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ORIGINAL RESEARCH

A Demonstration Project Using Professional Listserv and Twitter to Disseminate Research Findings in Mental Health to Practitioners

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TRANSLATING science to practice has been at the forefront of mental health transformation and public health for decades (Institute of Medicine, 2001). In behavioral health, the call for having practitioners integrate science into their clinical practice has been strengthened through organizations like the American Psychological Association issuing task force reports, policy statements, and guidelines on the use of evidence-based practice (APA, 2006; APA, 2021). At the core, evidence-based practice is defined as the integration of the best available research, clinical expertise, and patient preferences (such as culture and characteristics) that might impact care. However, operationalizing evidence-based practice in the reality of direct service provision has emerged with additional challenges in adoption and sustainment.

The burgeoning science of dissemination and implementation has provided frameworks, theories, methods, outcomes, and strategies to get evidence-based practices to the people who need them most (Eccles & Mittman, 2006; Proctor et al., 2011). Implementation strategy taxonomies often include dissemination strategies like “use mass media” or “develop and distribute education materials” (Powell et al., 2015; Waltz et al., 2015). Many dissemination strategies resemble marketing materials such as websites, social media posts, or print collateral. Dissemination strategies can be particularly useful when trying to create consumer-demand for innovations (Becker, 2015) and in situations where access to in-person training may be limited (e.g., COVID-19 pandemic, rural settings). However, little is known about effective dissemination channels

targeted at mental health practitioners.

Previous studies of dissemination strategies for healthcare promotion have found promising effects related to increased views of journal articles (Cawcutt et al., 2019) and online blogs and publications (Buckarma et al, 2017; Pavelle & Wilkinson, 2020). Deeken et al. (2020) reviewed various social media outlets to explore how pathologists can share information and noted that outlets like YouTube can mirror elements of face-to-face learning and Twitter can share micro bites of information to users. Similarly, Cawcutt et al. (2019) organized and evaluated a 1-hour Twitter chat related to workforce gender equity and showed increased journal article online metrics. Although increases in engagement with journal articles does not necessarily indicate increases in use of evidence-based strategies, it is an important step in the process of getting such information in the hands of practitioners. As such, these promising studies of dissemination efforts in healthcare indicate a crucial need to demonstrate similar effects in mental health.

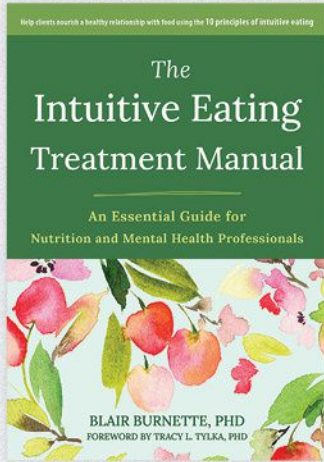
The Society for the Science of Clinical Psychology (SSCP) is a section of the American Psychological Association's Division 12 (Society of Clinical Psychology) whose goal is to promote clinical empirical science in the psychology profession. The SSCP Committee on Science in Practice was established in 2014 to focus on making clinical science easier for mental health practitioners to apply in their clinical work. The Committee was chaired by a practitioner, Jacqueline B. Persons, Ph.D. All members were Ph.D. psychologists; most members were licensed practitioners, and one was a faculty member in a Psy.D.–Ph.D. program that emphasized clinical training. The Committee conducted four interviews with prominent clinical scientists about the clinical implications of their recent findings and posted the interviews on the SSCP website (see <https://societyforscienceofclinicalpsychology.wildapricot.org/SciPrac>). In 2019, the Committee surveyed mental health practitioners via listservs and learned that many preferred audio or video clips shorter than the 45-minute interviews that had been produced. The purpose of this short report is to share the development process of the SSCP Science in Practice YouTube video clips (hereafter referred to SiPs) and to report on a demonstration project we conducted to use web analytics to assess the effectiveness of a campaign using listserv and Twitter to disseminate the clips to mental health professionals. We had two overarching questions: (1) How does SiP reach vary by dissemination channel (listserv or Twitter)? and (2) Which dissemination channel (listserv or Twitter) is associated with greater view duration?

Method

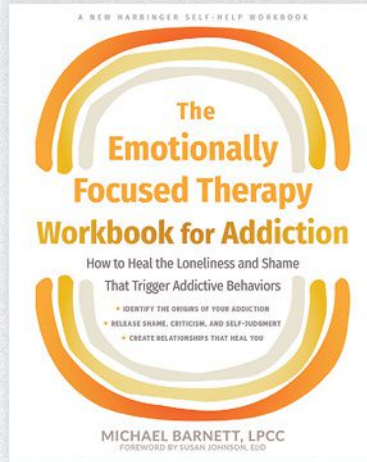
Content Development

In early 2020, the Committee began creating 5- to 8 YouTube video clips from interviews the Committee Chair had recorded in 2015, 2016, and 2017 with Michelle Craske, Emily Holmes, Michael Lambert, and Edward Watkins. These scientists were selected because they had published recent articles that the Committee viewed as presenting information of particular relevance to practitioners (Craske et al., 2014; Holmes et al., 2016; Lambert & Shimokawa, 2011; Watkins & Nolen-Hoeksema, 2014). The article by Craske et al. (2014) described methods for using an inhibitory learning model to guide exposure treatment. The article by Holmes et al. (2016) described strategies for and benefits of using imagery when treating patients with PTSD and mood and anxiety disorders. The article by Lambert and Shimokawa (2011) reviewed the literature on the benefits of using progress monitoring in psychotherapy. The article by Watkins and Nolen-Hoeksema (2014) described strategies for assessing and treating rumination in

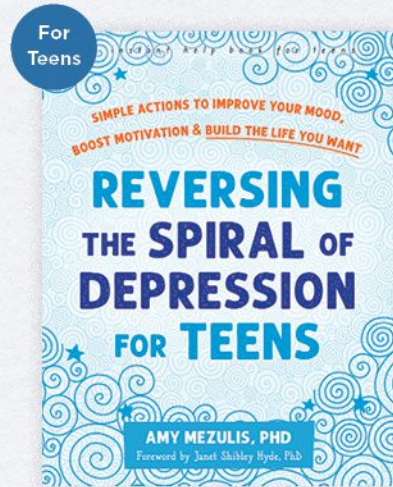
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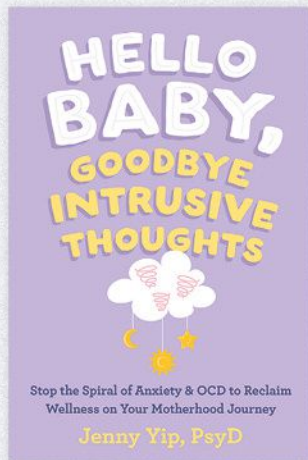
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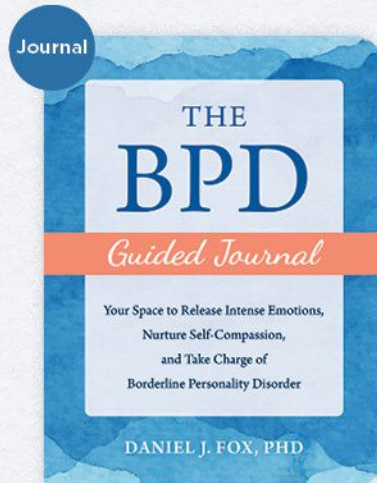
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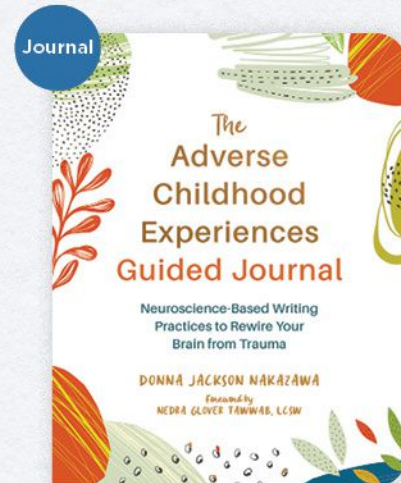
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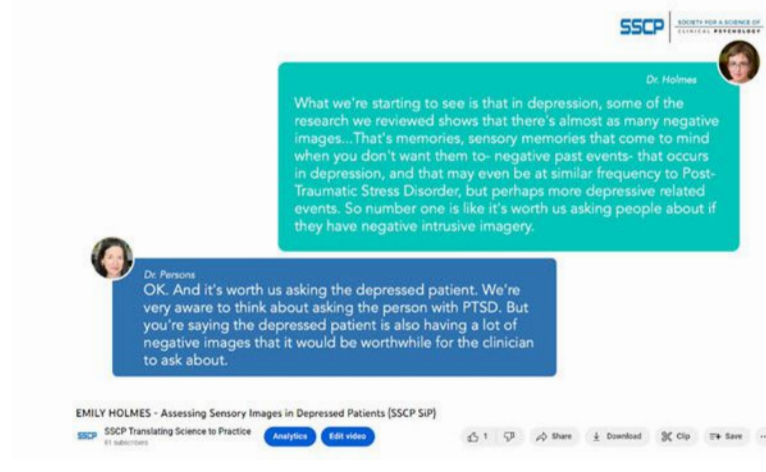


Figure 1. Emily Holmes – Assessing Sensory Images in Depressed Patients (<https://www.youtube.com/watch?v=zibFeacYcC8>)

patients with mood and anxiety disorders.

Clip duration was determined based on input from an expert in dissemination and implementation (Emily Becker-Haimes), and on survey data the Committee collected from practitioners via the Northern California CBT Network (NCCBT) and ABCT. The survey received a total of 139 responses, 65 from the NCCBT (about a 20% response rate) and 74 from the ABCT forum; no incentives for providing survey responses were provided. The respondents indicated that they would prefer smaller, easily digestible pieces of information in the form of 10- to a maximum of 30-minute interviews/podcasts, accompanied by a written summary and free access to the article. The Committee decided on an average clip duration of about 5 minutes after agreeing to use Twitter, which typically features brief content, as a dissemination strategy. The transcripts were reviewed by individual Committee members and rereviewed by an additional member to identify the salient clinical take-home points from each interview. The audio segments were clipped and added to PowerPoint slides to overlay the audio with associated text for accessibility (see Figure 1 for an example). Each interview produced a range of three to eight clips for a total of 22 SiPs. The Committee agreed that the best way to publicly host the shortened video clips would be on a publicly and freely available YouTube channel (<https://youtube.com/@sscpscienceinpractice>); thus, titles and captions for each video were created. As of January 31, 2024, the YouTube channel has a total of 114 subscribers. Public-domain music, branding, and visual elements (e.g., typeface, color scheme) were added to pilot video clips until the Committee agreed on the standard appearance. In 2021, the Committee shared example SiPs to the SSCP listserv. SSCP member feedback suggested the need for an actionable next step based on the clip. Therefore, links to the complete interviews and associated resources were added to the end of each clip and within the YouTube description. Audio enhancement and formatting changes were done in the months leading up to the dissemination effort.

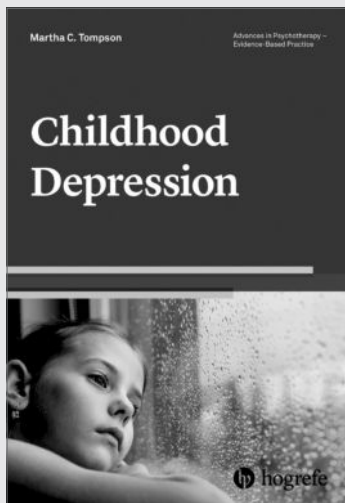
Dissemination Strategy

The Committee decided to carry out a dissemination campaign through two channels used by SSCP: professional listservs and Twitter (renamed X in 2023, prior to the project being conducted). On chosen dates, an email on two professional listservs (SSCP listserv and the Association for Behavioral and Cognitive Therapies [ABCT] forum) and a series of tweets were sent from the SSCP Twitter account (@SSCP_Tweets). These



How to treat childhood depression effectively – a family-based approach

New



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Martha C. Tompson

Childhood Depression

This volume provides the reader with an up-to-date, evidence-based introduction to the assessment and treatment of childhood depression, including major depressive disorder, persistent depressive disorder, disruptive mood dysregulation, and adjustment disorders. After exploring the latest knowledge on the diagnosis, course, theories, and contributing factors of childhood depression, the author presents a step-by-step description of family-focused treatment for childhood depression (FFT-CD), which integrates CBT and family therapy goals.

Treatments for depression that work well for adolescents and adults cannot

simply be extended to children as their cognitive capabilities are not as fully developed nor stable. FFT-CD focuses on positive and supportive parent-child interactions that support the development of a positive self, helping parents provide the child with additional positive feedback on their developmentally appropriate achievements, and enhancing child and family coping. Downloadable resources include numerous FFT-CD handouts for children and parents. This text should be particularly useful to child or school psychologists, marriage and family therapists, child psychiatrists and anyone working with depressed youth and their families.



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Watkins says to help our patients to stop asking "Why" questions and start asking "How" and "What" questions in treating #depression youtu.be/tX-2UzLZ8E #CBTworks #fiveminuteSiP



9:05 AM · Sep 16, 2022

View Tweet analytics

1 Retweet 1 Quote Tweet 4 Likes

Figure 2. Dr. Edward Watkins tweet
(https://twitter.com/SSCP_Tweets/status/1570851352523280391)

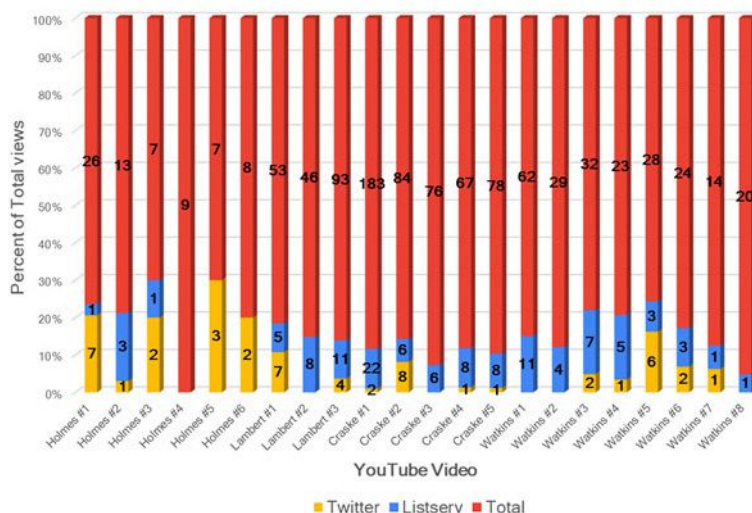


Figure 3. SiP Views by Traffic Source

dissemination channels are targeted toward mental health professionals with varying audiences and reach (e.g., the listserv members include a range of mental health professionals, including psychologists, social workers, master’s-level therapists, psychiatrists, and unlicensed graduate students). The SSCP listserv and ABCT forum are available to members of SSCP and ABCT, respectively. The SSCP Twitter account is publicly available to any Twitter user. Listserv messages contained links to all SiPs for the individual clinical scientist being featured, with links to the full interview on the SSCP website. Tweets were sent out daily, except for weekends and holidays (see Figure 2 for example). Each interview series tweet included (a) an introductory tweet for each interview with a full interview link, (b) the individual SiPs (sent at different times each day), and (c) a discussion prompt. Tags (e.g., #CBTworks) were added and associated Twitter

Table 1. Media Metrics Definitions

Media Channel	Metric	Definition
SSCP Website	Webpage views	An instance of a page being loaded in a browser. Total number of pages viewed.
Twitter (X)	Impression	Times a user is served a post in timeline or search results.
Twitter (X)	Engagement	Total number of times a user interacted with a post. Clicks anywhere on the post, including reposts, replies, follows, likes, links, cards, hashtags, embedded media, username, profile photo, or post expansion.
Twitter (X)	Detail expands	Clicks on the post to view more details.
YouTube	Traffic source	How viewers came to find your video (e.g., YouTube search, Gmail, etc.).
YouTube	Views	Total times video has been viewed.
YouTube	Average view duration	Average amount of time viewers spent watching a video.

accounts were tagged (e.g., @ABCTNOW) on daily tweets. On the last day, after the final SiP was sent, a tweet concluding that interview and website link to the entire interview was posted. This process was repeated for each of the four interviews in the series. Thus, one key difference between the listserv and Twitter dissemination strategies was that the listserv channel sent out links to all the YouTube clips for each of the four interviews in one message, whereas the Twitter channel sent clips out one at a time on subsequent days.

Measures

For all analytics, we set a date range from initial tweet and listserv email to 48 hours after the last tweet of the series for each scientist. We examined YouTube traffic sources, number of views, and average view duration for each SiP in the date range (see Table 1). YouTube views indicate the total number of views, and the average view duration indicates the average minutes each video was viewed. YouTube external traffic source analytics (see Figure 3) identifies the viewer point of access (e.g., Twitter or Gmail, which is one access point for listserv users). We used Twitter analytics to further explore differences in user interactions with each SiP. We compared listserv and Twitter average number of views and view durations using t-tests.

Results

Our web analytic methods identified the source of 16.7% of views of the SiPs. 83.3% of the YouTube traffic to the SiPs came from sources outside of Gmail and Twitter, including from YouTube or Google searches, browse features, suggested videos, and channel pages.

How Does SiP Reach Vary by Dissemination Channel (Listserv or Twitter)?

We first examined the number of views of the complete audio interviews posted on the SSCP website, regardless of dissemination channel. The Twitter and listserv dissemination campaign attracted 264 (of 4,947) Holmes, 330 (of 13,216) Watkins, 488 (of 9,969) Lambert, and 1359 (of 56,376) Craske web page views during the dissemination period. Additionally, YouTube analytics revealed increased SiP views in the 48 hours

Table 2. SSCP Science in Practice Dissemination Strategy Summary

Topic (Researcher) Video #	YouTube Views Post 48 Hours				
	Total (% Overall Total)	Listserv (% campaign)	Twitter (% campaign)	Average View Duration (% of video watched)	Average View Duration - Listserv (% of video watched)
Takeaway #1: Assessing for Negative Imagery	26 (50.0%)	1 (3.85%)	7 (26.92%)	0:44 (36.37%)	0:20 (16.53%)
Takeaway #2: Assessing for Future Positive Imagery	13 (39.40%)	3 (23.08%)	1 (7.69%)	0:33 (30.56%)	0:29 (26.85%)
Takeaway #3: Using Mental Imagery When Assessing Suicide Risk	7 (30.43%)	1 (14.29%)	2 (28.57%)	1:16 (38.39%)	0:00 (0.00%)
Targeting Mental Imagery in Depression (Emily Holmes)	9 (22.50%)	0 (0.00%)	0 (0.00%)	1:37 (32.44%)	0:00 (0.00%)
Using Mental Images in the Treatment of Depression	7 (35.00%)	0 (0.00%)	3 (42.86%)	1:16 (38.39%)	0:00 (0.00%)
Building the Sensory Image Muscle Through Practice	8 (40.00%)	0 (0.00%)	2 (25.00%)	2:47 (53.35%)	0:00 (0.00%)
How to Use Positive Flashes in the Treatment of Depression	70 (37.23%)	5 (7.14%)	15 (21.43%)	1:22	0:54
Total	53 (67.09%)	5 (9.43%)	7 (13.21%)	1:55 (33.14%)	2:48 (48.41%)
Why Clinicians Don't Obtain Feedback from their Patients	46 (68.66%)	8 (17.39%)	0 (0.00%)	3:02 (36.12%)	0:00 (0.00%)
How to Train Clinicians to Monitor Their Patients' Outcomes	93 (48.95%)	11 (11.83%)	4 (4.30%)	2:48 (30.83%)	3:03 (33.58%)
Why You Can't Trust Your Clinician Intuition	192 (57.14%)	24 (12.5%)	11 (5.73%)	2:35	2:29
Total	183 (67.78%)	22 (12.02%)	2 (1.09%)	1:56 (57.43%)	1:38 (48.51%)
What is Inhibitory Learning?	84 (16.50%)	6 (7.14%)	8 (9.52%)	2:08 (51.41%)	3:02 (73.09%)
How is Inhibitory Learning Different from Other Theories of Fear Reduction?	76 (37.81%)	6 (7.89%)	0 (0.00%)	2:40 (55.94%)	0:00 (0.00%)
What are Three Take-Home Messages of Inhibitory Learning?	67 (63.21%)	8 (11.94%)	1 (1.49%)	2:22 (60.17%)	3:56 (100.00%)
A Social Anxiety Example to Illustrate the Concept of Expectancy Violation	78 (43.09%)	8 (10.26%)	1 (1.28%)	2:18 (57.02%)	3:08 (77.69%)
Listen to Dr. Craske Explain Cognitive Restructuring in Inhibitory Learning	488 (38.52%)	50 (10.25%)	12 (2.46%)	2:16	2:08
Total	488 (38.52%)	50 (10.25%)	12 (2.46%)	2:16	2:08

Continued on next page

Table 2 Continued

Why People Ruminates	62 (62.63%)	11 (17.74%)	0 (0.00%)	2:03 (42.71%)	0:00 (0.00%)	1:48 (37.50%)
Rumination is a Habit: Treatment Implications	29 (46.77%)	4 (13.79%)	0 (0.00%)	2:39 (46.90%)	0:00 (0.00%)	3:56 (69.61%)
Cognitive Restructuring for Rumination: How to Deal with Mental Ping Pong	32 (43.24%)	7 (21.88%)	2 (6.25%)	3:07 (46.06%)	2:48 (41.38%)	4:19 (63.79%)
What is the Function of Rumination? Productive vs Unproductive Rumination	23 (56.10%)	5 (21.74%)	1 (4.35%)	2:34 (37.93%)	6:46 (100.00%)	2:17 (33.74%)
Concreteness Training for Rumination	28 (42.43%)	3 (10.71%)	6 (21.43%)	2:22 (43.83%)	0:45 (13.89%)	4:27 (82.41%)
Overcoming the Rumination Habit	24 (40.00%)	3 (12.50%)	2 (8.34%)	3:33 (50.59%)	2:19 (33/02%)	5:32 (78.86%)
Rumination as a Transdiagnostic Phenomenon	14 (35.00%)	1 (7.14%)	1 (7.14%)	2:07 (45.85%)	3:37 (78.34%)	2:14 (48.38%)
Assessing and Monitoring Rumination	20 (27.78%)	1 (5.00%)	0 (0.00%)	1:54 (42.76%)	0:00 (0.00%)	2:04 (45.42%)
Total	232 (45.14%)	35 (15.09%)	12 (5.17%)	2:32	3:15	3:20

Note. SSCP = Society for the Science of Clinical Psychology

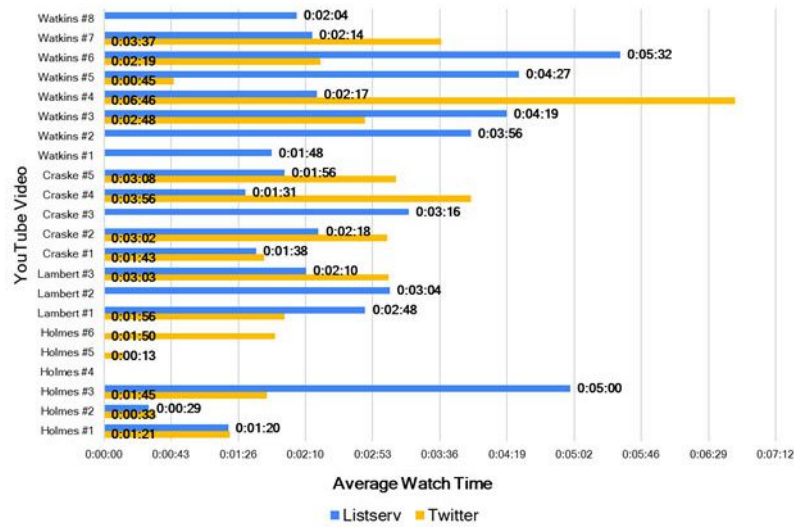


Figure 4. SiP Average View Duration by Traffic Source

after a dissemination campaign, accounting for 37.23% (Holmes) to 57.14% (Lambert) of total views (see Table 2). Overall, there was a decrease within each researcher’s SiP views over the course of each dissemination campaign, except for the Lambert videos. For instance, the first Lambert video received 53 views, the second 46 views, and the third 93 views. In contrast, the first Craske video received 183 views, the second 84 views, the third 76 views, the fourth 67 views, and the fifth 78 views.

