Reports

Mary Jane Eimer, Executive Director, reported for Nate Herr on Academic and Professional Issues:

Awards and Recognition Committee held another heartfelt and meaningful Awards Ceremony, awarding three Elsie Ramos Memorial Student Poster Awards and two Stu-

dent Travel Awards, all of whom self-identified from marginalized groups. The ceremony also acknowledged the 2023 Fellows class, the Student Research Grant, honorable mention, and the Spotlight on Mentors recipients. Anne Donnelly will be taking over as the chair of the Awards and Recognition Committee (outgoing chair is Sara Elkins). Academic Training and Educational Standards Committee continue to work with CAAPS to identify video and other clinical resources; adding additional syllabi to underrepresented topic areas; and selected Spotlight on a Mentor winners for 2023.

The Dissemination, Implementation, and Community Engagement Committee changed its name, revised its purpose, and awarded 5 new Champions, which are featured on our website.

The International Associates continues to network with CBT organizations throughout the world and is active in the World Confederation of Cognition and Behavioral Therapies. Lata McGinn is chair of our committee and the newly elected President of the WCCBT. Several of our members gave presentations for CBT day and the Global Ambassador Program was launched by the WCCBT. ABCT Past President Robert Leahy gave a presentation on ABCT's behalf. ABCT will be hosting the June 24–28, 2026, World Congress in San Francisco, CA.

The Research Facilitation Committee completed “find-a-researcher” directory, which will be ready for launch after testing; they continue to do quarterly researcher spotlights and oversee the Student Research Grant. The Self-Help Book Recommendation Committee worked with staff on revising our online system for the Book Self-Help directory; and they are continuing book reviews.

Coordinator Christina Boisseau reported on Convention and Education Issues. She said a convention takes a village; we have strong village. She thanked Stephen Crane, ABCT's Director of Education and Meeting Services, for his attention to detail and organizational skill sets in presenting a well-run convention. We have 3,302 attendees including 973 students at our Seattle Convention. Our Program Chair, Emily Bilek, and Associate Program Chair, Krystal Lewis, worked with the President and ABCT staff to develop and deliver the scientific and professional program. Early feedback is that our attendees were very pleased with this year's offerings. Their many efforts are archived in the September 2023 issue of *the Behavior Therapist*. They focused on increasing transparency to promote greater access and equity in the review and decision-making process, including continuing the masked review process from the 2022 convention and clarifying and streamlining the review criteria. The convention theme was “Cultivating Joy,” and she shared that it has been a complete joy working with everyone over the past year.

Coordinator Boisseau thanked Lily Brown, Chair, and the Continuing Education Committee for expanding our webinar program to almost monthly offering. This is Dr. Brown's last year chairing our CE Committee and she has really taken our CE program to new heights, reflected in high attendance numbers and our diversity of program offerings.

Finally, we look forward to seeing you all in Philadelphia, November 14–17, for our 58th Annual Convention. She recommended that members pay attention to the call for program reviewers and submit their work during the Call for Papers.

Coordinator Shari Steinman reported on Membership Issues, noting our large and expanding line of SIGs, who are moving over to Basecamp to stay in touch and exchange ideas to keep the program vibrant and vital to our membership. The SIGs are very involved in our organization, including hosting a Meet the Candidates, which introduces the membership to those running for office. The Social Media Network Committee

added a LinkedIn page to our social media platforms; we experienced a growth on X, Instagram, and Facebook this past year.

The Fellows Committee added their first nonpsychologist (a social worker) to the 2023 Class of Fellows in the spirit of diversifying. If you earned your terminal degree 15 years ago and have been a member of ABCT for 10 years or more, we hope you will consider applying for Fellow status. Students, postbaccalaureates and associate members can now vote. Leadership and Elections is exploring a move to a slate instead of the current nomination process for officers. Membership is fairly steady and we have reached out to HBCUs, Hispanic serving institutions, and lower- and middle-income countries.