Twitter impression (i.e., the number of times users saw the tweet), engagement (i.e., the total number of times a user interacted with a tweet using the like, share, or comment functions), and detail expands (i.e., the number of users that viewed tweet details) had similar variation within and between researcher SiPs. For example, one of the Lambert tweets received 5,497 impressions, 179 engagements, and 70 detail expands. YouTube analytics for the specific video that was promoted in the Lambert tweet showed that 13.2% viewers ($N = 7$; 53 total) came from Twitter. Conversely, a Watkins tweet received 843 impressions, 18 engagements, and 2 detail expands, but 21% ($N = 6$; 28 total) of the YouTube views were from Twitter.

Listserv traffic source accounted for 11.61% ($n = 114$) of SiP views and Twitter traffic source accounted for 5.09% ($n = 50$) of total SiP views, and this difference was not statistically significant, $t(3) = 1.59, p = .11$.

Which Dissemination Channel (Listserv or Twitter) Is Associated With Greater View Duration?

YouTube average view duration was 2 minutes and 10 seconds, with a range from 1 minute and 22 seconds to 2 minutes and 35 seconds (see Table 2 and Figure 4). There was no statistically significant difference between average view duration for the dissemination channel, $t(13) = -.15, p = .88$, despite listserv viewers ($M = 2$ minutes and 43 seconds) having a slightly higher average view duration than Twitter viewers ($M = 2$ minutes and 37 seconds).

Discussion

The SSCP Committee on Science in Practice is committed to the goal of disseminating important clinical research information to mental health practitioners. We cre-

ated and disseminated via listservs and Twitter some brief YouTube clips of interviews with four notable clinical scientists describing their recent research findings. We carried out a demonstration project to examine the potential for using web analytics data to learn about the effectiveness of our dissemination strategies. Findings suggest that dissemination strategies targeted at mass communication via traditional listserv and social media platforms such as Twitter may not differ in their ability to reach the end user or in the duration of time the user spends viewing the material. Additionally, average view duration times may suggest a preference for materials that are 2.5 minutes or shorter.

Web analytics, including YouTube and Twitter analytics as well as website traffic, have the potential to track and aggregate information regarding user behavior online. Notably, however, there are limitations to web analytics that complicate dissemination research such as this demonstration project. Most of the YouTube traffic (about 83%) to the SiPs came from unidentifiable sources outside of Gmail and Twitter. We were limited in our ability to identify listserv sources other than Gmail, such as Outlook, Yahoo, and Comcast. Interestingly, Facebook was listed by YouTube analytics as one of the external traffic sources to the SiPs, even though the Committee never uploaded the content to Facebook. It may be that content was shared via Facebook after being received from Twitter or listservs. Ultimately, users sharing content across multiple websites and social media platforms can be beneficial for dissemination (i.e., increasing reach and view duration) but can make it challenging to understand the dynamic patterns of information sharing that may be occurring, particularly when content is shared semiprivate or privately. For example, if one user shares a SiP seen on Twitter within a private Facebook group for mental health professionals, it can be difficult to elucidate the effects of individual behavior on dissemination. Tracking behavior across websites is particularly challenging, and it is associated with significant ethical concerns regarding individual data. Although web analytics provide helpful information for understanding dissemination outcomes, it can be impossible to comprehensively account for individual sharing behavior across the vast expanse of the internet.

Several limitations of our project warrant mention. As seen in Table 2, 83.3% ($n = 818$) of viewers came from external traffic sources that we were unable to identify. Because the videos were freely available to the public, some of the views from external traffic sources might have resulted when users of both listservs and Twitter shared the SiPs beyond those original dissemination channels. Our demonstration project was unable to account for individual sharing of content that impacted reach and view duration for the SiPs beyond the two dissemination channels we used. Additionally, the YouTube analytics we relied on does not provide information about who was viewing the videos. This fact limits our ability to understand whether SiP viewers were mental health practitioners (the intended audience), the extent to which the research team was included in the views, and whether the Twitter and listserv channels enabled SSCP to reach the individuals from diverse and minoritized backgrounds that we wanted to reach. Similarly, Twitter analytics does not provide information as to which individuals account for impressions, expands, or engagements (as defined by Twitter). Our dissemination strategy likely targeted academic-leaning audiences who rely on Twitter and listservs. Another limitation is that it is not possible to control for those who are on both listservs and Twitter and are able to access the information from both sources. Therefore, a person may have seen both the listserv and Twitter posts and clicked on the links each time. Finally, the absolute numbers of viewers our campaign attracted were relatively small. To drive up those numbers, we might need repeated campaigns.

An additional topic for future dissemination efforts is whether a practitioner, by viewing a 1- to 2-minute video, can learn enough about recent findings in the literature to improve the quality of their clinical work.

Future Directions

The goal of the SSCP Committee on Science in Practice achieved its goal of developing a dissemination strategy and material to promote the use of science that meets the needs of mental health practitioners through recording interviews with prominent clinical scientists, posting them on the SSCP website, and the dissemination campaign we describe here. To further these objectives, dissemination efforts may wish to examine the quality and relevance of content for intended audiences prior to targeted outreach to understand the extent to which these factors might impact reach and engagement. It is important to note that the actual adoption of science into practice, and associated behaviors, is unknown based on the work we describe here. Implementation strategies are likely needed in addition to dissemination strategies to change behavior, rather than just increasing knowledge or changing attitudes.

Future projects could conduct a needs assessment to better understand what channels practitioners use to receive mental health information, what individuals can best deliver that information, and what information practitioners want (Herman et al., 2023). Additionally, practitioners can provide more general feedback on what methods they believe will help them access research. The marketing mix framework may be helpful in this formative evaluation (Becker, 2015). Targeted dissemination strategies to increase relevance of information for particular subsets of practitioners is also important. For example, it may have been helpful to send Watkins's clips to practitioners who primarily treat depression as a strategy to increase view duration. In addition, it would be beneficial to develop methods for tracking individual sharing of content outside of selected dissemination channels to understand changes related to reach and engagement, especially over time. It might also be useful to track subscriber and follower trends throughout a dissemination campaign. This strategy provides another analytic to understand dissemination strategy performance and could provide insight on what types of content or posts pique the interest of viewers enough to warrant interest in keeping up to date with future postings. Future dissemination efforts could add a brief survey at the end of the video to understand who is viewing the video and their impressions of the video content. An additional topic for future dissemination efforts is whether a practitioner, by viewing a 1- to 2-minute video, can learn enough about recent findings in the literature to improve the quality of their clinical work.

Researchers also might consider using layered dissemination strategies like examining time of day or day of week for posts, incorporating sensationalized titles, engaging in cross-posting, and creating accounts with seeded algorithms to promote posts in social media, and apply these to community mental health practitioners (Scott et al., 2023). Future research might investigate connections between social media outlets and websites to understand the extent to which content being disseminated on a social media page relates to reach and engagement with websites, and vice versa. Further-

more, it may be important to consider the involvement of well-known individuals in dissemination strategies. Emerging evidence suggests that training social media influencers on evidence-based content could increase the reach of science to consumers (Motta et al., 2023). Future projects may use emerging social media platforms, like TikTok, podcasts, LinkedIn, and sponsored advertisements to achieve their goals. Motta et al. (2023) used TikTok to provide training to creators that post mental-health-related content. These methods require funding that often operates outside typical academic and federal funding. However, it is important to note that our YouTube strategy did not require cost outside of time investment to create and post videos. Notably, social media sites and other dissemination channels can undergo changes that may affect how information is shared and to whom (e.g., changes in algorithms for presenting content to users, such as at X). As discussed earlier, it may be warranted to engage in dissemination across multiple platforms, particularly those with large numbers of users (e.g., Reddit, Facebook, Twitter, YouTube) to improve dissemination-related outcomes.

Going forward, the SSCP Committee on Science in Practice continues to find new ways to promote psychological science, understand mental health practitioners needs and preferences regarding access to the scientific literature, and disseminate research conducted by clinical scientists from underrepresented populations. Future dissemination efforts to mental health practitioners must continue to test new methods to bridge the research practice gap. This means developing content and leveraging novel solutions (e.g., short videos to discuss key article findings on TikTok, Instagram) to support effective dissemination. As new sites and technologies are continuously emerging, and there may be generational differences in where practitioners obtain information (Deen et al., 2013), dissemination strategies will likely need to be an ongoing and evolving area of study.

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Preferred Sources of Mental Health Information, Help, and Referrals for Caregivers of Anxious Youth

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NEARLY one in five youths have an anxiety disorder (Racine et al., 2021). Left untreated, anxiety disorders can negatively impact a youth's social and academic functioning. In adulthood, untreated anxiety can manifest as future emotional disturbances such as depression and suicidality (Kendall et al., 2004). Research supports cognitive behavioral therapy (CBT) as an evidence-based treatment for youth anxiety (Ale et al., 2015; Higa-McMillan et al., 2016; Walkup et al., 2008). Many youths do not receive treatment for their mental health disorder, and even fewer receive evidence-based treatment (Murthy, 2021). Furthermore, youth of racial and ethnicity minority backgrounds are less likely than their White counterparts to receive specialty mental healthcare (Alegría et al., 2010; Walkup et al.). There are many clinician-reported barriers to implementing CBT such as organizational policies and supports, financial considerations, and consumer demand as determinants (Frank et al., 2022). Caregiver barriers to treatment include both structural (e.g., wait times, cost) and attitudinal barriers (e.g., knowledge, attitudes; Reardon et al., 2017). Given caregivers can act as gatekeepers to mental health services for their youth (Tsang et al., 2020), it is important to understand how caregivers navigate the mental healthcare system to increase knowledge of and access to evidence-based treatment (Frank et al., 2023; MacDonald et al., 2018).

In order to help youths receive evidence-based treatment, it is important to understand (a) where caregivers learn *mental health information* (which is defined as ways caregivers have learned about children's mental health), (b) from whom they initially seek *mental health help* (which is defined as sources caregivers would ask for help if they were concerned about their child's mental health), and (c) what referral sources lead them to receive an evidence-based treatment. Sources of *mental health information*, *mental health help*, and *referrals* can be important targets of dissemination efforts as these sources may be the first places people look to learn about mental health. Previous literature suggests that people seek different sources for each stage in the treatment-seeking process. The internet is a common source for health information and many adults look for health information online (Swire-Thompson & Lazer, 2020), but few considered this a trustworthy source (Powell & Clarke, 2006). A systematic review of youth mental health help-seeking revealed pediatricians were most likely to be the initial help-seeking contact (MacDonald et al., 2018). Pediatricians and mental health professionals were both endorsed as top sources of mental health help and trusted sources of mental health information (Powell & Clarke; Gamarra, 2021). Of note, partic-

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Table 1. Participant Demographic Information

	N	%
Caregiver Gender		
Male	10	7.9
Female	116	91.3
Other ¹	1	0.8
Race/Ethnicity		
White	103	81.8
Black	11	8.7
Asian	3	2.4
Hispanic	4	3.1
Other ²	2	1.6
Multiracial	4	3.1
Education Level		
Graduate school training	58	45.7
College graduate	51	40.2
Partial college training	9	7.1
High school graduate	7	5.5
Other ³	2	1.6
Household Income		
\$10,000-\$19,999	3	2.4
\$20,000-\$39,999	11	8.6
\$40,000-\$59,999	10	7.8
\$60,000-\$79,000	20	15.7
Over \$80,000	81	63.8
Missing	2	1.6

Note. ¹ Other was not specified; ² One participant indicated their race was East Indian, the other did not specify. ³ Two participants selected other for their education level and indicated that they had an MD.

ipants in these samples were not treatment seeking. Studies on mental health referrals have identified a variety of common referral sources. Caregivers may begin seeking services for their youth from one source but then prefer different referral sources after actual therapy encounters. Becker and colleagues (2018), though not studying evidence-based treatments, found that caregivers who were concerned about their teens' substance use preferred to find a new therapist from a pediatrician or another parent, but were most commonly referred to their teen's therapist through a pediatrician, insurance company, or a family member or friend. One study of mental health referrals found over half of youth clients were referred to a therapist from the education sector, 27.3% were referred from a mental health specialist, and 12% were referred from a general medicine practitioner (Farmer et al., 2003). The MacDonald et al. (2018) systematic review also found that self-referrals (referrals made by the youth or their family) was a common referral source. However, these studies did not specifically examine referral sources to clinics that offer evidence-based treatments.

This pilot study examined trusted sources of mental health information, preferred sources of mental health help, and referral sources for caregivers of anxious youth. This study used a sample of caregivers seeking treatment for their youth with an anxiety disorder to provide insight into how caregivers found a clinic that offers evidence-based treatment. It also explored stigma as a potential predictor of the referral source. We hypothesized pediatricians would be caregivers' trusted sources of mental health information and preferred sources of mental health help, while friends or family would be caregivers' referral source. Additionally, caregivers with high mental health stigma were hypothesized to be less likely to be referred by friends or family.

Methods

Participants and Procedures

This study was approved by the Temple University Institutional Review Board. Participants were caregivers ($N = 127$) who sought treatment for their anxious youths (age 7–17) at a specialty clinic known for providing manualized treatment for anxiety. The specialty research clinic resides within a university setting and uses a sliding fee scale ranging from \$0–\$150. Clinic therapists were master’s-level clinical psychology doctoral students. Information about the clinic was distributed via pediatrician offices and schools in a metropolitan area. Families were eligible to participate in the study if their youths presented with symptoms of anxiety, which were assessed by an intake coordinator (see Table 1). Before treatment, caregivers provided consent and completed the study measures via REDCap. Caregivers were predominantly non-Hispanic White females. Most caregivers either completed graduate school or a 4-year college degree and had a household income over \$80,000. See Table 1 for additional details on participant demographics.

Measures

The *Information Sources Questionnaire*, an unpublished measure from a dissertation study (Gamarra, 2021; see Appendix A), assessed caregivers’ trusted sources of mental health information and preferred sources of mental health help. Caregivers selected all sources they would ask for mental health help if their child had a mental health problem from a list of 12 options based on previous research (Farmer et al., 2003): friend, child’s teacher, school nurse, guidance counselor, school psychologist, pediatrician, psychologist, psychiatrist, church community, clergy, other community center, and other. Caregivers also listed the different ways they have learned about children’s mental health services. From the lists they generated, caregivers identified the top three sources from whom they (a) prefer to seek mental health help and (b) trust the most to receive mental health information. This study considered their top response from both questions as their most preferred source of mental health help and most trusted source of mental health information. The clinic intake coordinator indicated the client’s referral source (verbally reported during intake) from a list of 12 options: friends and family, school mental health worker, teacher, other school staff, psychologist or counselor, psychiatrist, pediatrician, other doctor, online, outreach presentation, former client from the clinic, and other.

The *Parent Internalized Stigma of Mental Illness Scale* (PISMIS) is a 10-item questionnaire measuring caregiver stigma (Zisman-Ilani et al., 2013). Caregivers rated their agreement for each statement using a 4-point Likert scale (1 = “strongly disagree,” 4 = “strongly agree”). Higher scores indicated higher levels of internalized caregiver stigma towards having a child with mental illness. In the present sample, internal reliability of the PISMIS was $\alpha = .86$. Data are available upon request.

Data Analysis

Analyses were preregistered (Dysart et al., 2022). Trusted mental health information, preferred mental health help, and referral sources were coded into categories based on thematic similarity. Categories were determined using a consensus process between the first and last author, and the third author reviewed 20% of responses to calculate interrater reliability. McNemar tests were used for pairwise comparisons of the rates each source was endorsed as a trusted mental health information source, pre-

ferred mental health help source, and referral source. The effect of stigma on referral source was examined using logistic regression. To correct for multiple tests, the Benjamini-Hochberg correction was applied using an online calculator (Radua et al., 2010). Missing data was handled using pairwise deletion because only 1.72% of data was missing on the Information Sources questionnaire, the referral source, and the PISMIS.

Results

Sources of Mental Health Information, Mental Health Help, and Referrals

Coding results generated the following categories as sources of mental health information, mental health help, and referrals: friends or family (someone the caregiver knew personally, including friends, family, and colleagues), psychologists or counselors (e.g., therapists, counselors, licensed clinical social worker, or any other mental health professionals), pediatricians (pediatricians, primary care doctors, nurses, and other medical professions), school mental health workers (e.g., school psychologists, counselors, social workers, guidance counselors), readings or online materials (online research articles, books, the internet, social media), psychiatrists, teachers or school staff (child's teacher, school nurse), personal or professional experience ("personal experience," education, work training), and other (responses that do not fit into the aforementioned categories). Interrater reliability was excellent ($\kappa = .91$; McHugh, 2012).

Table 2 depicts caregivers' trusted sources of mental health information, preferred sources of mental health help, and referral sources. Contrary to hypotheses, caregivers' most trusted sources of mental health information were readings or online materials (22.0%), pediatricians (20.5%), and friends or family (19.7%). Consistent with the hypothesis, caregivers' top source of mental health help was pediatricians (39.4%). As hypothesized, caregivers were referred to the specialty clinic most frequently from friends or family (24.4%) or a psychologist or counselor (23.6%).

Mental Health Information Source vs. Mental Health Help Source

Caregivers preferred to receive mental health information from a variety of sources, while they preferred to seek mental health help from healthcare professionals (see

Table 2. Trusted Source of Mental Health Information, Preferred Source of Mental Health Help, and Referral Source

	Mental health information N (%)	Mental health help N (%)	Referral N (%)
Friends/family	25 (19.7%) ^c	10 (7.9%) ^{a, c}	31 (24.4%) ^a
Psychologist/counselor	11 (8.7%) ^{b, c}	31 (24.4%) ^c	30 (23.6%) ^b
Pediatrician	26 (20.5%) ^c	50 (39.4%) ^{a, c}	19 (15.0%) ^a
School MH worker	2 (1.6%) ^{b, c}	18 (14.2%) ^c	19 (15.0%) ^b
Readings/online materials	28 (22.0%) ^c	n/a ^{a, c}	17 (13.4%) ^a
Psychiatrist	3 (2.4%)	9 (7.1%)	9 (7.1%)
Teacher or school staff	8 (6.3%)	3 (2.4%)	4 (3.1%)
Personal/professional experience	19 (15.0%) ^{b, c}	n/a ^c	1 (.8%) ^b
Other	0 (0%)	0 (0%)	4 (3.1%)
Missing	5 (3.9%)	5 (3.9%)	1 (0.8%)

Note. *Referral* is the source that referred the caregiver to the specialty clinic. *Help* refers to the preferred source a caregiver would consider asking for help if they were concerned with their child's mental health. *Information* refers to the source caregivers trust the most when receiving mental health information. MH = mental health; ^a = significant difference between help and referral; ^b = significant difference between information and referral; ^c = significant difference between help and information; significance differences are defined as $q < .05$; pairwise comparisons were not conducted for the other category.