Student Membership held panels on post doc and graduate school; webisodes for international and minoritized students. They are looking to feature labs outside traditional research areas and welcome the suggestions from the membership.

The Clinical Directory and Referral Issues Committee continues to add videos on the website featuring pioneers and global thought leaders in addition to identifying monthly mental health observances and ABCT resources.

Publications Committee

Susan White, Coordinator, reported that the impact of our journals dropped slightly from the previous year, with *Cognitive and Behavioral Practice*: 2.9 (2022: 2.9; 2021: 3.27; 2020: 2.95) and *Behavior Therapy*: 3.7 (2022: 3.7; 2021: 4.80; 2020: 4.18). Submissions have declined for both journals. A huge challenge for both journals has been getting reviewers. In response, in 2022 we launched Reviewer of the Year recognition program. It was a success and we are continuing this effort.

The Public Education and Media Dissemination Committee is working on a third briefing book (*Building Resiliency*). Our DEIJA subcommittee is aiming for cohesion and synergy across the journals, and plans to showcase our efforts (e.g., via website, social media postings). It was noted that we are already doing many things, but need to establish procedures across platforms and policies for sustainability.

We have new editors starting in 2024—Gregory Chasson for *the Behavior Therapist* and Nick Crimarco for the web. Both *Behavior Therapy* and *Cognitive and Behavioral Practice* have elected new editors to start in coming years—Richard Liu and Carmen McLean, respectively.

We just launched the ABCT podcast series for professionals in partnership with Sanity; we aim to be more proactive in media engagement, and are working on policies to help us with difficult manuscripts with the additional goal of facilitating consistency and cohesion in editorial and publication policies. We also aim to engage underrepresented scholars and disciplines into ABCT (convention, publications)

Executive Director's Report

Mary Jane Eimer noted that “It’s always a full year of activities and challenges. This year continues the tradition.”

Board and Coordinators met this past May for their triannual strategic planning retreat, with a focus on DEIAJ, which you have been hearing about from other reports. We hired NonProfit HR to review our employee handbook, antidiscrimination policies, and training staff and leadership in DEIAJ awareness and sensitivity. We are doing a complete overhaul of our Policies and Procedures and adding risk management, cybersecurity, and AI, to name just a few.

Mark your calendars for the next World Congress that will be held in San Francisco, June 24-28, 2026. Amelia Stanton, Scientific Program Chair, along with Alyssa Farley and Jasper Lee, Associate Scientific Program Chairs. Be on the lookout for the theme,

Call for Papers, and other highlights leading up to the congress.

She noted that we have a new Development Chair, Jason Duncan, with whom she and incoming President Pimentel will be working to rethink the composition of the committee and expanding our reach.

Mary Jane Eimer also announced the following:

“This will be my last Executive Director’s Report. I have served you over the past 40 years. It has been a joy and a challenge. I have decided not to renew my contract and will see it through June 30, 2024. I am committed to a smooth transition and will work with the board and leadership to make that happen. I will be interested in consulting work so keep me in mind!

It does take a team of dedicated workers and I would like to take this opportunity to thank and acknowledge my colleagues:

David Teisler, *Deputy Director and Director Publications*

Stephanie Schwarz, *Managing Editor*

Stephen Crane, *Director of Education and Meeting Services*

Kelli Long, *Bookkeeper*

Rachel Lamb, *Membership and Marketing Manager*

Ewan Johnson, *Senior Communications Manager*

Rachel Greeman, *Web Manager*

Tonya Childers, *Executive Assistant, Convention Registrar, and Exhibits Manager*

Maryilyn Brown, *Administrative Secretary*

We are very much aware that ABCT is your association. Let us hear from you with suggestions or feedback.

We are located in NYC near Penn Station and the Long Island Railroad. If you need a place to work for a few hours or hold a meeting in a neutral setting, you are welcome to book your meeting with us. We have a conference room that comfortably seats 12 people.