Table 2). Using a McNemar's test with continued correction, caregivers were significantly more likely to endorse preferring receiving mental health help from a pediatrician and psychologist or counselor, relative to the rate they endorsed these sources as their most trusted mental health information source, $\chi^2(1, N = 127) = 12.02, q = .002$; $\chi^2(1, N = 127) = 11.28, q = .002$. An exact McNemar's test revealed caregivers were significantly more likely to endorse preferring receiving services (help) from a school mental health worker, relative to the rate they endorsed a school mental health worker as their most trusted mental health information source, $q = .002$. However, they were significantly less likely to endorse preferring receiving mental health help from friends or family, readings or online materials, and their professional experience relative to the rate they endorsed these sources as their most trusted mental health information source, exact $qs \leq .005$.

Referral Source vs. Mental Health Information and Mental Health Help Sources

A McNemar's test with continuity correction suggested that caregivers were significantly more likely to be referred by friends or family, relative to the rate they endorsed preferring receiving mental health help from friends or family, $\chi^2(1, N = 126) = 12.12, q = .002$. Caregivers were significantly more likely to be referred by a psychologist or counselor, relative to the rate they endorsed a psychologist or counselor as their most trusted source of mental health information, $\chi^2(1, N = 127) = 10.45, q = .004$. Caregivers also were significantly less likely to be referred by a pediatrician, relative to the rate they endorsed preferring receiving mental health help from a pediatrician, $\chi^2(1, N = 126) = 19.11, q = .000$. An exact McNemar test revealed caregivers were significantly more likely to be referred by a school mental health worker, relative to the rate they endorsed a school mental health worker as their most trusted mental health information source, $q = .004$. Caregivers were significantly more likely to have found the clinic (referred) through reading or online material, relative to the rate they endorsed preferring receiving mental health help from readings or online materials, exact $q = .003$. However, caregivers were significantly less likely to have found the clinic (referred) based on a professional experience, relative to the rate they endorsed a professional experience as their most trusted mental health information source, exact $q = .004$. No significant difference between referral and mental health information or mental health help sources was found among the categories for psychiatrist and teacher or school staff, exact $qs > .219$.

Stigma

Caregivers endorsed low levels of stigma ($M = 14.15; SD = 3.99$). Contrary to expectations, results from hierarchical regressions suggested that stigma was not significantly related to caregivers' referral source ($ORs \leq 1.44, SEs \leq 0.31, q = .81$).

Discussion

We offer considerations for more refined data collection and analysis to fully understand the complexities of navigating the mental healthcare system. The present study found that caregivers endorsed pediatricians, as well as friends or family and readings or online materials, as their most trusted mental health information source. Consistent with hypotheses, caregivers endorsed pediatricians as their preferred source of mental health help, indicating pediatricians would be the first person caregivers would contact for their child's mental health concern, and friends or family as their referral source to the clinic. Results suggest individuals from a person's social network play a pivotal role in providing mental health information and referrals to caregivers.

The current findings suggest that in a sample of highly educated caregivers, personal or professional experiences and online research were important mental health information and referral sources. This suggests that caregivers' personal or professional experiences through their own education and training help them seek mental health support for their youth. Therefore, a lack of peer referral and personal and professional experience seeking mental health services may be a barrier to being aware of evidence-based treatments. Additionally, online information may or may not contain evidence-based mental health information as there are many instances of misinformation on the internet (Swire-Thompson & Lazer, 2020). Fortunately, many professional organizations provide evidence-based mental health information online (e.g., Anxiety & Depression Association of America, 2022a; Society of Clinical & Child Adolescent Psychology, 2022). Further, professional societies offer databases of therapists who provide cognitive behavioral therapy (Anxiety & Depression Association of America, 2022b; Association for Behavioral and Cognitive Therapies, 2022); however, we do not know how much caregivers access these sites when they are searching for mental health information. This finding underscores the need for mental health literacy programs to increase traffic to these databases to facilitate referrals to effective treatments.

Professionals also act as important sources of mental health information and referrals to specialty clinics. In this study, pediatricians were one of the caregivers' top sources of mental health information and top source of mental health help. This finding is in line with previous research that identified primary care physicians as the first help-seeking contact (MacDonald et al., 2018). Although pediatricians play a major role in providing mental health referrals, pediatricians may not be aware of available mental health services (Heneghan et al., 2008). It is possible that participants in this study had higher rates of referrals from other mental health professionals, rather than pediatricians, as was found in Becker et al. (2018), because participants were in a specialty mental health clinic. Prior research suggests that many clients first see a nonspecialist mental health provider before accessing evidence-based treatments for anxiety (Frank et al., 2023). Efforts to increase pediatrician awareness and referral patterns to evidence-based treatment is warranted.

Consistent with previous literature (Villarreal, 2018), therapists and school mental health providers were top mental health help and referral sources. Referrals from school mental health providers may have occurred when a previous provider is unable to meet students' needs and believes that the client would benefit from specialized treatment (Villarreal, 2018). Given Black youth are more likely to receive services through the education sector (Lipari et al., 2016), school mental health providers may be important individuals to refer youth to care. School and healthcare providers have a unique opportunity to increase psychoeducation for caregivers and make referrals, especially for families who may have fewer personal and professional experiences with the mental health system.

In addition to more formal pathways to care, informal referral pathways through friends or family were the most common way caregivers learned about the clinic. This finding is in line with prior research that found caregivers prefer to find a new therapist from another caregiver (Becker et al., 2018). Perhaps hearing about therapy from another caregiver increases the demand for evidence-based treatment by fostering social support and decreasing stigma (Crane et al., 2021). However, in contrast to the current findings, Becker and colleagues also found that caregivers' most recent therapy-seeking experience involved referrals most commonly from insurance companies, pediatricians, and friends or family. The specialty clinic where data were collected does

not accept insurance as a form of payment, and therefore would not have been listed on insurance company's list of in-network providers. Additionally, the Becker et al. sample included individuals with lower income levels (median income = \$25,000) than the present study, which may result in them being more likely to use insurance to pay for mental health services.

Stigma was not associated with caregivers' referral sources. Given that stigma levels were low in the present sample, it is possible that the lack of significant moderation was due to a floor effect. This result is not surprising as previous research has identified that stigma deters help-seeking behaviors (Clement et al., 2014; Wu et al., 2014). Furthermore, individuals who identify as being male, from an ethnic minority background, and with less education are disproportionately affected by stigma (Clement et al., 2014; Corrigan & Watson, 2007).

Limitations

Findings should be considered in the context of limitations. First, participants were predominantly White and college educated and therefore may be more comfortable with enrolling their child in treatment at a university-based research clinic. Although this is not a diverse sample, it does reflect the population of people who typically access university-based specialty mental health services (Walkup et al., 2008). Previous research suggests that White individuals experience lower levels of mental health stigma (Wu et al., 2017). Additionally, it is possible that individuals with a lower level of education or lower income levels may have less access to the internet or may have lower literacy rates, which could affect their preference for finding mental health information online. Thus, it is unclear how preferences might generalize to individuals from underrepresented backgrounds. Second, caregivers' preferred source of mental health information, mental health help, and referrals were not uniformly assessed. This may have resulted in some categories being endorsed at low frequencies (e.g., school mental health workers were only mentioned as a source of mental health information by two participants), resulting in these pairwise comparisons being underpowered. This study mitigated the formatting inconsistencies by combining responses based on thematic similarity. However, the readings or online materials category encompassed a broad range of sources, so future studies should consider investigating types of readings or online materials sources in greater detail.

Future Directions

Findings highlight the need for a multipronged approach to increase utilization of evidence-based treatments for youth anxiety. Dissemination efforts may wish to target online sources and school mental health providers embedded in childcare contexts to facilitate care coordination until better data detailing caregiver preferences and referrals exist. The clinic in the current study did not advertise online so future studies should consider doing so to see how this impacts online referral sources. Given pediatricians' role in providing referrals, it may be beneficial to educate pediatricians about providers and clinics in their community that offer evidence-based treatments to assist caregivers in connecting to these types of services.

The sample in this study further solidifies the population who receive these services, and importantly, emphasizes the need to target those who specialty clinics are not reaching. Future research should investigate preferences from a more diverse sample of caregivers and clinics to create more acceptable and generalizable dissemination recommendations.

Appendix A
Information Sources Questionnaire

If you were concerned that your child had a mental health problem, which of these sources would you consider asking for help? (Check all that apply)

- Friend
- Child's Teacher
- School Nurse
- Guidance Counselor
- School Psychologist
- Pediatrician
- Psychologist
- Psychiatrist
- Church Community
- Clergy
- Other Community Center
- Other: _____

Based on the items you checked off, please list the top three sources of help you'd seek:

- 1.
- 2.
- 3.

Below, please list the different ways you have learned about children's mental health. Some examples can include friends or family, school, media (e.g., television, movies), or social media (e.g., Facebook, Twitter).

Of these sources, please list the three that you trust the most:

- 1.
- 2.
- 3.

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The Impact of a Mobile Disaster Mental Health Intervention for Depression and PTSD on Post-Disaster Alcohol Use

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DISASTER-AFFECTED populations are at elevated risk for development of posttraumatic stress disorder (PTSD) and depression. The prevalence of PTSD and depression following a hurricane is estimated to be between 5–10% (Acierno et al., 2007; Amstadter et al., 2009; Pietrzak et al., 2012). In addition, distress associated with a disaster can lead some survivors to initiate (Orui et al., 2017) or increase alcohol consumption in an attempt to cope with the emotional, physical, and societal toll of the event (Morganstein & Ursano, 2020). The co-occurrence of PTSD or depression and alcohol use disorder (AUD) is associated with greater mental health problems and alcohol use severity and worse overall prognosis than either syndrome alone (Blanco et al., 2013; McHugh & Weiss, 2019). Although new incidence of AUD following disaster is uncommon (North et al., 2013), the number of alcoholic drinks consumed and risk for binge drinking have been shown to increase with each disaster exposure (Cerdá et al., 2011). Heavy drinking in the immediate aftermath of a disaster is associated with problem drinking up to 2 years later (Orui et al.). In addition to the severity of exposure and effects of the disaster itself, disaster-related events including postdisaster stressors (e.g., food and utility shortages, fear of crime) are prospectively linked with heavier drinking and binge drinking (Cerdá et al.; Danielson et al., 2017; Welch et al., 2014).

There are numerous theoretical explanations for the relationship between PTSD and substance use, including the self-medication hypothesis (i.e., alcohol is used to cope with PTSD symptoms; Hawn et al., 2020; Khantzian, 2003), the susceptibility model (i.e., long-term alcohol use inhibits emotional processing of the trauma and worsens PTSD symptoms; Back et al., 2006), and the mutual maintenance model (i.e., there is a reciprocal relationship between alcohol use and PTSD, in which alcohol is used to alleviate PTSD but paradoxically maintains or worsens symptoms by interfering with emotional processing; Kaysen et al., 2011). Despite these models and others, relatively little is known about the reciprocal relationship between PTSD and alcohol use, and there is even less empirical research to elucidate the relationship between natural disasters and alcohol use. In an attempt to understand these relations among disaster-affected individuals, Alexander and Ward (2018) posit that disasters may reduce self-efficacy for

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coping among individuals with high levels of postdisaster distress, which may increase psychological distress and contribute to alcohol and substance use (Alexander & Ward). While it is still unknown which of these models best applies to individuals affected by disasters, this limited research suggests that alcohol use may be a contributing factor in postdisaster mental health and potential target for disaster intervention.

Alcohol use is associated with numerous adverse outcomes, including health, physical, social, and legal consequences (National Institute on Alcohol Abuse and Alcoholism, 2020; Rehm, 2011), and increases risk for other substance use, mood, anxiety, and personality disorders (Hasin et al., 2007). Health consequences include liver disease, alcohol-associated hepatitis, cancer, heart disease, stroke, stomach bleeding, and increased mortality. Behavioral or physical harms include unsafe sexual behaviors and sexual assault, interpersonal violence, driving or operating machinery while under the influence of alcohol, drowning, harmful medication interactions and alcohol overdoses, risky pregnancy, suicide, injuries from violence, falls, burns, and motor vehicle accidents, and difficulty managing other conditions such as diabetes, hypertension, pain, and sleep disorders (NIAAA, 2020). Social and legal burdens include unemployment, disability, cost of medical care, and damages, all of which affect families, the government, and the economy at large, with excessive drinking costing the nation almost \$250 billion in 2010 (Sacks et al., 2015). These alcohol-related deleterious effects highlight the urgent need for population-wide prevention and intervention strategies.

Historically, people with AUD have been referred out or excluded from treatment outcome studies unless they were in remission, but in recent years this requirement has been challenged (Back, 2010; Kaysen et al., 2014; Riper et al., 2014). Trauma-focused treatment is effective in reducing PTSD and depressive symptoms among those with AUD (Kaysen et al.), and concurrent treatment of PTSD and substance use disorder produces better outcomes than trauma-focused treatment alone for those with dual diagnosis, including reductions in both mental health and substance use disorder symptoms (Back et al., 2019; Haller et al., 2016). To date, limited research has examined alcohol-related outcomes in trials of stand-alone trauma treatment in the postdisaster context. Despite a reciprocal relationship between PTSD, depression, and alcohol use, little is known about how interventions targeting PTSD and depression may influence drinking behavior postdisaster.

A disaster recovery smartphone app, called Bounce Back Now (BBN), was developed to improve the emotional well-being of adults and families affected by a disaster (Ruggiero et al., 2024). BBN provides disaster-affected individuals with easy-to-access digital tools intended to support their emotional recovery and health across a range of domains, including PTSD, depression, and sleep. A randomized controlled trial of BBN (Ruggiero et al.) found greater symptom reduction in depression, sleep, and PTSD symptoms compared to an enhanced usual care (EUC) mobile application condition, although participants in both conditions had moderate symptom improvement from baseline. Although BBN does not target substance use directly, there is evidence that substance use can be improved if the distress associated with PTSD and depression is reduced during treatment (Back et al., 2006). The exclusion of alcohol and other substance use treatment from emotional treatments is a common approach: very few mobile applications, or even person-to-person treatments, incorporate both facets of emotion-focused and alcohol use treatments (Back, 2010; Kuhn et al., 2014). However, due to the high comorbidity and reciprocal association between PTSD, depression, sleep, and AUD symptoms, it is important to examine the potential impact of mental health interventions on AUD symptoms.

Table 1. Overall Baseline Demographic and Alcohol-Related Characteristics

		M (SD)	% (n)
Age		42.78(13.05)	
Gender	Male		20.7 (270)
	Female		78.2 (1021)
	Other		1.1 (14)
Ethnic background	Hispanic/Latinx		53.2 (672)
	Non-Hispanic/Latinx		46.8 (592)
Racial background	White		60.9 (748)
	Black/African American		8.6 (106)
	Asian		0.3 (4)
	American Indian/Alaskan Native		2.8 (35)
	Native Hawaiian/Pacific Islander		0.7 (9)
	Other		26.6 (327)
Highest education	Did not attend school		0.3 (4)
	Some school		4.5 (57)
	High school graduate/GED		15.7 (202)
	Some college/technical school		39.6 (509)
	College graduate		23.9 (307)
	Graduate or professional degree		16.1 (207)
Current income	< \$20,000		50.0 (608)
	\$20,000-\$59,999		36.7 (446)
	\$60,000-\$99,999		10.1 (123)
	≥ \$100,000		3.2 (39)
Marital status	Never been married		21.9 (277)
	Married/partnered		50.9 (642)
	Separated/divorced/widowed		27.2 (344)
Hurricane	Maria		52.2 (708)
	Michael		26.0 (353)
	Harvey		11.6 (158)
	Florence		5.9 (80)
	Irma		4.3 (58)
		1.90 (2.27)	
AUDIT-C scores	Overall	1.80 (2.10)	
across hurricanes	Maria	1.89 (2.41)	
	Harvey	1.70 (2.17)	
	Irma	2.14 (2.48)	
	Michael	1.89 (2.41)	
	Florence		

The purpose of this study was to examine the impact of a mobile disaster mental health intervention on changes in postdisaster alcohol use. To this end we: (1) describe the 3-month prevalence, variation, and trajectory of alcohol consumption as well as relations with mental health variables in a large population-based sample of disaster-exposed adults in five geographic locations; (2) examine whether the BBN disaster recovery app-based intervention that targeted PTSD, depression, and sleep was associated with reductions in alcohol consumption 3 months postbaseline among disaster survivors compared to the control condition; and (3) examine whether the amount and frequency of intervention use accounted for treatment effects, such that greater app utilization would lead to lower alcohol use at 3-month follow-up.

Method

Participants

Participants were 1,357 survivors of five Category 4 and 5 major hurricanes, including Harvey (August 2017), Irma (September 2017), Maria (September 2017), Florence (September 2018), and Michael (October 2018). Study inclusion criteria required that

participants (a) lived in a geographic area that was affected by the disaster, (b) were at least 18 years of age, (c) had access to an internet-accessible device or computer, and (d) were English-speaking. Table 1 presents demographic characteristics. Participants ranged between 18–78 years of age ($M = 42.78$, $SD = 13.05$). The majority were women ($n = 1,021$, 78.2%), White ($n = 748$, 60.9%), Hispanic ($n = 672$, 53.2%), married or partnered ($n = 642$, 50.9%), had at least some college or technical training ($n = 772$, 60.1%), and a household income less than \$40,000 ($n = 906$; 74.5%).

Recruitment

Recruitment for persons affected by hurricanes Maria, Harvey, and Irma began 3 to 4 months after the hurricanes made landfall as the app was still undergoing final stages of development, while recruitment for hurricanes Michael and Florence began 3 to 6 weeks after landfall. Participants were recruited using geographically targeted Facebook ads (e.g., “Were you affected by Hurricane Irma? A new app developed by health care experts may be helpful. Click to receive an access code.”). Once participants reached the study website, they were informed about the study purpose and procedures and prompted to click on a link to get their unique study ID and instructions for downloading the app from the iOS App Store or GooglePlay Store. All subsequent procedures occurred within the app.

Procedures and Study Design

All study procedures were approved by the institutional review board at the Medical University of South Carolina. Prospective study participants received a randomly generated code that assigned them to either BBN or an information-only control application. Within both apps, participants were prompted to review and acknowledge our statement of research and then complete a baseline assessment. Upon completion of baseline assessment, the app delivered content consistent with the BBN app or the control app, depending on their assigned condition. Participants in both conditions who agreed to participate received a “welcome” email within 24 hours that provided detailed information about participation, including purpose of the study, assessment schedule, reimbursement, and study team contact information. Users in either condition were not instructed to use any part of the app a minimum number of times. For this study, a follow-up survey in the app was conducted 3 months post-baseline, for which participants received an automated reminder via e-mail with a direct link to the assessment. Participants in the BBN condition also received a reminder via the app. Participants were provided with Amazon e-gift codes for completion of each assessment (\$10 for baseline and \$15 for 3-month post-baseline assessment). Participants who at least navigated to the end of the baseline survey were able to continue using the app, even if they did not complete follow-up assessments.

Study Conditions

- Bounce Back Now (BBN) Condition

Following completion of the baseline assessment, participants randomized to the BBN condition were given access to the self-help intervention that included: (1) a weekly check-up tool to facilitate postdisaster symptom self-monitoring; (2) education and coping tools to reduce anxiety and stress; (3) intensive intervention components to address moderate levels of distress; and (4) access to professional support and resources.

1. In the “Check-Up” activity, participants were invited to learn about and graphically track their mood, anxiety, and sleep over time. Participants first completed a brief screen composed of the Kessler-6 and four additional items adapted from other tools to assess avoidance, intrusive thoughts, worry, and sleep problems. They were then provided tailored feedback and recommendations to access relevant components of the app based on their symptoms. Users in the BBN condition were prompted by the app to complete the weekly check-in. When they would log into the app, the first screen they would see is the “My Plan” part of the app that showed a prompt in red “Your weekly check-up is due!” (along with all the other items that were due, such as a writing exercise).

2. In the “Coping Tools” section, participants had access to psychoeducation about the impact of disasters and common psychological reactions and experiential coping exercises (e.g., deep breathing, progressive muscle relaxation, mindfulness). Users also had access to the “Quick Tips” feature that provided helpful tips for improving emotional recovery, including coping tips for reducing stress and parenting tips for those with young children and teens.

3. The intervention components included Behavioral Activation for Depression (“Activate”), Written Exposure Therapy and Expressive Writing (PTSD; “Write”), and Cognitive Behavioral Therapy for Sleep (“Sleep”). When first entering the app, participants who scored above the established clinical thresholds on the Patient-Reported Outcomes Measurement Information System (PROMIS) measures for depression (Pilkonis et al., 2011) and sleep disturbance (Yu et al., 2012), PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015), and/or the Kessler-6 (Kessler et al., 2002) received feedback on their symptoms and were encouraged to use the respective intervention component (e.g., participants who exceeded clinical thresholds for depression were encouraged to access the Behavioral Activation component). Participants who scored below the established thresholds were encouraged to explore any of the components if they wished. Participants were then provided with a brief, one-time tutorial that highlighted key features of the app and provided a rationale.

4. The “Get help” component provided education about and access to established national resources for disaster survivors. The primary feature was the Disaster Distress Helpline, a nationally operated helpline under SAMHSA's administration. This helpline offers crisis counseling and local recommendations year-round to individuals experiencing distress prior to, during, or after disasters. Crisis counselors are accessible through text or phone communication, offering assistance in both English and Spanish. The “Get Help” section also included links to organizations such as the American Red Cross, Federal Emergency Management Agency, Ready.gov, National Institutes of Health, and the Centers for Disease Control and Prevention.

All participants in the experimental condition were permitted to access any of the components at any time. Participants could also access the “My Profile” function where they could update their account information, track their gift code rewards for completion of study assessments, access the BBN tutorial, and see Frequently Asked Questions.

- Comparison Condition (Enhanced Usual Care App)

The control condition consisted of a dashboard that featured only the “Get Help” and “My Profile” functions described above. When entering the app, participants were provided information on the use of both features, mirroring the BBN app. Control participants did not receive any of the education, check-ups, feedback and recommendations, or active intervention components featured in the experimental condition.

Measures

Demographic questionnaire. Participants were asked to provide standard bio-

graphic data such as age, gender, educational achievement, marital status, racial/ethnic status, and household income.

Alcohol Use Disorders Identification Test–Consumption (AUDIT-C). The AUDIT-C (Bush et al., 1998) is a validated 3-item screening test derived from the 10-item AUDIT and used to identify hazardous drinking behaviors and/or alcohol-related disorders. Scores range from 0 to 12, with 0 indicating no drinking and 8–12 indicating extremely hazardous drinking. A cutoff score of ≥ 4 for men and ≥ 3 for women is used to detect hazardous drinking and/or active alcohol use disorder. Though the AUDIT-C was developed based on DSM-IV, it has demonstrated comparative performance in screening for DSM-5 alcohol use disorders (Dawson et al., 2012). The higher the AUDIT-C score, the more likely it is that the person's health and safety are affected by drinking. The AUDIT-C is as effective as the 10-item AUDIT in identifying alcohol-related disorders (Bradley et al., 2007). The AUDIT-C was included at baseline and 3-month follow-up and yielded acceptable internal consistency in this sample of disaster survivors (Cronbach's $\alpha = .77$).

PTSD Checklist for DSM-5 (PCL-5). The PCL-5 (Blevins et al., 2015) is a 20-item self-report questionnaire that assesses DSM-5 symptoms of posttraumatic stress disorder across the four symptom clusters, including reexperiencing, avoidance, negative cognitions and mood, and arousal. Responses are scored on a 5-point Likert scale (0 = *not at all* to 4 = *extremely*). A total severity score can be obtained by summing all items responses, and a total score of >31 was used to identify probable PTSD (Blevins et al.). The PCL-5 yields excellent psychometric properties (Blevins et al.). Data from this study indicated good internal consistency (Cronbach's $\alpha = .92$).

Patient-Reported Outcomes Measurement Information System (PROMIS)–Depression (Short Form 8a). The PROMIS-Depression-8a (Pilkonis et al., 2011) is an 8-item self-report measure developed by the National Institutes of Health (NIH) to assess symptoms of depression according to DSM-5 criteria. The items assess the emotional and cognitive symptoms of depression, such as negative mood (sadness, guilt), negative views of self (self-criticism, worthlessness), negative social cognition (loneliness, interpersonal alienation), and decreased positive affect and engagement (loss of interest, meaning, and purpose) during the past week. Responses are rated on a 5-point scale (1 = *never*; 5 = *always*), with higher scores indicating greater severity of depression. A total raw score of >21 was used to identify probable depression (PROMIS Cooperative Group, 2022). This measure yields excellent psychometric properties that are comparable to other self-report measures of depression (Kaat et al., 2017). Data from this study suggested good internal consistency (Cronbach's $\alpha = .96$).

App Metadata. The number of app logins and the number of completed items were used as indicators of frequency and amount of app use, respectively. Disaster survivors from all five hurricanes had access to the app for at least one year prior to the data pull. However, more than 95% of participants stopped using the app after 3 months.

Data Analysis

This was a secondary analysis of data from the parent study that examined the efficacy of BBN vs. enhanced usual care on posttraumatic stress, depression, and sleep outcomes (Ruggiero et al., 2024). Prior to analyses, all data were examined for missingness and analytic assumptions. Missing data in the baseline survey differed across variables. Among study variables examined at baseline, the PCL-5 had the highest rate of missingness with 160 participants (12.2%) skipping over at least one item. No other variable was missing more than 10% of values. There was substantial attrition from

baseline to the 3-month follow-up assessment ($n = 531$, 40.8% attrition from the baseline to 3-month survey in BBN group), though rates of attrition did not appear to differ between the control (42.7%) and BBN condition. Substantially less missing data was evidenced within each assessment (less than 10% on all study variables among those who completed each assessment). Per Little's MCAR, missing data, including attrition, were not missing at random ($p < .01$). Income and education appeared to predict attrition (p -values $< .05$). As a result, missing data were estimated using Full Information Maximum Likelihood (FIML). FIML has been shown to reduce biases associated with missing data relative to other missing data approaches (Baraldi & Enders, 2010). Attrition was further accounted for by inverse probability weighting with probability weights derived from a logistic regression model predicting 3-month survey missingness that included all study variables. Weights derived from this process were used in all analyses. Refer to Ruggiero et al. (2024) for additional detail about data quality control, including procedures to remove users who attempted to enroll in the study more than once. To test intervention efficacy, intent-to-treat analyses were completed across all outcomes.

To examine the prevalence, variation, and trajectory of alcohol consumption, descriptive analyses were performed for demographics, alcohol use (AUDIT-C), PTSD symptoms (PCL-5), depression symptoms (PROMIS Depression), and app usage (the number of app logins and completed modules). Dichotomous measures of hazardous alcohol use and probable PTSD and depression were created according to the cutoffs described above. Pearson correlations were used to explore bivariate relations between baseline AUDIT-C, PCL-5, and PROMIS Depression scores, and chi-square tests were used to examine the likelihood of those with hazardous drinking endorsing probable PTSD and depression. All descriptive and bivariate analyses were conducted using SPSS version 27.0, using available unestimated data. All other analyses were conducted using Mplus version 8.0, using FIML data estimation for missing data.

Prior to analyses of efficacy, we examined potential baseline differences between the BBN and control conditions using chi-square tests for categorical variables and independent samples t -tests for continuous variables. Additionally, descriptive differences in alcohol consumption at baseline across the disasters were examined.

To test the extent to which BBN was associated with reductions in alcohol use, we first examined descriptive data of mean symptom severity and frequency of participants scoring above thresholds for hazardous drinking at follow-up (men's scores ≥ 4 and women's scores ≥ 3 were coded as "1," with scores below those thresholds as "0"). The efficacy of BBN in reducing alcohol use was then tested using latent change score models. For these models, latent AUDIT-C measurement models were estimated at baseline and follow-up. A latent change factor was then added to the model. Following this, BBN condition was added as a predictor of latent change. Age and gender were included as control covariates. Finally, efficacy was further evaluated by examining the extent to which BBN and control condition participants differed in their likelihood of falling below hazardous drinking thresholds using binary logistic regression models. In these models, BBN condition was examined as a predictor. Hazardous drinking at the 3-month follow-up was examined as the primary dependent variable. Hazardous drinking at baseline, age, and gender were examined as control covariates.

To examine whether alcohol use predicted app use, app logins and completed app items were added to the latent change model. First, we examined whether the baseline alcohol use latent factor predicted app use. To test whether app use potentially mediated the treatment effect, we then examined app use variables as predictors of the

latent factor for change in alcohol use. Because treatment modules were only available to those in the BBN condition, treatment condition was also removed from this model to avoid multicollinearity and any potential issues with singularity between the condition and app usage variables.

Results

Alcohol Use Trajectories in Relation to Mental Health Outcomes

Initial postdisaster AUDIT-C scores in the sample of 1,287 disaster survivors (those who completed AUDIT-C) ranged from 0 to 12 ($M = 1.90$, $SD = 2.27$), indicating high variability from no drinking at all to extremely hazardous drinking. One-third ($n = 442$, 34%) reported that they do not consume alcohol. At baseline, 982 women completed the AUDIT-C, 26% ($n = 253$) of whom scored 3 or higher at baseline, indicating hazardous drinking and/or active alcohol use disorder in women. At 3-month follow-up, 598 women completed the AUDIT-C, 35% of whom ($n = 209$) scored ≥ 3 . At baseline, 260 men completed the AUDIT-C; 28% ($n = 72$) of whom exceeded cutoffs for hazardous drinking (i.e., scores of 4 or higher). Men had significantly higher AUDIT-C scores at baseline ($M = 2.44$, $SD = 2.73$) compared to women ($M = 1.73$, $SD = 2.09$), $t(1240) = 4.55$, $p < .001$. At 3-month follow-up, 169 men completed the AUDIT-C, 37% ($n = 63$) of whom scored ≥ 4 .

At baseline, there was a significant positive relation between AUDIT-C and PCL-5 scores, $r(1112) = .09$, $p = .002$, and between AUDIT-C and PROMIS Depression scores, $r(1257) = .11$, $p < .001$, indicating that alcohol use was related to survivors' posttraumatic stress and depression symptoms. Additionally, individuals with hazardous drinking had higher likelihood of reporting probable PTSD ($\chi^2[1] = 4.46$, $p = .035$) and depression ($\chi^2[1] = 3.98$, $p = .046$). A one-way ANOVA revealed that there were no differences in alcohol consumption across disasters at baseline, $F(4, 1282) = 1.365$, $p = .244$. See Table 1 for means and standard deviations of alcohol consumption across the five hurricane-affected samples.

Analyses of Efficacy of BBN Relating to Alcohol Use

Chi-square and independent samples t-tests indicated that intervention conditions were equivalent at baseline based on gender, age, overall alcohol consumption, hazardous drinking, posttraumatic stress symptoms, and depression symptoms (see Table 2). There were no significant baseline differences between those who completed the 3-month post-baseline assessments and those who did not.

All measurement models and the baseline latent change model evidenced good model fit across most indices: $CFI > .95$, $RMSEA < .06$, & $SRMR < .06$, although the χ^2 was significant for each (p -values $< .05$). These models were therefore retained for examining treatment condition as a predictor of the latent change factor for alcohol use. The BBN condition was associated with an increase in alcohol consumption compared to the control condition ($b = .10$, $SE = .051$, $p = .047$). Descriptive statistics from unestimated data suggest this was the result of smaller increase in alcohol use among the control group ($M_1 = 1.84$, $SD_1 = 2.16$, $M_2 = 2.30$, $SD_2 = 2.70$, $M_{diff} = .48$) than among the BBN group ($M_1 = 1.89$, $SD_1 = 2.26$, $M_2 = 2.65$, $SD_2 = 2.80$, $M_{diff} = .77$). Age also inversely significantly predicted latent change in alcohol use with older participants experiencing smaller increases in drinking compared with younger participants ($b = -.004$, $SE = .002$, $p = .038$). Gender was not associated with change in alcohol use ($p > .05$). Results with the dichotomous drinking risk categories indicated similar results with participants in the control condition evidencing lower odds of meeting criteria for haz-

Table 2. Differences Across Conditions in Demographics, Alcohol Use, PTSD, Depression, and Mobile Application Utilization

	Condition M (SD)		Chi-Square		Independent Samples t-test		
	BBN	Control	X ² (df)	p	t(df)	p	n
Baseline							
Gender	-	-	.036 (1)	.850	-	-	-
Age	43.01 (12.87)	42.52 (13.25)	-	-	-.66 (76)	.512	1305
Overall alcohol severity (AUDIT-C)	1.93 (2.33)	1.87 (2.20)	-	-	.49 (1285)	.624	1287
Hazardous vs. nonhazardous alcohol use	-	-	.117 (1)	.732	-	-	-
PTSD severity (PCL-5)	36.98 (19.13)	37.44 (18.66)	-	-	-.41 (1147)	.683	1149
Depression severity (PROMIS-Depression)	23.33 (8.97)	23.55 (8.91)	-	-	-.45 (1306)	.654	1308
App Engagement							
App logins	17.45 (31.95)	16.33 (24.02)	-	-	.71 (1289)	.481	1357
App total completed items	108.78 (163.56)	66.03 (89.46)	-	-	5.90 (1065.29)	< .001	1357

Note. Given the low frequency of gender identities other than male or female, only male and female gender identities were included in baseline comparisons.

ardous drinking at 3-month follow-up (*aOR* = 0.59, *p* = .005) than participants in the BBN condition. Consistent with these findings, the BBN condition exhibited a slightly greater frequency of hazardous drinking than the control group at baseline (26.6 vs. 25.7%) and the 3-month follow-up (39.4 vs. 31.3%). Across the entire sample, both age (*aOR* = 0.97, *p* = .001) and hazardous drinking at baseline (*aOR* = 17.44, *p* < .001) also predicted meeting criteria for hazardous drinking at 3-month follow-up.

The average number of logins for the full sample was *M* = 17.32 (*SD* = 30.96). The Coping Tools (91.9%; *n* = 558) and Activities modules (88.5%; *n* = 537) were the most accessed modules of the BBN app, followed by the Sleep (23.1%; *n* = 140) and Write (18.9%; *n* = 115) modules. When examining app utilization factors associated with

change in drinking, the number of BBN logins was unrelated to change in alcohol use ($b = -.001, SE = .001, p = .244$). Examined separately, the number of scheduled behavioral activation activities was also unrelated to change in alcohol use ($b = -.027, SE = .016, p = .098$), as was change in depression symptoms ($b = -.001, SE = .025, p = .965$) or PTSD symptoms ($b = <0.001, SE = 0.001, p = .784$),¹ the number of times participants accessed relaxation and mindfulness exercises ($b = < .001, SE = < .001, p = .952$), and accessing the national disaster response resources ($b = -.002, SE = .003, p = .450$). Results with the dichotomous risk variable as the outcome produced similar results and none of these predictors were significant when examined in separate models ($ps > .05$).

Discussion

We examined the impact of a self-help mobile application, designed to promote postdisaster mental health recovery, on changes in postdisaster alcohol use. We first investigated the prevalence, variability, and trajectory of alcohol consumption and relations between alcohol use and mental health among survivors of Category 4 and 5 hurricanes over a 3-month period post-baseline. Alcohol consumption in our sample ranged from no drinking among approximately one-third of the sample to extremely hazardous drinking indicative of AUD in another third of the sample. This largely coheres with previous studies reporting increases in drinking and hazardous drinking post-hurricane (Adams et al., 2006; Cerdá et al., 2011). Alcohol as a coping method postdisaster is associated with subsequent development of AUD (North et al., 2004), potentially putting those engaging in hazardous alcohol use in the aftermath of the hurricane at risk for AUD. Indeed, we found that alcohol consumption was positively related to survivors' posttraumatic stress and depression symptoms at baseline (although these correlations were small), and those with hazardous drinking had an increased likelihood of reporting probable PTSD and depression. The frequency of and increases in hazardous alcohol use within the recent aftermath of hurricanes emphasize the need to evaluate alcohol-related outcomes within this population.

In this vein, we evaluated whether BBN, the disaster recovery app targeting mental health symptoms, was associated with reductions in alcohol consumption 3 months post-baseline compared to the control app. Contrary to hypotheses, addressing depression, PTSD, and sleep through the BBN app did not appear to reduce alcohol consumption at 3-months post-baseline assessment, regardless of the amount and frequency of app use. That is, even the highest engagement with the BBN intervention components did not relate to decreases (or increases) in drinking. Overall, drinking increased in both conditions from baseline to 3-months post-baseline. The BBN group reported a slightly greater frequency of hazardous drinking than the control group at both assessments and evidenced a greater increase in alcohol consumption compared to controls, but this was a small difference, and significant increases were found in both groups, suggesting it may be unlikely that BBN itself caused this increase. These results should be interpreted with caution and suggest the need for further study. These findings illustrate that interventions are needed that address postdisaster alcohol and substance use more directly. The self-medication hypothesis suggests that interventions targeting distress and anxiety may improve capacity to reduce patterns of "drinking to cope," but our findings suggest that these approaches, when leveraging digital resources in a post-disaster population health context, are insufficient. Specifically, our results suggest that

¹Per reviewer recommendation, we explored analyses with only those with elevated PTSD symptoms (PCL-5 scores > 31) and results did not significantly differ.

... disaster resources should incorporate alcohol-specific coping skills and tools (e.g., alcohol use self-monitoring, motivational enhancement, relapse prevention, alternative behaviors), which may be particularly helpful and relevant to individuals who engage in hazardous alcohol use pre-disaster, with the aim of preventing increases in hazardous drinking or drinking to cope....

addressing mental health symptoms is not sufficient for mitigating postdisaster alcohol use. These findings are particularly striking in the context of the larger parent study that found moderate symptom reduction in depression, sleep, and PTSD symptoms in the BBN group compared to EUC (Ruggiero et al., 2024), coupled with a body of research indicating strong relations between improvement in mental health and reduction in alcohol use over time (Back et al., 2019; Haller et al., 2016; Hawn et al., 2020; Khantzian, 2003). Given the frequency of the co-occurring alcohol use and emotional distress concerns in this study and following other disasters (Orui et al., 2017), our results point to the need for similar interventions to incorporate content specific to reducing alcohol use.

The high level of hazardous alcohol use in our sample dovetails with the broader literature (e.g., Cerdá et al., 2011). Yet, alcohol use is typically not a focus of treatment postdisaster. This gap highlights the need to screen for alcohol use following natural disasters and offer treatment resources relevant to substance use for those at greatest risk. Connecting disaster survivors with self-help resources may also increase help-seeking (e.g., links to NIDA, NIAAA, or SAMHSA resources). Further, disaster resources should incorporate alcohol-specific coping skills and tools (e.g., alcohol use self-monitoring, motivational enhancement, relapse prevention, alternative behaviors), which may be particularly helpful and relevant to individuals who engage in hazardous alcohol use pre-disaster, with the aim of preventing increases in hazardous drinking or drinking to cope (North et al., 2004). Integrated treatments for trauma-affected individuals with AUD appear to be more effective in improving outcomes than single-disorder treatments (Back et al., 2015; Persson et al., 2017; Taylor et al., 2017). Further, online interventions are favored among stigmatized groups such as individuals who use substances (Kiluk et al., 2018). Online and mobile health (mHealth) self-help interventions may offer additional advantages by stopping or reducing substance use at one's own pace using a private device (e.g., computer, cell phone, tablet; Ben-Zeev et al., 2018; Campbell et al., 2014; Enggasser et al., 2021; King et al., 2009). See Meredith et al. (2015) for a review of several smartphone applications to reduce alcohol consumption that have been developed and evaluated empirically.

Several limitations warrant consideration. Most participants were recruited using Facebook and, to a lesser extent, Craigslist advertisements. This may have resulted in a self-selected sample with greater or lower symptoms. Second, this study did not include "true" baseline prevalence of alcohol consumption prior to the disaster given the study was accessible only in the weeks and months after a disaster; thus, we are not able to conclude how the hurricanes, or the intervention, may have related to

change from pre-disaster alcohol use patterns. Third, motives for alcohol use were not assessed; thus, we are not able to infer the reasons for increased alcohol use following hurricane exposure. Understanding the motives for alcohol use and their respective trajectories following hurricane exposure represents an important area for future research. Fourth, future research should also consider using more than one measure of alcohol consumption and assessing for other substance use besides alcohol, which was a limitation of the present study. While the present study found that the disaster recovery mobile intervention yielded no improvements in alcohol consumption, future studies that employ a more thorough assessment of drinking behavior as well as targeted recruitment of heavy drinkers may yield different results. Despite these limitations, this report highlights an important need by describing longitudinal trajectories of alcohol use in the aftermath of five hurricanes. Fifth, we have data from the early aftermath of hurricanes (i.e., within the first 2 months) for only two of the hurricanes. Mental health functioning immediately after a hurricane may present differently than functioning several months postdisaster. Last, substantial attrition (40%) occurred in both conditions from baseline to the 3-month follow-up assessment, as is typical in wholly remote trials examining digital mental health interventions (e.g., Torous et al., 2020).

Conclusions

Postdisaster mental health resources need to address alcohol use directly. Our data point to the high need for such resources, especially among those seeking help for mental health symptoms. A substantial minority of participants demonstrated hazardous drinking in our sample of hurricane survivors. Mobile resources that do not specifically address alcohol use, including the present disaster recovery application, do not appear to reduce alcohol use. Moreover, not addressing alcohol use may present a barrier to adequately addressing emotional symptom domains. The prevalence of hazardous alcohol use in disaster survivors and conspicuous lack of digital resources to address these problems in the postdisaster context suggest that a greater level of public health intervention is needed to effectively manage these issues.

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Navigating the Road to Internship: A Peer Support Group Among Prospective APPIC Applicants

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YVB conceptualized paper and coordinated timeline to complete writing and revisions. All authors listed contributed equally to this manuscript. As such, all author names are listed alphabetically by last name.

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THE PREDOCTORAL INTERNSHIP is a pivotal component of training in psychology, fostering clinical competencies necessary for entry to practice and often markedly influencing an individual's early career and beyond. Along with its developmental importance, the requirement for the doctoral degree and licensure confers considerable additional importance to the internship training year. Placement at a doctoral internship site is pursued through an annual matching system overseen by the Association of Psychology Postdoctoral and Internship Centers (APPIC), referred to as the APPIC Match, a cornerstone event in an aspiring psychologist's professional development.

The internship application process, described by Stedman (1997) as a "quest for the internship holy grail" (p. 479), can be simultaneously exciting and exhausting. Existing literature on the application process tends to focus on (a) the disparities between supply and demand and associated experiences of anxiety and competitiveness among applicants (e.g., Keilin et al., 2022; Parent et al., 2016), and (b) strategies for successfully matching (e.g., Doran & Cimbora, 2016; Stiles-Smith et al., 2019). Little attention, however, has been given to the process from the applicants' perspective. To elevate applicants' voices, in this article, we—recent applicants ourselves—aim to elucidate support-seeking, particularly from peers, as an integral part of the internship application process. Specifically, this article follows our process of developing and implementing a peer internship support group during the 2024 APPIC Match. We present our accounts to capture what was beneficial for us in the context of the internship application process.