I am taking this opportunity to dispel a misconception: ABCT owns its office space and is in one of the few not-for-profit buildings in NYC. As such, we do not pay real estate taxes due to our tax-exempt status, providing us with tremendous annual savings. Our maintenance fees are less than a rental unit AND you have an asset. Your staff comes to the office: some 5 days per week, others 3 days per week. Our space is used.

As you can imagine, this is a bittersweet moment for me. I have worked with so many of you over the years and we have much to celebrate with the awareness there is more to do. My intention is to work with more of you over the coming 7 months and end my tenure as Executive Director on a high note. Thank you.”

President's Report

The President reported that she will keep the membership posted on the search process for an Executive Director, and she tabled the remainder of her report.

The BARE Report

Jessica Lo Presti and Tahirah Abdullah-Swain noted that they had started the process a year ago working with our minoritized members. They conducted a survey and focus groups; and reviewed ABCT’s Policies and Procedures. They explored IDEAJ experience and needs, noting that there needs more clarity on leadership and more focus on how to get involved.

Drs. Lo Presti and Abdullah-Swain, reviewing the results of the BARE report, summarized that members experience challenging events and the financial burden of coming here. While many call ABCT home, it’s not viewed that way by all. There is perceived toxicity in volunteerism; experience in nepotism; and difficult experiences for minoritized individuals. There is a lack of representation among identities. They noted that difficulties fall disproportionately on new career and DEI members. There should be more focus on addressing harms: some want leadership to listen to membership; work on relationships that are fractured.

Recommendations

Increase attention to DEIAJ; increase transparency, healing, and prevent harm.

Hire DEIAJ staff (they specifically recommend adding 3 DEIAJ staff).

Develop comprehensive recruitment plan.

Increase equity and access through better student access.

More transparency; better understanding of roles of elected positions; and student engagement by voting in the election progress.

Address the disparity in resources across SIGs; minoritized SIGs don't have mentor representation—add more mentorship opportunities in more disciplines.

Increase transparency in leadership and publish roles and expectations for various leadership positions.

Publish demographic data on identity representation across organizations.

Increase focus; develop accountability measures; commit to cultural humility; develop reporting process on discrimination; and develop plan to heal interpersonal and professional relationships.

Progress

The President reported that this is a starting point. We are working to align our annual budget with priorities; we've changed bylaws to allow students to vote. In elections we try to make candidates more diverse; we have tasked the Leadership and Elections Committee to research and recommend alternatives to our current system of nominations and elections.

We implemented increased acknowledgment for service with travel reimbursement; added noncontingent support to 8 SIGs with smaller amounts to nonminoritized SIGS.

The President noted that she had office hours on Zoom, and no one came. We increased student convention scholarships from 5 to 35, noting 200+ student applied.

We helped fund an Inter-Organizational Scientific Task Force on Sexual Orientation and Gender Expression Change Efforts; we instituted a 2-year program, Challenging How ABCT Now Governs and Evolves) CHANGE leaders; we added a second Student Travel Award that is specifically aimed for underrepresented students, including discipline, and we received *Behavior Therapy's* Task Force report on articles on "so-called conversion therapy."

President Elect's Report

Sandy Pimentel relayed: "My job is to continue and expand the initiatives just covered. We need to make money to continue to make these changes; to do so, we are revitalizing development committee and its work. We want to make money to give it away. We are working on the Policies & Procedures Manual to make sure our roles are clear and achievable."

"We're on it, let's go."

Incoming Officers

President Ehrenreich-May introduced the incoming officers: Steven Safren, 2023–2024 President Elect; Colleen Sloan, 2023–2026 Representative at Large and Liaison to Membership Issues; and Sandra Pimentel, 2023–2024 President. President Ehrenreich-May turned the meeting over to Dr. Pimentel, who thanked Dr. Ehrenreich-May for her leadership over the past year.

ADJOURNMENT: There being no new business, President Sandy Pimentel adjourned the meeting at 4:20 p.m. ■

Call for Applications **FELLOWS** — *Class of 2024* —

ABCT Fellow Status is awarded to full members who are recognized by a group of their peers for distinguished, outstanding, and sustained accomplishments that are above and beyond the expectations of their existing professional role. Because members' career paths come with unique opportunities, the committee is sensitive to the environment in which the applicant has functioned, and we weigh the contributions against the scope of the applicant's current or primary career.

Multiple Routes to ABCT Fellow Status

ABCT offers 6 areas of consideration for Fellowship status, with only one area necessary for selection: (a) clinical practice; (b) education and training; (c) advocacy/policy/public education; (d) dissemination/implementation; (e) research; and (f) diversity, equity, and inclusion. Applicants for fellowship will be asked to endorse the area(s) in which they wish to be considered. These areas can be overlapping, but also have unique features. Endorsement of multiple areas does not increase the likelihood of selection as a Fellow, and focusing on one area of outstanding and sustained effort is an effective strategy for the required self-statement and emphases by letter writers. What guides the committee's decision making is determining if an applicant has made outstanding, sustained contributions that go beyond their work role expectations.

Who is Eligible to Apply for Fellow Status?

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

Potential Fellow applicants, as well as their letter writers, must describe the applicant's specific contributions that are outstanding and sustained. To aid in writing these letters, the Fellows committee prepared Guidelines for Applicants and Letter Writers for how to write fellow status contributions:

<https://www.abct.org/Members/?m=mMembers&fa=Fellow>. While these guidelines provide examples of what the Fellows committee considers outstanding, sustained contributions, they are far from exhaustive.

Deadline for Fellow Status Applications: July 1, 2024

This is the deadline for both applicants and letter writers to submit their materials. Applicants will be notified of the decision on their application by mid-October 2024.

For more information, visit the Fellowship application page:

<https://www.abct.org/membership/fellow-members/>

ABCT Fellows Committee

Antonette Zeiss, Ph.D., Chair; Christopher Martell, Ph.D., ABPP, Vice Chair; Brian Chu, Ph.D.; Deborah Dobson, Ph.D.; Debra Hope, Ph.D.; Simon Rego, Ph.D.; Gail Steketee, Ph.D.

Champions — Call for Nominations | 2024

by the Dissemination, Implementation, & Community Engagement Committee

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

Champions are those individuals who support, facilitate, diffuse or implement the core assets of evidence-based interventions. Champions' efforts expand the scope and impact of evidence-based interventions beyond the reach of researchers alone. They are "change agents," differentiating themselves from others by their visionary quality, enthusiasm, and willingness to risk their reputation for change. Ideal candidates should have demonstrated the following: (a) communicating a vision and impact of evidence-based psychological interventions; (b) going above and beyond in their efforts to relentlessly promote innovation; (c) actively leading positive social change; and (d) making a substantive impact. Although both members and non-members of ABCT are eligible for the Champions award, research faculty are typically not a fit for this award.

To learn more about the award, how to nominate, and to view past Champions, visit the Champions page: www.abct.org/membership/abct-awards/abct-champions

Deadline: April 8, 2024



SPOTLIGHT ON A RESEARCHER
PRESENTED BY ABCT'S
RESEARCH FACILITATION COMMITTEE

Recognizing Excellence in

1. Early Career Research
2. Mid-Career Research
3. Health Disparities Research

Winners will be featured on ABCT's website, social media, & at the Convention Award Ceremony

Nominate yourself or someone else!

Fine Print: See nomination form at the QR code for eligibility criteria

The graphic features a spotlight icon on the left, a list of three research categories, a QR code, and a starburst callout box. An arrow points from the QR code to the 'Nominate yourself or someone else!' text.