We begin by detailing our why; specifically, why we were compelled to develop a peer internship support group. There were several shared stressors that we, and other prospective applicants, experienced during the internship application process. First, we all were tasked with preparing application materials while still meeting the demands of graduate training, including balancing client loads, research activities, coursework demands, assistantships, and other professional duties. We have each experienced significant levels of stress throughout our graduate training, along with the majority (70%) of graduate students feeling negatively impacted by stressful events during graduate training (per APA of Graduate Students and APA's Advisory Committee on Colleague Assistance; El-Ghoroury et al. 2012). Another shared stressor was the possibility of not matching to a top choice site or not matching and going to Phase II. During the 2024 Match in which we applied, 6% of applicants did not match. Despite recent statistics indicating that most applicants match to their top three choices, students, including ourselves, frequently worry about these possibilities. Last, the stressor of the COVID-19 pandemic, which occurred during our graduate training, limited opportunities to

obtain the clinical and research experiences needed to apply and be a competitive applicant for internship. The silver lining of this added stressor, however, was that the internship interview process was largely virtual. Further, we had the unique opportunity to develop this support group outside our respective institutions and connect virtually across the nation.

Social support, or the “perception or experience that one is cared for, esteemed, and part of a mutually supportive social network” (Taylor, 2011, p. 189), is often cited as an important source of strength and coping for graduate students (e.g., Powers & Swick, 2012), and a protective factor against academic burnout (Kim et al., 2018; Ye et al., 2021), especially during the COVID-19 pandemic (Andrade et al., 2023). Based on these positive findings, it is perhaps not surprising that many resources that offer advice for success to graduate students recommend finding support from others (e.g., Powers & Swick; Rehman et al., 2020). It is surprising, however, that although a variety of strategies have been employed to improve the internship application process for students (e.g., identifying resources to develop new programs and positions, improving transparency and data sharing; Grus et al., 2011), peer support groups as a potential mechanism to improve internship applicants’ experiences have not been emphasized in the literature.

In this article, guided by collaborative reflection, we recommend five flexible components to develop a support group and share our insights about each component. We offer these components as a framework rather than an exact series of steps, acknowledging the uniqueness of our group and all potential future groups. Further, we encourage a broader approach by psychology organizations such as the Association for Behavior and Cognitive Therapies (ABCT) to develop peer support networks that are flexible and easily accessible for all psychology internship applicants.

Component 1: Form a Support Group

There are several things to consider when forming a support group, including support from professional organizations, group demographics, and size and structure. To encourage the widespread development of peer support groups, such as the one we each greatly benefited from as we navigated the internship application process, institutions and organizations may need to step in initially to structure and facilitate them. In a brick-and-mortar university, peer support often grows organically; in class, graduate students may sit together and talk about their experiences and challenges, or they meet for coffee afterward as a means of social support. In a world that has become increasingly virtual, such in-person social connection can be rare. Further, it does not foster connections beyond the university setting, which may be particularly important for students approaching internship, often followed by more independent postdoctoral and career endeavors in which external, long-standing supports may be beneficial.

Our support group emerged in August 2023, prompted by an email distributed earlier that month jointly by ABCT’s Dissemination & Implementation Science Special Interest Group (DIS SIG) and Society for Implementation Research Collaboration (SIRC). Student leaders of these groups offered to connect members at various educational and career phases (i.e., applying to graduate school, in graduate school, applying to internship, applying to postdoctoral positions) who were seeking connection, collaboration, and support. Each author opted into this self-directed internship support group via email survey, and our group was then connected by the ABCT DIS SIG and SIRC student leaders in late August 2023. Despite being situated at different institutions across the country, being connected by a professional organization meant that we were linked by

our common interest in decreasing the research-practice gap, striving for health and education equity, and engaging collaboratively with diverse community stakeholders. This common ground allowed us to form meaningful relationships. A self-selection bias was also likely present. Though normally hailed as a problem in psychological research, in our case it was overwhelmingly positive; it meant that each of the members was independently motivated to engage in the group.

Despite our self-selection, our group was composed of individuals whose diverse identities brought richness to our conversations and the types of support we were able to provide one another. We are a diverse group of students in terms of race/ethnicity (i.e., East Asian, White, Ashkenazi Jewish), age (26–33; $M = 30$, $SD = 2.65$), and year in program (i.e., fourth through sixth years). We are each enrolled in APA-accredited doctoral programs in clinical psychology in universities across five different states (i.e., California, Florida, Mississippi, New York, and Pennsylvania). This was especially helpful when seeking insight into specific institutions and internship programs, given the differences in our professional connections. Some of us are interested in research careers, others in more clinical ones. Three of us applied to child- and adolescent-focused programs, and two, to adult-focused programs. As students from different programs across the nation, we found that each group member contributed unique insights from their respective programs, including information about frequently applied to and attended sites, alumni connections, and input from different training directors.

Given that we opted in, our group composition was completely random, but nevertheless raises questions about the different routes one might take to launch a support group. Outside of being initiated by professional organizations, we envision support groups occurring at the level of individual clinical psychology programs (and suspect these already exist), through APPIC or other organizations, via online platforms (e.g., academic Twitter, listserv emails), or being initiated by individual students. Other doctoral programs may have similar peer support structures, though each of the five authors' institutions did not offer such spaces. Additionally, the level of internship process support varied among programs, ranging from a single group meeting with the director of clinical training (DCT) to discuss the application timeline without ongoing support to individual meetings with the DCT about each step of the internship application. We are unaware of any other cross-institution peer support groups for internship. While there are other types of mentorship models, we believe the peer-to-peer structure and representation from different doctoral programs were strengths of this group. Worth considering would be the implications of a group having individuals from the same university or students applying to similar types of sites (e.g., VAs), as well as the effect of group size and dynamics on support received, though these are empirical questions. It may also be worthwhile to include an individual with experience in the application and match process, such as a faculty member, supervisor, or early career psychologist, particularly if the group strives to gain more information or feedback on specific application components.

Component 2: Set Group Expectations and Logistics

Setting group expectations and meeting logistics prior to discussing content may be helpful in developing and achieving collective goals decided by all group members. At the very first meeting, we created a space to discuss what each group member hoped to gain from the group and how much time individuals wanted to devote to group meetings. This conversation was open and genuine, which was instrumental in ensuring that the support group was not another competing responsibility to uphold but rather a true

support group that could serve each group member.

Everyone's comfort level with discussing site lists, interview invitations/rejections, and rankings was also considered upfront. While we were all aligned in wanting to share openly, we periodically checked in with each other about any comfort level changes throughout the application process, as many choices made throughout this process can stem from personal reasons. For us, such transparent dialogue set the stage for detailed and helpful conversations throughout our meetings (e.g., deciding where to apply or how to rank sites).

It was determined that biweekly meetings would best meet the group members' needs. We also decided to list individual biweekly or monthly internal deadlines, which loosely followed preexisting guidelines (AAPI, 2024; Chen, 2019,). Each member's goals and accompanying deadlines looked different at each meeting. For example, one group member aimed to finalize the list of sites first due to institution-specific requirements, while another group member set goals to finalize their CV first. At each meeting, a designated group member (VB) took the lead in keeping track of everyone's goals, sending out the goals via a group email, and gently checking in about progress toward goals.

While our goals generally followed the guidelines mentioned earlier, meeting goals shifted flexibly with each meeting, which were tracked and discussed as a group as well. For example, group members expressed interest in discussing and practicing potential interview questions once the earliest interview dates were determined, and a new meeting was scheduled. After this meeting, we agreed to schedule a post-interview meeting, so we could refine our responses together based on members' new insights and experiences. Our collective timeline is represented in Figure 1.



Fig. 1. Internship Support Group timeline

Component 3: Generate Topics of Discussion

While topics of future groups should be determined by the specific goals of group members, we share below a list of topics we discussed in our support group:

- *Site Information:* Developing goals and values for internships, collating information on sites of interest, discussing how to refine lists
- *Application Materials:* Discussing application materials, brainstorming descriptions for clinical experiences in essays and cover letters, and discussing necessary components to de-identify reports and report hours per APPIC guidelines
- *Interviews:* Reviewing how to use the new NMS scheduling system, addressing common interview questions, collectively refining each other's potential responses, and sharing insights on specific sites and typical interview questions
- *Ranking:* Sharing spreadsheet templates to rank sites based on individual goals and values, asking questions about factors related to ranking decisions (e.g., cost

of living in cities, potential research or clinical mentors, postdoctoral opportunities), and discussing fit with initial preferences

Component 4: Lean Into Support

Although our group's structure and approach (Components 1–3) helped foster a successful group, additional process elements were crucial in cultivating a supportive space. Although there is no singular ingredient to forming a meaningful peer support group, nor is there a one-size-fits-all approach to follow, we believe that the process elements of our group—that is, the “how” it was conducted, beyond the “what” was discussed—were responsible for the most profoundly positive impacts of this group. Below are what we believe to be some of the powerful practices that we engaged in:

Create a “Real” and Honest Space

Beginning at our first meeting, we each made the choice to openly share our thoughts, emotions, and experiences rather than to attempt to appear in a particular way to other group members. Unlike many spaces in graduate school that are evaluative in some form, these group meetings were a space to share openly and vulnerably about where we were in the application process and what challenges we faced. Through this spirit of openness, we connected more quickly and intimately, which allowed for more tailored support. For example, we engaged in conversations about values and how to prioritize various site considerations (e.g., location, training experiences, salary) and rankings in the context of those values.

Drawing upon our therapeutic skills, we used meetings to not only tackle “to-do” items, but also to normalize struggles, process emotions, and validate one another. This was helpful across all stages of the application process. We processed rejections, disappointing news, and interviews we felt went poorly. We were brought closer by sharing anecdotes about funny and awkward moments encountered throughout the application process, with our group's vulnerability as the active ingredient.

Expand Methods of Communication and Connection

Over time, our group extended beyond biweekly Zoom meetings into email and text communication. We created a group texting thread that members used to share experiences and ask questions in real time.

We had the fortune of connecting in person at the 2024 ABCT Annual Convention, and were able to convene as a group in person several times during the conference. We identified times during the convention during which we could connect in a supportive role (i.e., attending the Internship Meet and Greet event and DIS SIG meeting together), and also in a social role (i.e., attending the DIS SIG happy hour and going out to dinner).

Collaborate Over Compete

Although several group members applied to some of the same programs, our group had a clear spirit of collaboration. This included sharing site information and recommendations, providing feedback on written materials, conducting mock interviews, and sharing helpful tips following interviews. Although there is no formula to create this collaborative environment, we believe that to some extent this was a product of self-selection (i.e., individuals who would opt into being part of a support group may be more collaborative) as well as the shared sentiment that we were all trying to find the right place for us individually, which is about “fit” rather than out-competing one another. Thus, we had an implicit approach of nurturing each individual towards finding their right-fit pro-



Fig. 2. Word cloud

gram and strengthening their application as much as possible, rather than approaching the process from a presumption of scarcity. We acknowledge that this approach can be difficult to embody, particularly in the context of the shortage of internship spots.

Celebrate (Sm)all Wins

At each stage, we intentionally acknowledged the steps we had completed. We communicated regularly about small milestones, including finalizing our site lists, submitting applications, receiving interview invitations, and completing interviews. This aided in turning a long and often anticlimactic process into a more steady set of achievable steps that could be celebrated with others who understood the process. Our collective excitement for one another was a source of encouragement and motivation to continue to the next step.

These process elements contributed to a global sense of satisfaction among group members. To capture our various experiences of the group, each group member reflected on their experience of the peer support group and independently selected 10 adjectives to describe it. These words are presented in a word cloud (Figure 2), where the font size illustrates the relative frequency of each adjective (with larger fonts representing words with increased frequency).

Component 5: Evolve Together

Our support group did not dissipate once we had all successfully matched at APA-accredited internship programs. Instead, we have remained connected (hence, this paper!) and have allowed the content of our discussions to evolve as we move on to the next phase of our training. While it was the internship application process that initially brought us together, we have found that this group of supportive peers—who both share common experiences and also hold diverse perspectives and identities—can continue to expand into new domains. While we will continue our training at geographically diverse internship placements, we plan to remain in communication in an informal manner and to resume more formal ad-hoc meetings as we approach new milestones in our training and careers. This will likely include navigating cross-country moves, post-doctoral applications, clinical licensing, job applications, early career milestones, and

We believe that our peer support and collaborative reflection of the application process allowed each of us to feel prepared, supported, and re-grounded in our pursuits of a degree, despite the many challenges associated with the application process.

beyond. Further, we recognize that we have not only formed a network of supportive individuals but also colleagues with whom we can collaborate. We hope that others will use this scaffold to form their own support groups, and to allow those groups to creatively and flexibly suit their individual needs.

Conclusion

The process of applying for and securing a predoctoral internship can be stressful for many psychology graduate students. The pressure to "do what it takes" to be competitive for an internship can create emotional, financial, and academic burdens and interfere with social connections due to stress and compounding responsibilities. Throughout the internship application process, we each had to navigate the delicate balance of maintaining focus on broader academic and professional goals while completing the various requirements of the internship application process.

We believe that our peer support and collaborative reflection of the application process allowed each of us to feel prepared, supported, and re-grounded in our pursuits of a degree, despite the many challenges associated with the application process. While the metrics to illustrate the success or utility of the support group were largely qualitative (e.g., reports of subjective experiences), limited by a lack of quantitative data, we aimed to provide flexible guidance for building peer support groups that can be tailored and measured in accordance with each group's unique needs, goals, and intended outcomes. Outcomes for our group included alleviated emotional stress related to the application process, high meeting attendance rate for each member, and continued collaborations and peer support beyond internship applications.

Our internship support group helped to address our anxiety and fears during the internship application process, and it has evolved into an ongoing source of support (e.g., for relocating, completing our dissertations, etc.). It is the source of this article: an agreement among us, colleagues and friends, to continue our work together, working to ensure that our success in developing a support group to navigate the internship process could be passed on to the next generation of internship applicants. As our own internship support group evolves into a postdoctoral and career support group, we hope to inspire the development of additional groups, so that support groups can become support networks for students, trainees, postdoctoral fellows, early career psychologists, and beyond to collectively navigate the many milestones that psychology training and work entail.

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ABCT: New Day, New Thoughts

Courtney L. White, ABCT Chief Executive Officer



MANY OF YOU may have already seen my bio, but to reiterate, my background is one of executive association management that spans over 25 years. I spent the bulk of my career in healthcare professional associations and membership societies. I also have a background and research interest in social justice in the areas of health equity and education.

Allow me to use this column to introduce myself as the new chief staff executive of this venerated organization. However, I must also take a moment to thank my predecessor, Mary Jane Eimer, who so deftly guided AABT/ABCT for over four decades. As Michael Jordan reportedly once told Kobe Bryant, “you can wear the shoes, but you can never fill them.” My goal therefore is not to fill M.J.’s shoes but instead to bring new running shoes to this, the next stage of an evolving ABCT organizational journey. It is also my goal to help this organization forge new paths, by expanding membership outreach efforts, creating new programs, building on existing programs, and making use of current and future technology to enhance member value for the entire ABCT community. And one of the best ways to do this is to create an atmosphere of innovation, belonging, and calculated risk.

“With the New Day Comes New Strength and New Thoughts” —Eleanor Roosevelt

A change in executive and administrative leadership necessarily prompts self-reflection and reevaluation in organizations such as ABCT. And while the new day brings new thoughts, I am also proud to report that your association remains in good hands with a stellar administrative support staff in the Central Office. The staff—many of whom have been with the organization for many years—not only ensures continuity of program and member benefits, but also preserves important historical knowledge of ABCT. Currently, the Central Office is busy with the opening of the annual dues renewal period as well as with finalizing the logistics and programming for the 2024 Annual Convention in Philadelphia. Some of the current highlights of your staff at work are:

- Registration is open and ongoing for the 2024 ABCT 58th Annual Convention in Philadelphia, PA, at the Marriott Downtown and the Loews Hotels. Preregistration concludes on October 15.
- Facilitating exhibit space sales for the Annual Convention
- Renewal portal for the 2024–25 membership year now open
- Promotion of our monthly webinars across various social media platforms
- FY2023 audit review completed

As we look forward, one of the questions I hope the ABCT leadership and membership frequently ask itself is, “Who are we?” Or more specifically, who do we aspire to be as an organization relative to who we are now? Associations and professional membership societies are most successful when they unflinchingly define who they are and lean

into their core strengths to align their identity with their mission. However, an association is only as strong as the cohesion in its membership, held together by a communal shared vision. Associations that within their membership ranks maintain, encourage, or turn a blind eye to fiefdoms, elitism, exclusory or discriminative practices, or intellectual snobbery, invariably lose sight of their mission and run the risk of losing members, influence, or both. The ABCT is its membership and thus not immune from falling prey to some of the hierarchical pitfalls that sow division and/or encourage unhelpful intra-group social stratification. Whether these practices are real or perceived, de facto or sanctioned, codified or informal, the end results are invariably the same—a deleterious impact on the overall health and culture of the organization.

Along these lines, in recent years, this organization has done a good job of identifying some of its blind spots, particularly on perceived inequitable structures within its membership, programs, leadership, and overall culture. The Bare/ABCT Report on Diversity, Equity, Inclusion, Access and Justice clearly delineates some of these blind spots and offers remedial action, some of which are already in active implementation (e.g., the Change Leaders program). However, there is much more work to be done. With over 40 Special Interest Groups and a large and diverse student population, member equity—i.e., acknowledging and celebrating differences and meeting people where they are—is not a luxury that ABCT can deign to ignore.

The ABCT Board and leadership will soon undertake a triannual strategic retreat to help rethink and/or reinforce its core values and strategic impetus. As part of that effort, I intend to work with the Board and leadership to clearly articulate why it is critical for organizations such as ABCT to maintain an equitable space welcoming to all its members and prospective members. As we move forward with this discussion, I encourage all ABCT members to think about how you may help to center equity within the organization via one or more of the following ways:

- Education, training, and tools
- Differentiation of products and programs
- Relationships, partnerships, sponsorships, and networks
- Marketing and communication of key messages
- Research and publications opportunities
- Membership data collection and usage, and
- Advocacy by helping to amplify invisible narratives

Until next time, I look forward to working with you all and hope to see many of you in Philadelphia in November. ■



In Memoriam: Dennis C. Russo, Ph.D.

Mary Jane Eimer and David Teisler, ABCT

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Obituary compiled from
presidential remembrances
emailed to Mary Jane
Eimer and excerpts from
[https://everloved.com/
life-of/dennis-russo/
obituary/](https://everloved.com/life-of/dennis-russo/obituary/)

DENNIS C. RUSSO, ABCT's President from 1987–1988, passed away February 9, 2023. Dennis held many positions within ABCT and we got to know him well over the years. He started as a member of the Professional and Peer Review Committee. His vast knowledge of the field and his compassion was readily apparent. From there he served as Coordinator of Education Affairs (before we changed the position to Convention and Education Issues), Secretary-Treasurer, and then President. His commitment to AABT/ABCT didn't end there. He also got to know many of our international members and served as our International Associates Chair. His input is evident throughout the Association: in the development of our Fact Sheets, a more businesslike approach to how we handle our finances, and the development of the World Congress Committee, which eventually resulted in the World Confederation of Cognitive and Behavioral Therapies.

Dennis had a “wicked good” sense of humor, was a good partner to work with, and got things done. We will miss him, as will his ABCT colleagues. Other Past Presidents wrote that Dennis “was always so friendly at AABT/ABCT”; “was a giant in the field in more ways than one—he will be sorely missed—with sadness.”

His obituary noted that “Dennis was a pioneer in Pediatric Psychology and an accomplished researcher and clinician, Board Certified in Cognitive and Behavioral Psychology by the American Board of Professional Psychology.” He held appointments at University of California, Santa Barbara; Johns Hopkins University School of Medicine; Harvard Medical School; the May Institute; and East Carolina University/Brody School of Medicine.

Dennis was a devoted husband to Deborah and father to Nicholas and Amelia and when not coaching or cheering his kids on, was walking his dogs: Smokey, Bear, Buddy, Maxie, Ollie and Sasha.

Among his colleagues, Bob Leahy noted that he “was struck by his warmth. It sounds like he had a life worth living.”

Art Nezu noted that “Few people are as classy as they are brilliant. Dennis was both. He always had a smile to greet friends and colleagues, sound advice to give in response to queries, and administrative and clinical skills that benefited thousands. He . . . left a wonderful legacy.”

Phil Kendall said, “Dennis goes back to the time when behavior analysts, behavior modifiers, behavior therapists, social learning people, cognitive therapists, and CBT folks were still all one group of allies fighting for evidence-based care. He was a kind man whose heart and laugh matched his big frame.”

Kelly Brownell remembered Dennis as “skilled, wise, savvy, and very quick to smile and laugh—it was fun, affirming, and educational to be around him. Such a lovely person.”

Quite a few other ABCT presidents shared their thoughts and remembrances: glowing, amused, appreciative.

At conventions, we would run into Dennis; we'd grab a booth or a couple chairs and start up a conversation, probably from the precise point we'd left a year or four earlier. We both looked forward to these chance encounters that brightened every evening. ■

Call for Volunteers

Volunteer for this project, review the self-help books sent to us to help populate **ABCT's Self-Help Book Recommendations directory** (<https://www.abct.org/self-help-book-recommendations/>), one our most frequently visited pages on our website. It's designed to help clinicians recommend books for their clients and as a resource for laypeople looking for more information on areas where CBT has been proven to be useful.

All books need to be approved by ABCT before being added; and that's where you come in. We'll send you the book; you send a review and, based on that, we'll recommend the book, or not, for inclusion. You keep the book.