The Hogrefe Best Assessment Practices in Clinical Psychology series: A Call for Book Proposals

CO-EDITORS:

Dean McKay, Ph.D., ABPP,
Fordham University
Amitai Abramovitch, Ph.D.,
Texas State University

Picture this: You have scheduled an initial intake evaluation with a client. The referring professional is a general practice physician. They inform you that the prospective client reports a wide range of symptoms that sound like potential anxiety . . . or possibly post-traumatic symptoms . . . or potentially substance use . . . and also some potential disturbances in eating. Now, faced with this daunting and diverse range of potential symptoms, you need to find the right assessment tools to determine what the next steps in treatment may entail. However, the options are pretty vast, and surely clinicians do not have time to scour literature reviews to determine best methods for quickly identifying the most current state-of-the-art valid assessment tools. Your online search shows a maddening array of recommended assessment tools; now you feel further from a solution than when you began.

Most clinical graduate programs in mental health treatment begin training in assessment. One of the fundamental skills at the heart of education in assessment is appraising suitable methods and assessment tools and integrating these into practice, for comprehensive clinical or neuropsychological assessment, conceptualization of treatment plans, and for ongoing assessment of treatment progress. In light of the centrality of assessment skills in professional practice, the need for reliable sources that ensure currency with the latest assessment tools is essential throughout one's professional career.

While our training prepares us to be generalists, most practitioners and researchers specialize in assessment and treatment of a few conditions, but for clinicians who are in general treatment settings, the need to have a wide range of specialized assessment tools and guides on hand can be overwhelming. Each subdiscipline has models of assessment guides that range from brief and cursory to extremely dense reference-size guides.

In recognition of the need for practitioners to have a full range of easily accessible and clear guides for assessing the wide gamut of clinical conditions, the Association for Behavioral and Cognitive Therapies and Hogrefe Publishing Group formed a partnership and contracted us to edit a series of brief guides on a wide range of assessment topics. In keeping with the mission of ABCT, these assessment guides are intended to bring clinicians the latest evidence-based methods for evaluating symptoms, syndromes, and relevant psychopathological states, in a succinct and accessible manner. In addition to these user features, the series recognizes that busy professionals have specific needs to enhance the scientific foundations of their practice. Thus, the texts in this series will emphasize ease of use, suitable comprehensiveness for everyday practice, and at a manageable cost.

"We plan to publish a running index of assessments covered and the books in which they can be found on both ABCT's and Hogrefe's websites, to make those maddening searches so much easier."

We are seeking book proposals for the series. These are "mini books," intended as quick guides for clinicians, and therefore the scope is less involved than a full-length handbook. We are interested in a full range of topics, and welcome any submissions. We are particularly interested in proposals for volumes covering the following topics:

- Anxiety
- Obsessive-compulsive and related problems
- Childhood and adult attention-deficit/hyperactivity
- Body image and related concerns
- Self-harm and suicidal behaviors
- Chronic pain in youth
- Ecological Momentary Assessment
- Assessments for underrepresented populations in single disorders or across related areas

Information regarding the series and proposal submission guidelines can be found at <https://www.hogrefe.com/us/bapcp>. Authors receive competitive royalties on sales of books. We are also happy to discuss more specific questions. Interested authors can contact us at mckay@fordham.edu and abramovitch@txstate.edu.

< Podcast



Sanity x ABCT

A collaborative podcast series with Dr. Jason Duncan and ABCT

> [episode website](#)

So many people are looking to live happier, more stress-free lives. We provide interviews from mental health experts across various fields because we know finding quality information isn't always easy. Let's find more sanity together.

Sleep Health | with Dr. Allison Harvey

(Episodes 1 & 2)

OCD Assessment and Treatment | with Dr. Jonathan Abramowitz

(Episode 1, 2, & 3)

What to Do About Worry | with Dr. Robert Leahy (Episodes 1 & 2)

Psychedelic Assisted Therapy | with Drs Jason Luoma and Brian Pilecki (Episode 1 & 2)

The State of ABCT | with Dr.'s Jill Ehrenreich-May and Sandra Pimentel (1 Episode)

Consider attending the **17th European Federation of Sexology Congress** in Bologna-Italy, May 23-25, 2024.