We're especially interested in reviewers with experience in child anxiety, adult anxiety, anger management, depression, and relationships, but happy to hear from all areas. ► **Interested?** Contact Kim Treadwell at kimberli.treadwell@uconn.edu

Call for Committee Members

The **Social Networking and Media Committee** (SNMC) is seeking new members! Are you interested in getting involved with managing ABCT's social media profile engagement, liaising among ABCT committees, SIGs, and staff, and/or spotlighting the accomplishments of ABCT members across our social media platforms? Do you find yourself scrolling your socials already anyway, so you might as well be doing something productive and fun while you're logged in? :) If any of the above describes you, we'd love to chat with you about joining the SNMC.

► **Interested?** Please reach out to the SNMC Committee Chair Alex Long at Long.AlexandraD@gmail.com, or ABCT's Marketing and Communications Manager, Emily Ravaioli, at eravaioli@abct.org. We look forward to hearing from you!

Elections & Nominations

ABCT's Elections Will Take Place in April 2025.

Are you interested in running for office? Do you know someone who would make a great leadership candidate? ABCT is looking for leaders for our April 2025 elections. We are seeking candidates who can expand the organization's leadership to match the diverse needs and perspectives of our membership who have a vision for where ABCT needs to go in the future.

Candidates for the 2025 election will include the 2025-2026 President Elect and the 2025-2028 Representative-at-Large and Liaison to Academic and Professional Issues.

Stay tuned for more information on the nomination process in the next issues of tBT and on our website.

Webinars

<https://elearning.abct.org>

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

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Martin M. Antony | Group Cognitive Behavior Therapy With Adults

Ann Steffen | Culturally Attuned Behavioral Activation Across the Lifespan

Carolyn Black Becker | Are You Overlooking Eating Disorders in Your Clients? Moving Beyond the Eating Disorder Stereotype to Reduce Diagnostic Error, Improve Ethical Practice, and Enhance Care

Golda Ginsburg | School-Based Interventions for Students with Anxiety

Alec L. Miller | DBT for Suicidal Adolescents

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

Jeffrey Lackner | CBT for Irritable Bowel Syndrome: Fundamentals of an Evidence-Based Transdiagnostic Approach

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

Visit ABCT's eLearning web pages for many more recorded, CE and non-CE, webinars, including 2023 convention recordings (Mini Workshops and Clinical Grand Rounds).

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



Sanity x ABCT

A collaborative podcast series
with Dr. Jason Duncan and ABCT

[> episode website](#)

Mary Jane Eimer's Eras Tour: 45 Years of Service

with Mary Jane Eimer & David Barlow

Harms in Therapy | with Drs. Ilana Seager van Dyk &

Alexandria Miller

CPT for PTSD | with Dr. Patricia A. Resick (Episodes 1 & 2)

Starting a Telehealth Practice: What You Need to Know

with Dr. Mary K. Alvord (Episodes 1 & 2)

Parent Child Interaction Therapy | with Drs. Kate Gibson

& Corey Lieneman (Episode 1)

Parent Child Interaction Therapy for Older Children

with Drs. Kate Gibson & Corey Lieneman (Episode 2)

Nonprofit Mental Health Research Careers

with Dr. Shannon Blakey (Episode 1 & 2)

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

& Brian Pilecki (Episode 1 & 2)

The State of ABCT | with Drs. Jill Ehrenreich-May

& Sandra Pimentel (1 Episode)

ABCT

58th Annual Convention

Philadelphia

NOVEMBER 14–17, 2024

*Opening Our Doors: Inspiring Community Engagement,
Advocacy, and Innovation to Advance CBT*

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Note: Program details such as educational objectives, session level, fees, presenter credentials, and number of CE credits that can be earned may be found in the program book on ABCT's website. Program subject to change.

Welcome From the Program Chairs



Muniya Khanna, Ph.D., Program Chair
Founder, Director, The OCD & Anxiety Institute
Chief Digital Officer, Lumate Health



Abby Bailin, Ph.D., Associate Program Chair
Research Associate, The University of Texas at Austin



Maria Alba, Psy.D., Associate Program Chair
Attending Psychologist, Montefiore Medical Center

Welcome to the 2024 Annual Convention of the Association for Behavioral and Cognitive Therapies (ABCT)! As we gather in the vibrant city of Philadelphia, we are thrilled to explore the theme that binds us together: "Opening Our Doors: Inspiring Community Engagement, Advocacy, and Innovation to Advance CBT."

Just as Philadelphia is steeped in a rich history of revolution and progress, so too is ABCT entrenched in the advancement of cognitive and behavioral science. Our history serves as a guiding light, illuminating the path toward a future where we strive to do better each day. We extend our warmest invitation to all of you to join us in this endeavor, as we embark on a journey of learning, collaboration, and growth.

At this convention, we aim to open our doors wide, inviting individuals from all walks of life to participate in the exchange of knowledge and ideas. Whether you are a seasoned practitioner, a dedicated researcher, an impassioned advocate, or a curious student, there is a place for you here. Together, we will present, connect, learn, and inspire one another, all while honoring the legacy of those who have paved the way before us.

Throughout the conference, we will delve into three key pillars: Community Engagement, Advocacy, and Innovation. We are particularly excited to hear from you on topics such as:

- **Community Engagement:** Share with us how your work intersects with the community, and how community-based work is shaping the future of CBT.
- **Advocacy:** Let us know about your advocacy that promotes equity, diversity, and social justice within the realm of CBT practice, research, and beyond.
- **Innovation:** Explore the cutting-edge technologies and novel approaches that are revolutionizing the field of cognitive and behavioral therapy, while ensuring ethical considerations and inclusivity remain at the forefront.

To emphasize important aspects of our theme, we are honored to have invited talks by prominent experts in both scientific research and practical application. We are excited to introduce our lineup of outstanding keynote speakers:

Jennifer Havens, M.D. | Friday, November 15, 10:00–11:00 A.M.

"Realizing the Potential of Child Mental Health Services in the 21st Century"

Cathy Creswell, Ph.D. | Saturday, November 16, 2:00–3:00 P.M.

"Digital Transformation to Increase Access to Psychological Therapies: What We Have Learned From the English Health System"

Stefan Hofmann, Ph.D., ABCT 2023 Lifetime Achievement Award Recipient

November 16, 12:30–1:30 P.M.

"Improving CBT From Molecules to Models"

In addition to these keynote addresses, please mark your calendars for our additional invited talks. The Advanced Clinician Seminar Series is a new clinical format designed specifically for our advanced clinicians seeking content and consultation commensurate with their level of expertise. This year, we will offer three of these seminars featuring a skilled clinician and moderator to offer consultation, case conceptualization, and treatment planning on attendees' most complex cases. Attendees will be expected to identify as advanced clinicians, bring structured case presentations for possible discussion, and fully participate in a more seminar-style discussion.

Judith Beck, Ph.D. | Sunday, November 17, 10:30 A.M.–12 noon

“Adapting Cognitive Behavior Therapy for Personality Disorders”

Anthony Chambers, Ph.D., ABPP | Saturday, November 16, 4:30–6:00 P.M.

“Elevating Your Couples Therapy Practice”

Rebecca Sachs, Ph.D., ABPP | Friday, November 15, 2:00–3:30 P.M.

“Specialized Care for Complex Cases in Neurodivergent Youth With Anxiety or OCD”

We are also excited for our invited Clinical Grand Rounds, “A Demonstration by Three Experts in CBT, DBT, and ACT,” featuring Drs. Judith Beck, Jill Rathus, and Lisa Coyne (Friday, November 15, 11:30 A.M.–12:30 P.M.).

Together, let us envision a future where CBT is accessible to all and where our communities thrive. As we convene in Philadelphia, we also recognize the importance of giving back to the community that graciously hosts us. To that end, we are hosting the inaugural ABCT Day of Service, partnering with Cradles to Crayons, which provides children experiencing homelessness low-income situations with essential items they need to thrive. ABCT Day of Service offers an exciting chance for conference attendees to make a meaningful impact in Philadelphia. It's not just about attending sessions; it's about rolling up our sleeves and giving back. Imagine connecting with fellow participants while crafting handwritten notes to youth or finding items for donation. It's a hands-on way to build relationships, create positive change, and leave a sustainable impression. Join us for ABCT Day of Service on Thursday and be part of something truly special!

It has been a privilege to serve as your program chairs for the 2024 ABCT Annual Convention. We are deeply grateful for the opportunity extended to us by President Dr. Sandra Pimentel and the ABCT Board. Special thanks to our predecessors, the 2023 program chairs, Drs. Emily Bilek and Krystal Lewis, whose exemplary leadership guided us as we transitioned into our roles. Convention planning is a collaborative endeavor, and we also wish to recognize the unwavering dedication of the 2024 Convention Committee in organizing such an exceptional event. The invaluable support from ABCT Central Office staff, particularly Mary Jane Eimer and Stephen Crane, has been instrumental in ensuring the success of both the Annual Convention and our organization. Last, we extend deep appreciation to the Program Committee members who volunteered their time as scientific reviewers. This outstanding scientific program is a testament to the contributions of many hands, and we thank everyone involved.

In closing, we extend our heartfelt gratitude to each and every one of you for being a part of this transformative experience. Whether you are presenting groundbreaking research, leading insightful discussions, or simply joining us in the spirit of collaboration, your presence enriches our collective journey.

We hope you enjoy the conference, make lasting connections, and leave inspired to continue advancing the field of cognitive and behavioral therapy. Our doors are open, and we cannot wait to embark on this journey together.

Warm regards,
Muniya, Abby, and Maria

Itinerary Planner

> *Browse by day, time, or session type*

> *Search by author or keyword*

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2024 convention. In order to learn more details about the sessions, including full descriptions and times, skill levels, and learning goals, please utilize the Itinerary Planner: <https://www.abct.org/2024-convention/>. To view the entire convention program—including SIG meetings, poster sessions, invited addresses—you can search by session type, date, time, presenter, title, category, or keyword, or you can view the entire schedule at a glance. After reviewing this special Convention 2024 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!

www.abct.org/convention-ce/

Continuing Education Credits

At the ABCT Annual Convention, there are ticketed events (meaning you usually have to buy a ticket for one of these beyond the general registration fee) and general sessions (meaning you can usually get in by paying the general registration fee), the vast majority of which qualify for CE credit. Below is a list of organizations that have approved ABCT as a CE sponsor. Note that we do not currently offer CMEs. All sessions are live, in-person.



Psychology

ABCT is approved by the American Psychological Association to sponsor continuing education for psychologists. ABCT maintains responsibility for this program and its content



Counseling

The Association for Behavioral and Cognitive Therapies has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5797. Programs that do not qualify for NBCC credit are clearly identified. The Association for Behavioral and Cognitive Therapies is solely responsible for all aspects of the programs.



Marriage and Family Therapy

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

New York State Psychologists

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

New York State Social Workers

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

For full information about our CE program, visit:

<https://www.abct.org/convention-ce/continuing-education-opportunities/>

Clinical Intervention Training | TICKETED SESSION

CIT1 | Thursday, November 14 | 8:30 AM – 12:30 PM

▶ *Participants earn 4 continuing education credits.*

Understanding Digital Mental Health Tools and Their Integration Into Cognitive and Behavioral Treatments

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

A multitude of digital mental health tools exist with various features and capabilities. However, despite their proliferation, few providers are using these digital mental health tools in their clinical practice. This presentation will provide an overview of digital mental health tools, including identifying some common features and capabilities of such tools. We will also discuss various competencies related to the use of these in clinical practice. These include how to evaluate digital mental health tools and consider aspects such as credibility, user experience, and data security and privacy, and how to incorporate digital mental health tools into clinical workflows. This presentation will emphasize best practices in the use of these tools and highlight some of the challenges providers might face when incorporating these tools into their practice. Specific attention will be focused on digital mental health tools that relate to cognitive and behavioral practice.

Institutes | TICKETED SESSIONS

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

Institute 1 | Thursday, November 14: 8:30 AM - 5:00 PM

▶ *Participants earn 7 continuing education credits.*

Focused ACT for Brief Interventions: The Basics and Beyond

Kirk D. Strosahl, Ph.D., HeartMatters Consulting LLC

Patricia J. Robinson, Ph.D., Mountainview Consulting Group Inc

Institute 2 | Thursday, November 14: 8:30 AM - 5:00 PM

▶ *Participants earn 7 continuing education credits.*

The Practice and Ethics of Exposure Based CBT for Youth with Anxiety Disorders and/or OCD:

What They Didn't Prepare You for in Graduate School!

Anne Marie Albano, ABPP, Ph.D., Columbia University Medical Center

John Piacentini, ABPP, Ph.D., University of California, Los Angeles

Institute 4 | Thursday, November 14: 1:30 PM - 6:30 PM

▶ *Participants earn 5 continuing education credits.*

Practice Adaptations for Affirming CBT for Transgender and Gender Diverse Clients

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

Nathan Woodruff, Trans Collaborations

Institute 5 | Thursday, November 14: 1:30 PM – 6:30 PM

▶ *Participants earn 5 continuing education credits.*

Addressing Comorbid Insomnias: Moving Beyond Sleep Hygiene

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

Institute 6 | Thursday, November 14: 8:00 AM - 1:00 PM

▶ *Participants earn 5 continuing education credits.*

Cognitive Therapy for Suicide Prevention

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

Shari Jager-Hyman, Ph.D., Perelman School of Medicine at the University of Pennsylvania

Institute 7 | Thursday, November 14: 8:00 AM - 1:00 PM

▶ *Participants earn 5 continuing education credits.*

Innovations in Eating Disorder Treatment: Expanding Your Tool Box with Strategies

From Acceptance and Commitment Therapy

Rhonda M. Merwin, Ph.D., Duke University Medical Center

Ashley Moskovich, Ph.D., Duke University Medical Center

Advanced Methodology and Statistics Seminars

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

AMASS 1 | Thursday, November 14 | 8:00 AM – 12:00 PM

▶ *Participants earn 4 continuing education credits*

Harnessing Innovative Precision Medicine Methods to Improve Digital Mental Health Interventions: Introduction to Applied Examples and Tutorials

Nur Hani Zainal, M.S., Ph.D., *National University of Singapore*

Natalia Van Doren, Ph.D., *University of California, San Francisco*

AMASS 2 | Thursday, November 14 | 1:00 PM – 5:00 PM

▶ *Participants earn 4 continuing education credits*

Pragmatic Approaches to Understanding Community Needs: An Implementation Science Approach to Rapid Barrier Assessment and Prioritization

Ruben G. Martinez, Ph.D., *The Warren Alpert Medical School of Brown University*

Hannah E. Frank, Ph.D., *The Warren Alpert Medical School of Brown University*

Master Clinician Seminars | TICKETED SESSIONS

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

MCS 1 | Friday, November 15: 8:30 AM - 10:30 AM

▶ *Participants earn 2 continuing education credits*

Managing Therapy Interfering Behavior in DBT and Beyond

Esme A.L. Shaller, Ph.D., *University of California San Francisco*

MCS 2 | Friday, November 15: 11:00 AM – 1:00 PM

▶ *Participants earn 2 continuing education credits*

Using Neuroscience in the CBT Clinic

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

MCS 3 | Friday, November 15: 1:30 PM – 3:30 PM

▶ *Participants earn 2 continuing education credits*

Navigating Treacherous Waters in Pediatric OCD: Common Clinical Problems and Empirically Informed Recommendations

Martin E. Franklin, Ph.D., *Rogers Memorial Hospital*

John Piacentini, ABPP, Ph.D., *University of California, Los Angeles*

MCS 4 | Saturday, November 16: 8:30 AM - 10:30 AM

▶ *Participants earn 2 continuing education credits*

Empowering Parents of Youth with Anxiety: Breaking the Vicious Cycle of Overprotection

Anne Marie Albano, ABPP, Ph.D., *Columbia University Medical Center*

Aleta Angelosante, Ph.D., *Hassenfeld Children's Hospital at NYU Langone Medical Center*

MCS 5 | Saturday, November 16: 11:00 AM – 1:00 PM

▶ *Participants earn 2 continuing education credits*

Supervision Essentials for Cognitive-Behavioral Therapy

Cory F. Newman, ABPP, Ph.D., *Perelman School of Medicine at the University of Pennsylvania*

Danielle A. Kaplan, Ph.D., *New York University School of Medicine*

Workshops | TICKETED SESSIONS

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

Workshop 1 | Friday, November 15, 8:30 AM – 11:30 AM

▶ *Participants earn 3 continuing education credits*

A Practical Introduction to Acceptance and Commitment Therapy for Moral Injury (ACT-MI): Exploring Meaning While Experiencing Moral Pain

Lauren M. Borges, Ph.D., *Rocky Mountain MIRECC*

Jacob Farnsworth, Ph.D., *Rocky Mountain Regional VA Medical Center*

Sean M. Barnes, Ph.D., *Rocky Mountain MIRECC; University of Colorado School of Medicine Anschutz Medical Campus*

Robyn D. Walser, Ph.D., *National Center for PTSD*

Workshop 2 | Friday, November 15, 12:00 PM – 3:00 PM

▶ *Participants earn 3 continuing education credits*

Application of Behavioral Activation Across Populations and Context: Co-occurring Anxiety, Group Therapy, and Virtual Formats

Elisabeth Akeman, LPC, M.S., *Laureate Institute for Brain Research*

Robin L. Aupperle, Ph.D., *Laureate Institute for Brain Research*

Christopher R. Martell, ABPP, Ph.D., *University of Massachusetts Amherst*

Workshop 3 | Friday, November 15, 8:30 AM – 11:30 AM

▶ *Participants earn 3 continuing education credits*

Cultural Healing in Schools: A Flexible Therapeutic Approach for Helping Youth of Color Navigate Cultural Stressors

Ryan DeLapp, Ph.D., *The Ross Center*

Donte Bernard, Ph.D., *University of Missouri-Columbia*

Erica Muñoz-Gonzalez, LMSW, *The Brearley School*

Workshop 4 | Friday, November 15, 12:00 PM - 3:00 PM

▶ *Participants earn 3 continuing education credits*

Designing and Implementing Contingency Management Interventions for Health Behavior Change

Jeremiah Weinstock, Ph.D., *Saint Louis University*

Carla J. Rash, Ph.D., *University of Connecticut Health Center*

Workshop 5 | Friday, November 15, 8:30 AM - 11:30 AM

▶ *Participants earn 3 continuing education credits*

Exposure Therapy in the Treatment of Eating Disorders

Rachel M. Butler, Ph.D., *Transylvania University*

Danielle C. DeVillie, Ph.D., *Children's Mercy Hospital Kansas City*

Workshop 6 | Friday, November 15, 12:00 PM - 3:00 PM

▶ *Participants earn 3 continuing education credits*

Fostering Connectedness: Bridging Cultural and Clinical Knowledge to Welcome Newcomer Youth

William Martinez, ABPP, Ph.D., *University of California San Francisco*

Maria C. Jimenez-Salazar, Ph.D., *University of California San Francisco*

Workshop 7 | Saturday, November 16, 8:00 AM - 11:00 AM

▶ *Participants earn 3 continuing education credits*

Help Me Help You: Role-play Demonstrations on How to Support Caregivers in Effective Parenting

Andrea B. Temkin-Yu, Psy.D., *Weill Cornell Medicine*

Lisa W. Coyne, Ph.D., *Harvard Medical School*

Samuel Fasulo, Ph.D., *Moss Psychological Services, PC*

Anthony Puliafico, Ph.D., *Columbia University Medical Center*

Workshop 8 | Saturday, November 16, 3:00 PM - 6:00 PM

▶ *Participants earn 3 continuing education credits*

RUBI Parent Training for Autistic Children with Mild to Moderate Challenging Behaviors

Presenter: Kate McCalla, Ph.D., *Center for Autism Services, Kennedy Krieger Institute*
Ji Su Hong, M.D., *Johns Hopkins University School of Medicine*
Karen Bearss, Ph.D., *Seattle Children's Autism Center, University of Washington*

Workshop 9 | Saturday, November 16, 8:00 AM - 11:00 AM

▶ *Participants earn 3 continuing education credits*

Recovering from a Cultural Rupture in Clinical Practice as a White Clinician

Natalie N. Watson-Singleton, Ph.D., *Spelman College*
Yara Mekawi, Ph.D., *University of Louisville*

Workshop 10 | Saturday, November 16, 11:30 AM - 2:30 PM

▶ *Participants earn 3 continuing education credits*

Opening New Realities: Harnessing Virtual Reality for Innovative CBT Interventions in Anxiety Disorders

Maddi Taher, M.S., *AltMind*
Mikael Rubin, Ph.D., *Palo Alto University*

Workshop 11 | Saturday, November 16, 3:00 PM - 6:00 PM

▶ *Participants earn 3 continuing education credits*

Teaching Cognitive Self-management Strategies to Improve Employment Outcomes in People with Serious Mental Illness

Kim T. Mueser, Ph.D., *Boston University*
Susan R. McGurk, Ph.D., *Boston University*

Workshop 12 | Saturday, November 16, 11:30 AM - 2:30 PM

▶ *Participants earn 3 continuing education credits*

Transdiagnostic Brief Behavior Therapy for Youth Anxiety and Depression

V. Robin Weersing, Ph.D., *SDSU-UC San Diego JDP in Clinical Psychology*
Michelle Rozenman, Ph.D., *University of Denver*
Araceli Gonzalez, Ph.D., *California State University Long Beach*
Pauline Goger, Ph.D., *SDSU-UC San Diego JDP in Clinical Psychology*

Workshop 13 | Saturday, November 16, 8:00 AM - 11:00 AM

▶ *Participants earn 3 continuing education credits*

Principle-Guided Psychotherapy for Children and Adolescents:

An Introductory Institute for the FIRST Program

Sarah Kate Bearman, Ph.D., *University of Texas at Austin*
Abby Bailin, Ph.D., *Association for Behavioral and Cognitive Therapies*



Lifetime Achievement Award Address

Improving CBT From Molecules to Models

Stefan G. Hofmann, Ph.D., Philipps University of Marburg

Saturday, November 16 | 12:30 PM – 1:30 PM

► Participants earn 1 continuing education credit

Stefan G. Hofmann is the Alexander von Humboldt Professor of Translational Clinical Psychology and the LOEWE top professor at the Philipps University of Marburg in Germany. He was born in a little town near Stuttgart in Germany, which may explain his thick German accent. He studied psychology at the Philipps University of Marburg, Germany, where he received his B.A., M.S., and Ph.D. A brief dissertation fellowship to spend some time at Stanford University turned into a longer research career in the United States. He was professor at Boston University between 1996 and 2023 and received an Alexander von Humboldt Professorship to return to his alma mater, the Philipps University of Marburg, Germany, in 2021. He now lives in Frankfurt, Germany, and Cape Cod, Massachusetts. Dr. Hofmann has an actively funded research program studying various aspects of emotional disorders with a particular emphasis on mood and anxiety disorders, cognitive behavioral therapy, and neuroscience. He is co-developer of Process-Based Therapy. He has won many prestigious professional awards, including the 2021 Alexander von Humboldt Professorship and the 2015 Aaron T. Beck Award for Significant and Enduring Contributions to the Field of Cognitive Therapy by the Academy of Cognitive Therapy. He was president of various national and international professional societies, including ABCT and the International Association for Cognitive Psychotherapy. He was an advisor to the DSM-5 Development Process and a member of the DSM-5 Anxiety Disorder Sub-Work Group. Since 2016, he has been identified as a Highly Cited Researcher. Dr. Hofmann has been the editor in chief of Cognitive Therapy and Research since 2012. He has published more than 500 peer-reviewed journal articles and 20 books. At leisure, he enjoys traveling to immerse himself into new cultures, make new friends, and reconnect with old ones. When time permits, he occasionally gets out his flute.

CBT is one of the great success stories of psychiatry. However, we have reached a crisis point because treatment efficacy has not been improving over the last few decades. To overcome this crisis, I will discuss three strategies to improve our CBT approach, primarily focused on mood and anxiety disorders. First, insights from translational research and neuroscience can augment existing strategies, even on the molecular level. Second, theory-informed novel therapeutic strategies can enhance treatment success. Third, and perhaps most important, we need to revisit and improve some of our basic models and paradigms that serve as the basis for CBT. This may require a radical departure from the latent disease model of the current psychiatric nosology of the DSM/ICD and the absurd proliferation of the protocols-for-syndrome approach. Such a paradigm shift is currently underway, moving toward process-based therapy (PBT). PBT focuses on how to best target and change core biopsychosocial processes in a specific situation for given goals with a given client. This approach recognizes that psychotherapy typically involves nonlinear (rather than linear), bidirectional (rather than unidirectional), and dynamic changes of many (rather than only a few) interconnected variables. Effective therapy leads to changes of the entire system toward a stable and adaptive state. This requires gathering high-density longitudinal idiographic data to capture the complexity of psychopathology using a dynamic network approach within the general framework of evolutionary science. I will conclude that CBT can be improved through translational research while embracing an evolutionary model toward psychopathology and treatment change. ■



Presidential Address

From Dr. Mary Cover Jones to Cardi B: Centennial and Contemporary Inspiration for Our Clinical Science, Education, and Connection With the Communities We Serve

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

Saturday, November 16 | 6:15 PM – 7:30 PM

► Participants earn 1 continuing education credit

Sandra S. Pimentel, Ph.D., is Chief of Child and Adolescent Psychology, Associate Director of Psychology Training and Associate Professor of Clinical Psychology in the Department of Psychiatry and Behavioral Medicine at Montefiore Medical Center/Albert Einstein College of Medicine. She also launched and is the Director of the Anxiety and Mood Program (AMP), a specialty training program in the Child Outpatient Psychiatry Division and is the co-Director of the Becoming an Emerging Adult at Montefiore (BEAM) Program. Dr. Pimentel received the Psychology Internship Training Program Award for Excellence in Education and the Department of Psychiatry and Behavioral Sciences Award for Outstanding Mentorship. After serving in multiple leadership and governance roles, Dr. Pimentel is President of ABCT (2023-2024). As a scientist-practitioner, Dr. Pimentel specializes in CBT for youth and young adults and is a committed clinician, educator, and mentor. She has delivered multiple workshops, trainings, and presentations for parents, mental health professionals, and community organizations and was named a New York State Office of Mental Health Policy Scholar. Dr. Pimentel is a health advocate dedicated to creatively engaging communities to optimize care for children and families.

Youth mental health is receiving increasing public and media attention as we observe exceptionally high levels of anxiety, depression, loneliness, and suicidality. It is staggering, and especially disturbing when we consider the sequelae among our most vulnerable and marginalized. Yet, through 100 years of the interplay of science and practice in CBT, there is cause for optimism in extending the benefits of these efficacious treatments for youth and families. Continual optimization by way of clinical science, rooted in our fundamental commitment to ongoing assessment and personalizing interventions, plus technological innovations that increase access and delivery, bring hope and results for our youth. In this presentation, the seemingly unlikely parallels of the lives and works of the “Mother of Behavior Therapy”, Mary Cover Jones, and Bronx New York’s pop icon Cardi B, will be presented as we examine the path from laboratory to community-based implementation of meaningful CBT programs and interventions. In 1924, Dr. Jones published seminal research laying the foundation for behavior therapy followed by decades of work in child development. Initially “small n,” her work became large-scale and longitudinal. She asked incisive questions and warmly considered her subjects “partners in the studies of human lives.” As we commemorate her profound impact on our field, we celebrate her forward thinking and find relevant lessons that honor this history for our present-day clinical science, practice, and training—and the stories we are taught and those we choose to teach. In present day, we find Cardi B delivering authentic messaging about roots, community, empowerment, and mental health. In voice and those of other relevant models across popular culture, we find many lessons relevant to our science, along with opportunities to inject creativity and fun for engaging and delivering CBT to young people. And, to more effectively disseminate evidence-based interventions to those most vulnerable and historically marginalized, being as flexible, genuine, and open to meeting youth in unique spaces may be the standard needed to make a real difference in their lives. This talk aims to showcase hope, humility, and unapologetic advocacy in our science and how we show up for and with the communities we serve.

Learning Objectives

At the end of this presentation, the learner will be able to:

- Identify relevant lessons from the seminal works of Dr. Mary Cover Jones in clinical science and education
- Identify contemporary models in popular culture to optimize CBT delivery and engagement
- Discuss CBT interventions and innovations for youth mental health
- Identify opportunities for authentic community engagement to implement meaningful CBT programs and interventions



Invited Address 1

Realizing the Potential of Children’s Mental Health Services in the 21st Century

Jennifer F. Havens, M.D., *Arnold Simon Professor and Chair, NYU Grossman School of Medicine; Director of Child and Adolescent Behavioral Health Strategy and Growth, Office of Behavioral Health, NYC Health and Hospitals*

Friday, November 15 | 10:00 AM – 11:00 AM

► *Participants earn 1 continuing education credit*

Dr. Havens is the Arnold Simon Professor and Chair of the Department of Child and Adolescent Psychiatry at NYU Grossman School of Medicine, Director of the Child Study Center at Hassenfeld Children’s Hospital, and Director of Child and Adolescent Behavioral Health Strategy & Growth in the Office of Behavioral Health at NYC Health and Hospitals. Until October 2018, she was the Director and Chief of Service of the Department of Child and Adolescent Psychiatry at Bellevue Hospital Center, where she oversaw New York City’s most comprehensive continuum of mental health services for children and adolescents. There she opened New York State’s only dedicated Children’s Comprehensive Psychiatric Emergency Program, expanded Bellevue’s inpatient child psychiatric service to 45 beds, and opened NYC’s only Partial Hospital Program serving both children and adolescents. She also established and oversees a public psychiatry initiative providing mental health services at the NYC Administration for Child Services’ Secure & Non-Secure Juvenile Detention sites. Dr. Havens is an expert in the treatment of behavioral and mental health issues in children and adolescents who have experienced complex trauma. She has been active in public psychiatry innovation since the early 1990s, when she founded and led NYC’s first mental health clinic serving children and families affected by HIV. Dr. Havens serves on numerous public sector committees, and is active in many of New York State’s major child mental health initiatives.

Dr. Havens will review the growth in knowledge and evidence-based treatments in child and adolescent psychiatry over the last 30 years, as well as the challenges the field has experienced in integrating the effects of trauma exposure into current diagnostic and treatment formulation; she will explicate the history of financing of behavioral health services and its impact on our current capacity to address the mental health needs of children and families and will review potential solutions for increasing access to mental health services for children and families, with emphasis on early intervention and enhanced secondary prevention strategies.

Learning Objectives

- Attendees will understand the growth in knowledge and evidenced based treatments in child and adolescent psychiatry over the last 30 years, as well as the challenges the field has experienced in integrating the effects of trauma exposure into current diagnostic and treatment formulation
- Attendees will appreciate the history of financing of behavioral health services and its impact on our current capacity to address the mental health needs of children and families
- Attendees will understand potential solutions for increasing access to mental health services for children and families, with emphasis on early intervention and enhanced secondary prevention strategies



Invited Address 2

Digital Transformation to Increase Access to Psychological Therapies: What We have Learned from Research in the English Child Mental Health System

Cathy Creswell, Ph.D., *Professor of Developmental Psychology, University of Oxford*

Saturday, November 16 | 2:00 PM – 3:00 PM

► *Participants earn 1 continuing education credit*

Cathy Creswell is Professor of Developmental Clinical Psychology at the University of Oxford, an Honorary Consultant Clinical Psychologist in Oxford Health NHS Foundation Trust, an NIHR Senior Investigator and a Fellow of the Academy of Medical Sciences. She leads The Oxford Psychological Interventions in Children and adolescents (TOPIC) research group which aims to improve outcomes from and access to psychological therapies for common mental health problems in children and young people. Her research particularly focuses on the development, maintenance and treatment of anxiety disorders in children.

Across the world demand for effective mental health care, and evidence-based psychological therapies in particular, far exceeds the available supply. Digitally augmented approaches provide a potential mechanism to increase the efficiency of CBT delivery but it is critical that we do this without compromising accessibility, engagement and outcomes. In keeping with the convention focus on opening our doors through innovation to advance CBT, this talk will draw on examples from a program of mixed method studies to develop, evaluate, and implement digitally augmented treatment in which parents are supported to help their children overcome anxiety problems. Throughout the talk I will illustrate the potential of digitally augmented approaches, the challenges that they present (in particular in relation to implementation in routine practice) and how we have overcome them so far. While the focus will be on treatments for anxiety in the child mental health settings, the lessons learned will be widely applicable to practitioners in, and researchers focused on, any mental health setting where demand outstrips supply.

Learning Objectives

- Explain key benefits of integrated digitally augmented treatment approaches into routine mental health care settings
- Identify potential barriers and facilitators for successful implementation of digitally augmented psychological therapies (through clinics and schools)
- Describe examples of successful implementation

Special Session



Recovery Extends to All: The Philadelphia Story of Recovery-Oriented Cognitive Therapy

DISCUSSANT: **Judith S. Beck, Ph.D.**, *Beck Institute*

PRESENTERS: **Arthur Evans, Ph.D.**, *American Psychological Association*
Paul Grant, Ph.D., *Beck Institute*

Thursday, November 14 | 6:00 PM – 7:15 PM

► *Participants earn 1 continuing education credit*

Dr. Evans is currently the CEO of the American Psychological Association. Dr. Grant, a close colleague of Dr. Aaron Beck for many years, is the Director of the Center for Recovery-Oriented Cognitive Therapy (CT-R) at the Beck Institute. Drs. Evans and Grant will present a unique—and exciting—academic-community partnership that originated in Philadelphia and has had an important local and national impact.

As the former commissioner of the Department of Behavioral Health and Intellectual Disability Services, Dr. Evans will illustrate what was necessary to establish a productive collaboration with Dr. Beck, Dr. Grant, and colleagues. Using a population health lens, Evans will describe his vision for improving health and re-envisioning health care in Philadelphia, including the role of evidence-based practices—in particular cognitive therapy—for improving community health and well-being, especially in areas most impacted by poverty and racism. A key aspect of the effort was the implementation of CT-R, an empowering, strengths-based approach developed by Drs. Beck, Grant, and colleagues, across the continuum of care—linking state hospitals with independent living—for individuals given a diagnosis of a serious mental health condition.

Dr. Grant will describe CT-R, show how his team implemented it across the system and helped sustain it long-term. He will also share the program evaluation outcomes. This approach has improved the lives of hundreds of Philadelphians, including those in institutional settings (hospital, carceral) who, in collaboration with CT-R trained staff, returned to the community to participate and thrive. Dr. Grant will also share how the Philadelphia model of CT-R implementation has been replicated elsewhere in the country.

Learning Objectives

- *Describe the population health approach and its implications for healthcare*
- *Describe how Recovery-Oriented Cognitive Therapy (CT-R) promotes recovery and resilience*
- *Describe the purpose of the Recovery Map*

Mini Workshops

Friday, November 15

8:30 AM - 10:00 AM

▶ Participants earn 1.5 continuing education credits

MWK 1: Ambivalent No More: An Integrated MI-CBT Intervention for a Wide Range of Disorders Marked by Low Motivation or Poor Community Functioning

Felice Reddy, Ph.D., University of North Carolina

Shirley Glynn, Ph.D., VA/University of California Los Angeles

10:30 AM - 12:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 2: CBT for Women with Anxiety During Pregnancy and the Postpartum

Sheryl M. Green, Ph.D., McMaster University and St. Joseph's Healthcare

Briar E. Inness, B.A., Ph.D., McMaster University

Melissa Furtado, MSC, Ph.D., McMaster University

12:30 PM - 2:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 3: Coordinating Pharmacological and Behavioral Therapies for Children and Adolescents: A Coordinated Care Checklist

Brian C. Chu, Ph.D., Rutgers University

Uri Meller, M.D., Upper West Psychiatry; Montefiore Medical Center, Albert Einstein College of Medicine

2:30 PM - 4:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 4: Developing a Culturally Informed and Spiritually Integrated Psychoeducational Workshop to Address Mental Health Help-seeking in Muslim Communities

Salman S. Ahmad, MS, University of Miami

8:30 AM - 10:00 AM

▶ Participants earn 1.5 continuing education credits

MWK 5: Empower, Engage and Evolve: How Patient-Centered Clinical Tracks Can Support the Future of CBT Implementation

Shaina Siber-Sanderowitz, LCSW, Arizona State University

Laurie Gallo, Ph.D., Albert Einstein College of Medicine

10:30 AM - 12:00 PM

▶ Participants earn 1.5 continuing education credits

MRK 6: Helping People Facing Life-Threatening Disease to Thrive Through ACT: A Community-informed Approach

Joanna J. Arch, Ph.D., University of Colorado Boulder

12:30 PM - 2:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 7: How Did They Agree to This?! A Live Demonstration of Orientation and Commitment in DBT-A

Esme A L Shaller, Ph.D., UC-San Francisco

Ashley C. Maliken, Ph.D., Portland DBT Institute

Aditi Vijay, Ph.D., Kean University

Alison M. Yaeger, Psy.D., Harvard Medical School

Stephanie Haft, Ph.D., UC-San Francisco

2:30 PM - 4:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 10: Improving Community Access to CBT: Delivery of Evidence-Based Treatments in Medical Settings

Sofia M. Chernoff, Psy.D., MSEd, Beck Institute for Cognitive Behavior Therapy

Morgan Hagner, PsyD, Beck Institute for Cognitive Behavior Therapy

8:30 AM - 10:00 AM

▶ Participants earn 1.5 continuing education credits

MWK 11: How to Treat Clinical Perfectionism Using Acceptance and Commitment Therapy

Clarissa Ong, Ph.D., University of Toledo

Eric Lee, Ph.D., Southern Illinois University

10:30 AM - 12:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 12: Inner Resources for Stress: Mindfulness and Meditation for Trauma Resilience and Recovery for Diverse Clients in Community Settings

Lynn C. Waelde, Ph.D., Palo Alto University

Adriana Panting, Ph.D., Palo Alto University

12:30 PM - 2:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 13: Integrating the Menstrual Cycle into Assessment and Treatment: A Practical Overview

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

Jaclyn Ross, Ph.D., University of Illinois at Chicago

Katja M. Schmalenberger, Ph.D., University of Illinois at Chicago

2:30 PM - 4:00 PM

▶ Participants earn 1.5 continuing education credits

MWK 14: Introducing Growth-focused CBT: A Transdiagnostic Approach to Avoidance-based Disorders in Childhood

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

Lisa W. Coyne, Ph.D., Harvard Medical School

Saturday, November 16

8:30 AM - 10:00 AM

▶ Participants earn 1.5 continuing education credits

MWK 15: Making Sense of the Alphabet Soup: Common Mechanisms of Change Uniting Evidence-based Psychotherapies

Connor Adams, Psy.D., Stanford University

Natasha S. Hansen, Ph.D., Indiana University

Rachel Weiler, Psy.D., VA Pacific Islands Health Care System

8:30 AM - 10:00 AM

▶ Participants earn 1.5 continuing education credits

MWK 9: Motivational Interviewing with Couples: Helping People Change Together

Tyrel J. Starks, Ph.D., Hunter College, CUNY

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 16: Network-informed Personalized Treatment for Eating Disorders
Christina Ralph-Nearman, M.S., Ph.D., University of Louisville
Cheri Levinson, Ph.D., University of Louisville
Rachel M. Butler, Ph.D., Transylvania University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 17: Ninety Minutes of Stuff to Steal and Use to Introduce ERP Therapy to Your Patients: A Guide for Graduates and New Therapists
Patrick B. McGrath, Ph.D., NOCD

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 18: Overcoming OCD: Creative Strategies to Engage Youth in Exposure and Ritual Prevention Treatment
Anthony Puliafico, Ph.D., Columbia University Medical Center
Joanna A. Robin, Ph.D., Westchester Anxiety Treatment Psychological Services, PC

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 19: Recovery-Oriented Cognitive Therapy for Inpatients and Outpatients
Judith S. Beck, Ph.D., Beck Institute for Cognitive Behavior Therapy/University of Pennsylvania

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 20: Reimagining Family Peer Support in the Treatment of Young Adults with Serious Mental Illnesses: The Family Connector Experience
Kimberly E. Hoagwood, Ph.D., New York University School of Medicine
Paige Cervantes, Ph.D., Virginia Commonwealth University
Meggin Rose, M.A., New York University Langone
Priscilla Shorter, Hassenfeld Children's Hospital at New York University Langone Medical Center

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 8: Introduction to Psychedelic Assisted Therapy for CBT Clinicians
Jason B. Luoma, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center
Brian Pilecki, Ph.D., Portland Psychotherapy

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 21: Supporting Parents and Caregivers of LGBTQ+ Youth with Affirmative Cognitive and Behavioral Strategies
Jeffrey M. Cohen, Psy.D., Columbia University
Melina Wald, Ph.D., Columbia University Medical Center

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 22: The Coping Long-term with Active Suicide Program: A Feasible Approach to Suicide Prevention During Patient Transitions of Care
Brandon A. Gaudio, Ph.D., Alpert Medical School of Brown University
Heather Schatten, Ph.D., Butler Hospital & Brown University
Madeline Benz, Ph.D., Brown University & Butler Hospital
Lauren M. Weinstock, Ph.D., Alpert Medical School of Brown University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
MWK 23: The Therapeutic Relationship: Preventing and Repairing Ruptures
Judith S. Beck, Ph.D., Beck Institute for Cognitive Behavior Therapy/University of Pennsylvania
Janee Steele, Ph.D., LPC, Walden University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
MWK 24: Working with Alternative Sexualities: Common Clinical Issues and Interventions
Shveta Mittal, Ph.D., Private Practice

Panel Discussions

Friday, November 15, 2024

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
PD6: Budget Friendly Breakthroughs: Resourceful Approaches to Launching a Career in Community-Engaged Health Research
Moderator: Nicholas Perry, Ph.D., University of Denver
Panelists: Nicholas Perry, Ph.D., University of Denver
Pankhuri Aggarwal, Ph.D., Northwestern University
Anna Ciao, Ph.D., Western Washington University
Manuel Gutierrez Chavez, M.S., The University of Utah
Audrey Harkness, Ph.D., University of Miami
Alayna L. Park, Ph.D., University of Oregon
Giovanni Ramos, Ph.D., University of California, Irvine

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
PD1: A Beginner's Guide to Advocacy: How to Get Involved at Any Career Stage
Moderator: Alexandria Miller, Ph.D., National Center for PTSD
Panelists: Bharat Bharat, M.A., University of Miami
Colin A. Tidwell, M.A., University of Arizona
E.J. Jardas, Indiana University
Ellen Murphy, M.S., Georgia Southern University
Juan A. Esquivel-Mendoza, M.S., University of Miami
M V. Pease, B.S., University of Maryland, College Park

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
PD2: Community-based Participatory Research with Indigenous Communities to Address Mental Health: Best Practices and Lessons Learned
Moderator: Susanna V. Lopez, Ph.D., Oklahoma State University Center for Health Sciences
Panelists: Evan J. White, Ph.D., Laureate Institute for Brain Research
Ashleigh Coser, Ph.D., Cherokee Nation
Lauren A. White, M.P.H., MSW, University of Michigan
Carrie L. Winterowd, Ph.D., Oklahoma State University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
PD3: Equity in Exposure: Considerations for Modifying Exposures to Meet the Needs of Marginalized and Vulnerable Populations Across the Lifespan
Moderators: Danielle L. Hoyt, M.A., M.S., Rutgers University
Hannah Brinkman, M.S., Rutgers University

Panelists: Lilly Derby, M.S., Rutgers University
Jacqueline Smith-Caswell, M.S., Rutgers University
Debra A. Hope, Ph.D., University of Nebraska-Lincoln
Caitlin M. Pinciotti, Ph.D., Baylor College of Medicine
Samantha G. Farris, Ph.D., Rutgers University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD4: From Acknowledgement to Advocacy: Confronting the Role of Racism in Child Mental Health

Moderator: Nada M. Goodrum, Ph.D., University of South Carolina

Panelists: Funlola Are, Ph.D., University of Texas Health Science Center at Houston

Sarah R. Edmunds, Ph.D., University of South Carolina

Donte Bernard, Ph.D., University of Missouri-Columbia

Alexandrea Golden, Ph.D., University of Memphis

Ryan DeLapp, Ph.D., The Ross Center

2:00 PM - 3:30 PM

▶ *Participants earn 1.5 continuing education credits*

PD9: Using Social Media Video Platforms to Disseminate Principles of Behavioral and Cognitive Therapies

Moderators: Bonnie Zucker, Ph.D., Bonnie Zucker, Ph.D.