For more information: www.europeansexologycongress.org
Early registration rates are still available and the abstract deadline submissions are extended.

Webinars

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Dr. Golda Ginsburg | School-Based Interventions for Students with Anxiety

Alec L. Miller | DBT for Suicidal Adolescents: With an Emphasis on Mindfulness and Validation

Dr. Robert Leahy | Emotional Schema Therapy: Helping Clients Cope with Difficult Emotions

Celeste Malone | Culturally Responsive MTSS for School Mental Health Services

Jeffrey Lackner | Cognitive Behavior Therapy for Irritable Bowel Syndrome: The Fundamentals of an Evidence-based Transdiagnostic Approach

Emily Becker-Haimes | Practice-Based Guidance: Should I Recommend Telehealth, Hybrid, or In-Person Sessions for Youth with Anxiety or OCD?

Jae Puckett | Resilience and Coping in Transgender and Gender Diverse Clients

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

Michel Dugas | Intolerance of Uncertainty in GAD: Facing the Unknown to Promote New Learning

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Scenes from the ABCT Awards Ceremony | November 17, 2023 | Seattle



Stefan Hofmann, *Career/Lifetime Achievement*



Robert Leahy, *Outstanding Clinician* (with Sara Elkins, Awards Chair, and Jill Ehrenreich-May, President)



Kate McLaughlin, *Executive Director of the Ballmer Institute*, accepted the *Distinguished Friend to Behavior Therapy Award* on behalf of Connie and Steve Balmer, Balmer Institute for Children's Behavioral Health



Sierra E. Carter, *Francis C. Sumner Excellence Award* (with Sara Elkins, Awards Chair, and Jill Ehrenreich-May, President)



Jessica Hamilton, *President's New Researcher Award* (with Jill Ehrenreich-May, President)

Fellows Class of 2023, left to right: Muniya Khanna, Carmen McLean, Russell Morfitt, Micholas Salsman, Ray Christner, with (front) Sara Elkins, Awards Chair, Antonette Zeiss (Fellows Chair), and Jill Ehrenreich-May, President



Michael Twohig,
Kelsie Okamura,
Anu Asnaani,
Spotlight Mentors



Mackenzie Zisser, Leonard Krasner Student Dissertation Award (with Sara Elkins, Awards Chair, and Jill Ehrenreich-May, President)



(left to right) **Regine Galanti** and **Ayada Bonilla**, Champions



Lauren Quetsch, Anne Marie Albano Early Career Award



Emily Presseller, Virginia Roswell Student Dissertation Award (with Sara Elkins, Awards Chair, and Jill Ehrenreich-May, President)



(left to right) **Xinyi Deng**, **Melissa-Ann Lagunas**, **Mikela D. Ritter**, **Elsie Ramos Memorial Student Poster Winners**



Min Eun Jeon, Student Travel Award



(left to right) **Bruce Chorpita**, Past President; **Robert Leahy**, Past President & Outstanding Clinician, 2023; **Mary Jane Eimer**, Executive Director; and **Stefan Hofmann**, Past President & Lifetime Achievement, 2023



Anu Asnaani, **Sierra Carter**, **RaeAnn Anderson**, **Brian Feinstein**, Outstanding Service to ABCT (members of the Task Force for Equity, Inclusion, and Access)



(far left) **Erum Nadeem**, Chair of the Dissemination, Implementation, and Community Engagement Committee, which oversees the Champions Program

Not pictured but still honored: Thema S. Bryant, Charles Silverstein Lifetime Achievement Award in Social Justice; Torrey Creed, Outstanding Training Program; Christina Cho, Ryan DeLapp, Christina Lopez, & Jae Puckett, Outstanding Service; Mackenzie Zisser, Leonard Krasner Award; Alexa Raudales, Student Research Grant; Mallory Cannon, Student Research Grant Honorable Mention; Elizabeth Koschmann & Vanessa Ramirez, Champions; Min Eun Jeon & Hila Sorka, Student Travel Award

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