Kiki Fehling, Ph.D.

Panelists: Eleanor Ezell, LCSW, Child and Family Therapy Collective

Regine Galanti, Ph.D., Long Island Behavioral Psychology

Carrie Jackson, Ph.D., SoCal Child Psychology

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD7: Bridging Generational Perspectives in Sexual and Gender Minority Mental Health Psychology and Practice

Moderator: Colin A. Tidwell, M.A., University of Arizona

Lorenzo Lorenzo-Luaces, Ph.D., Indiana University

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

Lee Robertson, B.A., M.S., Florida State University

Joel Becker, Ph.D., University of California Los Angeles

Coleen A. Sloan, Ph.D., Boston VA Healthcare System

Nicole D. Cardona, Ph.D., Columbia University Medical Center

Colin A. Tidwell, M.A., University of Arizona

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD8: Dissemination of an Evidence-based Program for College Students with ADHD: Challenges and Lessons Learned

Moderator: Arthur D. Anastopoulos, Ph.D., University of North Carolina Greensboro

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

Laura Besecker, Ph.D., Elon University

Allison Bray, Ph.D., ACCESS Program

Kelley Altman Greer, Ed.S., EACHH, LLC

Vanessa Bal Bal, Ph.D., Rutgers University

4:00 PM - 5:30 PM

▶ *Participants earn 1.5 continuing education credits*

PD5: Using Established and Cutting-edge Technology Innovations to Promote Resilience and Community Engagement

Moderator: Kiran Kaur, M.S., University of Utah

Panelists: Colin Adamo, Ph.D., Jimini Health

Anu Asnaani, Ph.D., University of Utah

Eduardo L. Bunge, Ph.D., Palo Alto University

Jenna Carl, Ph.D., Big Health

Heather J. Nuske, Ph.D., University of Pennsylvania

Saturday, November 16

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD10: Cross-Disciplinary Perspectives on When and How to Be “Done” With CBT and What Happens After

Moderator: Marlene V. Stregge, Ph.D., University of Pittsburgh School of Medicine

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

Steven D. Hollon, Ph.D., Vanderbilt University

Michelle G. Craske, Ph.D., University of California, Los Angeles

Jay C. Fournier, Ph.D., The Ohio State University College of Medicine

Zachary D. Cohen, Ph.D., University of Arizona

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD11: Strengthening Professional Identities and Career Pathways in a Landscape of Diversity, Equity, and Inclusion Advocacy: Taking the Next Step

Moderator: Janie Hong, Ph.D., Stanford University School of Medicine

Panelists: Janie Hong, Ph.D., Stanford University School of Medicine

Nadine A. Chang, Ph.D., Gracie Square Hospital

Akanksha Das, M.A., Miami University

Jamilah R. George, M.S., University of Connecticut

Phyu Pannu Khin, Ph.D., Massachusetts General Hospital

Ilana Seager van Dyk, Ph.D., Massey University

Monica Shah, Psy.D., Behavioral Wellness of NYC; St. John’s University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD12: Making Digital Mental Health Interventions Work for Diverse Populations: How to Avoid Mistakes of the Past

Moderator: Giovanni Ramos, Ph.D., University of California, Irvine

Panelists: Adrian Aguilera, Ph.D., University of California Berkeley, University of California San Francisco

Kay Nikiforova, M.A., Violet

Jessica Jackson, Ph.D., Therapy Is For Everyone Psychological & Consultation Services

Terika McCall, M.P.H., Ph.D., Yale School of Public Health

Elizabeth H. Eustis, Ph.D., Boston University Center for Anxiety and Related Disorders

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

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD13: One Size Doesn’t Fit All: Adaptation of Evidence-Based Post-trauma Interventions for Black Youth and Adults Exposed to Community Violence

Moderator: Devi Jayan, Ph.D., University of Chicago Medicine

Panelists: Shona N. Vas, ABPP, Psy.D., University of Chicago Medicine
Shawntell N. Pace, Ph.D., Medical College of Wisconsin

Araba Kuofie, Ph.D., University of Chicago

Anna Alban Foulser, Ph.D., US Department of Veterans Affairs

Michelle-Ann Rhoden-Neita, Ph.D., LCSW, University of Illinois

at Chicago

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD14: Advancing Equity: Involving and Retaining Vulnerable Populations at Risk of HIV and Substance Use in Hybrid and Remote Studies

Moderator: Aradhana N. Srinagesh, M.P.H., University of Rhode Island

Panelists: Christopher Chiu, Ph.D., Massachusetts General Hospital

Maria Jose Bustamante, M.A., M.S., Boston University
Deja Clement, M.P.H., M.S., Massachusetts General Hospital
Abigail W. Batchelder, M.P.H., Ph.D., Boston University School of
Medicine & Boston Medical Center

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD15: Recruitment, Retention, and Reverence: ABCT as a Partner
in Building Diverse Doctoral Training Communities**

Moderator: Jennifer Block-Lerner, Ph.D., Kean University
Panelists: LeeAnn Cardaciotto, Ph.D., La Salle University
Jamilah R. George, M.S., University of Connecticut
Jessica G. LoPresti, Ph.D., Suffolk University
Donald R. Marks, Psy.D., Kean University
Aditi Vijay, Ph.D., Kean University
Zachary Wilde, M.A., University of Southern Mississippi

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD16: Stories Matter: Using Pop Culture Examples and Metaphors
to Disseminate CBT Principles and Engage CBT Clients**

Moderator: Kristin L. Suzhany, Ph.D., New York University School
of Medicine
Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center
Drea Letamendi, Ph.D., University of California Los Angeles
Ryan DeLapp, Ph.D., The Ross Center
Jason von Stietz, Ph.D., Alliant International University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD17: Community-engaged Efforts to Support Paraprofessional-
Delivered Mental Health Services: Navigating Organizational and
Systemic Implementation Determinants in Diverse Settings and
Interventions**

Moderators: Erika L. Gustafson, Ph.D., University of Illinois at Chicago
Davielle Lakind, Ph.D., Mercer University
Panelists: Erika L. Gustafson, Ph.D., University of Illinois at Chicago
Davielle Lakind, Ph.D., Mercer University
Rachel R. Ouellette, Ph.D., Yale School of Medicine Psychiatry
Stephanie A. Torres, Ph.D., University of Illinois at Chicago
Sarah Kate Coleman, M.S., Mercer University
Miya Barnett, Ph.D. University of California Santa Barbara

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD18: Increasing Competency in Behavioral Parent Training:
A Deliberate Practice Approach**

Moderator: Mark Terjesen, Ph.D., St. John's University
Panelists: Hilary B. Vidair, Ph.D., Long Island University, Post campus
Phyllis S. Ohr, Ph.D., Hofstra University
Olivia A. Walsh, M.S., St. John's University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD19: Prometheus and the Machine: Ethical Implications for
Emerging Field of Artificial Intelligence in Behavioral Healthcare**

Moderator: Torrey Creed, Ph.D., Perelman School of Medicine at
the University of Pennsylvania
Panelists: Shannon Wiltsey Stirman, Ph.D., National Center for PTSD
and Stanford University
David Atkins, Ph.D., Lyssn.io
John E. Draper, Ph.D., Behavioral Health Link
Vivek Srikumar, Ph.D., The University of Utah

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD20: Advancing CBT Through Effective Communication of Science
and Practice: Strategies, Ethics, and Innovation**

Moderator: Erin Kang, Ph.D., Montclair State University
Panelist: Zohra Chahal, Ph.D., Kurtz Psychology Consulting PC
Kathryn Coniglio, Ph.D., Equip
Jason Duncan, Ph.D., Cognitive Behavioral Therapy and Assessment
Associates
Farah Mahmud, Ph.D., Columbia University Medical Center

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD21: Incorporating Culture into Cognitive Behavioral Therapy for
Ethnically Diverse Populations: Recent Advances in Clinical Practice,
Training, and Dissemination**

Moderator: Maren Westphal, Ph.D., Pace University
Panelists: Alayna L. Park, Ph.D., University of Oregon
Janie Hong, Ph.D., Stanford University School of Medicine
Amber Calloway, Ph.D., University of Pennsylvania
Cindy Y. Huang, Ph.D., Teachers College, Columbia University
Kiara Alvarez, Ph.D., Johns Hopkins University School of Public Health
Pamela A. Hays, Ph.D., Independent Practice

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD22: What's up Doc?: Optimizing Community Engagement and In-
novative Care Models to Increase the Use of CBT in Medical Settings**

Moderator: Eliana Butler, Ph.D., Weill Cornell Medicine
Panelists: Andrea B. Temkin-Yu, Psy.D., Weill Cornell Medicine
Corinne Catarozoli, Ph.D., Weill Cornell Medicine
Sam Pflum, Ph.D., University of North Carolina at Chapel Hill
Stephanie V. Caldas, Ph.D., Hassenfeld Children's Hospital at NYU
Langone Medical Center
Mark V. Versella, Jr., Ph.D., Rutgers University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD23: Integrating Suicide Postvention Within Mental Health Training
Programs: An Urgent Call to Action**

Moderator: Andrew D. Peckham, Ph.D., UMass Chan Medical
School/VA Bedford Healthcare System
Panelists: Andrew D. Peckham, Ph.D., UMass Chan Medical
School/VA Bedford Healthcare System
Melanie Manning, Psy.D., Bedford VA Healthcare System
Erin Gilmore, LICSW, US Department of Veterans Affairs

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD24: Building Treatments That Are Data Driven and Pragmatic by
Co-creating Measurement-Based Care with Communities**

Moderator: Ajeng J. Puspitasari, ABPP, Ph.D., Rogers Behavioral
Health
Panelists: Kelli Scott, Ph.D., Northwestern University Feinberg School
of Medicine
Ruben G. Martinez, Ph.D., Alpert Medical School of Brown University
Han-Joo Lee, Ph.D., University of Wisconsin-Milwaukee / Rogers
Memorial Behavioral Health

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
**PD25: Imperatives and Opportunities for Mental Health Professional
to Engage with Mental Health Impacts of Climate Change**
Moderators: Joseph R. Taliercio, Ph.D., Cognitive and Behavioral
Consultants

R. Eric Lewandowski, Ph.D., New York University
Panelists: Sarah Newman, M.P.H., Climate Mental Health Network
Britt Wray, Ph.D., Stanford School of Medicine
Suzanne Davino, Ph.D., White Cedar Cognitive and Behavioral Health
Jennifer Groves, MSW, UNICEF

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD26: Recruitment, Engagement, and Retention When Conducting Research with Specific Clinical Populations at High-risk for Suicide: Challenges, Strategies, and Recommendations

Moderator: Lauren M. Weinstock, Ph.D., Alpert Medical School of Brown University

Panelists: Madeline Benz, Ph.D., Brown University & Butler Hospital
Christopher D. Hughes, Ph.D., Alpert Medical School of Brown University

Nauder Namaky, Ph.D., Alpert Medical School of Brown University
Katherine Tezanos, Ph.D., Brown University Medical School

Jennifer A. Poon, Ph.D., University of Alaska

Lauren M. Weinstock, Ph.D., Alpert Medical School of Brown University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD27: Extending Our Reach: Utilizing Clinical and Research Approaches to Bolster Community Engagement and Social Advocacy Among Underrepresented and Harder-to-Reach Couples

Moderator: Melissa V. Gates, M.S., Binghamton University

Panelists: Christina M. Balderrama-Durbin, Ph.D., Binghamton University

Hannah C. Williamson, Ph.D., The University of Texas at Austin

Anthony L. Chambers, ABPP, Ph.D., The Family Institute at Northwestern University

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

Amy D. Marshall, Ph.D., The Pennsylvania State University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD28: Psychology and Psychiatry in the 21st Century

Moderator: Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center

Panelist: Jonathan E. Alpert, M.D., Ph.D., Montefiore Medical Center and Albert Einstein College of Medicine

Adrienne Grzenda, M.D., Ph.D., University of California Los Angeles School of Medicine

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD29: Promoting Rigor and Inclusivity in Sexual and Gender Minority Health Research: Lessons Learned from Community-engaged and Methodologically Diverse Research Practices

Moderator: Brian Feinstein, Ph.D., Rosalind Franklin University

Panelists: Lindsay Gillikin, B.A., University of Wyoming

Julia K. Nicholas, M.S., University of Louisville

Min Eun Jeon, M.A., M.S., Florida State University

Madeleine Miller, B.S., Hunter College, City University of New York

Thomas E. Schlechter, M.S., Colorado State University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD30: Opening the Experts Toolbox: Implementing Effective and Innovative Youth Programs in Real-world Communities

Moderators: Emily Badin, Psy.D., New York University Langone Health

Michael Friedman, Psy.D., Cognitive and Behavioral Consultants

Panelists: Brian C. Chu, Ph.D., Rutgers University

Sarah Kate Bearman, Ph.D., University of Texas at Austin

Aditi Vijay, Ph.D., Kean University

Jessica L. Schleider, Ph.D., Northwestern University

Emily Becker-Haimes, Ph.D., University of Pennsylvania

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD31: From 'in Press' to Impact: How Can We Ensure Psychological Science Changes the World and Improve Human Lives

Moderator: Mitch J. Prinstein, ABPP, Ph.D., University of North Carolina at Chapel Hill

Panelists: Erlanger A. Turner, Ph.D., Pepperdine University Graduate School of Education and Psychology

Anne Marie Albano, ABPP, Ph.D., Columbia University Medical Center

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD32: Involving and Centering Stakeholders: Community Engagement Across the Stages of Implementation

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

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

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

David A. Langer, ABPP, Ph.D., Suffolk University

Kelsey Dickson, Ph.D., San Diego State University

Anna S. Lau, Ph.D., University of California Los Angeles

Carrie Comeau, LCSW, Community Care Behavioral Health

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD33: The Needed Case Against Innovation in Mental Health Research: Doing More with What We Already Know

Moderator: Giovanni Ramos, Ph.D., University of California, Irvine

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

Aaron J. Fisher, Ph.D., University of California, Berkeley

Allison Peipert, B.S., Indiana University- Bloomington

Lorenzo Lorenzo-Luaces, Ph.D., Indiana University

Rebecca Stewart, Ph.D., University of Pennsylvania School of Medicine

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD36: Spotlighting the Patient Perspective in Funded Research: Patient-centered Outcomes Research Institute (PCORI) Research Priorities and Funding Opportunities in Mental Health

Moderators: Holly J. Ramsawh, Ph.D., Patient-Centered Outcomes Research Institute

Amanda Chue, Ph.D., PCORI

Panelists: Susan W. White, ABPP, Ph.D., University of Alabama

Joan M. Cook, Ph.D., Yale University School of Medicine

Daisy R. Singla, Ph.D., University of Toronto; Center of Addiction and Mental Health, Lunenfeld Tanenbaum Research Institute

Amy E. West, ABPP, Ph.D., Children's Hospital Los Angeles/ University of Southern California

Shari Jager-Hyman, Ph.D., Perelman School of Medicine at the University of Pennsylvania

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

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD34: Inspiring Innovation in Relationship Violence Research, Advocacy, and Interventions Across Time and Cultural Shifts: Four Women Clinical Scientists Navigate Complex Geo-political Spaces

Moderator: Grace Schroeder, B.S., University of North Carolina at Charlotte

Panelists: Jennifer Langhinrichsen-Rohling, Ph.D., University of North Carolina at Charlotte
Penny A. Leisring, Ph.D., Quinnipiac University
Tara L. Cornelius, Ph.D., Grand Valley State University
Kathryn M. Bell, Ph.D., Acadia University

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD35: Mitigating the Stigma of Borderline Personality Disorder in Clinical Psychological Practice and Research

Moderator: Talia Tissera, B.S., York University
Panelists: Kellyann M. Navarre, B.A., M.A., Cleveland State University
Jessica R. Peters, Ph.D., Brown University
Katherine L. Dixon-Gordon, Ph.D., University of Massachusetts Amherst

Shireen L. Rizvi, ABPP, Ph.D., Rutgers University
Ruofan Ma, M.A., University of North Carolina at Chapel Hill
Amanda A. Uliaszek, Ph.D., University of Toronto

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD37: Special Considerations for Working with South Asian Populations: Translating Research to Practice Through Community Engagement

Moderator: Monica Shah, Psy.D., Behavioral Wellness of NYC; St. John's University
Panelists: Monica Shah, Psy.D., Behavioral Wellness of NYC; St. John's University

Sejal Prajapati, Psy.D., William James College
Anu Asnaani, Ph.D., University of Utah
Pankhuri Aggarwal, Ph.D., Northwestern University
Vaishali V. Raval, Ph.D., Miami University
Akanksha Das, M.A., Miami University
Kevin O. Narine, M.A., William James College

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD38: Ethical Considerations When Providing "therapy" Without a Therapist in Community Interventions

Moderator: Iony D. Ezawa, Ph.D., University of Southern California
Panelists: Steven D. Hollon, Ph.D., Vanderbilt University
David C. Mohr, Ph.D., Northwestern University Feinberg School of Medicine
Noah Robinson, M.S., Innerworld, Inc.; Vanderbilt University
Daisy R. Singla, N/A, Ph.D., University of Toronto
Jessica L. Schleider, Ph.D., Northwestern University

Sunday, November 17

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD39: Beyond Recidivism: Innovations in CBT to Promote Successful and Sustained Community Participation for Justice-Involved Individuals Reentering Society

Moderator: Paul M. Grant, Ph.D., Beck Institute
Panelists: Shelby Arnold, Ph.D., Beck Institute
Lindsey Pinto, MSW, Beck Institute
Kirk Heilbrun, Ph.D., Drexel University
Heidi Zapotocky, M.S., Drexel University
Christopher King, Ph.D., Montclair State University
Sana Vora, M.S., Montclair State University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

PD40: Body Image Is Not a Monolith: De-centering the Thin Ideal in Research and Practice

Moderators: Arielle C. Smith, B.A., Northwestern University Feinberg School of Medicine
Sammy Plezia, B.A., University of Oregon
Panelists: Tiffany Brown, Ph.D., Auburn University
Heather A. Davis, Ph.D., Virginia Polytechnic Institute and State University
Amy Egbert, Ph.D., University of Connecticut
Marisol Perez, Ph.D., Arizona State University
Jason Wood, B.A., National Association of Anorexia Nervosa & Associated Disorders

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

PD41: Thinking Outside of the "Therapy Box": Disruptive Innovations for Supporting CBT Dissemination

Moderators: Kiki Fehling, Ph.D.
Regine Galanti, Ph.D., Long Island Behavioral Psychology
Panelists: Jesse Finkelstein, Psy.D., Columbia University Medical Center
Seth J. Gillihan, Ph.D., Seth J. Gillihan, PhD, LLC
Brad Nakamura, Ph.D., University of Hawaii at Manoa
Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center

Clinical Roundtables

Friday, November 15

8:00 AM - 9:30 AM

▶ *Participants earn 1.5 continuing education credits*

CRT1: New Developments in CBT: How Do Clinicians Decide What to Choose and When?

Moderators: Joy Shen, M.A., Ferkauf Graduate School of Psychology; Cognitive and Behavioral Consultants
Rachel Fried, M.A., Ferkauf Graduate School of Psychology
Presenters: Lata McGinn, Ph.D., Yeshiva University, Ferkauf Graduate School of Psychology/CBC
Alicia Meuret, Ph.D., Southern Methodist University
Michelle G. Newman, B.S., M.A., Ph.D., The Pennsylvania State University
Sabine Wilhelm, Ph.D., Harvard Medical School

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CRT2: Cognitive Therapy for Depression: Myths and Misconceptions

Moderator: Steven D. Hollon, Ph.D., Vanderbilt University
Presenters: Robert J. DeRubeis, Ph.D., University of Pennsylvania
John Rush, M.D., NUS Singapore
Brian F. Shaw, Ph.D., Continicare Corporation
David M. Clark, D.Phil., Oxford University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT3: Beyond the Shadows: Addressing Shame in Anxiety, Obsessive-compulsive and Related Disorders

Moderator: Daniel Chazin, ABPP, Ph.D., University of Pennsylvania School of Medicine
Presenters: Kristin Bianchi, Ph.D., Center for Anxiety and Behavioral Change
Dean McKay, ABPP, Ph.D., Fordham University

Hilary Weingarden, Ph.D., Massachusetts General Hospital
Marla Deibler, ABPP, Psy.D., The Center for Emotional Health of
Greater Philadelphia
Dan Rocker, LCSW, Private Practice

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT4: Considering Process Based Therapy From Varying Perspectives: Back to the Future?

Moderator: Donald R. Marks, Psy.D., Kean University
Presenters: Steven C. Hayes, ABPP, Ph.D., University of Nevada, Reno
Frank L. Gardner, ABPP, Ph.D., Touro University
Raymond DiGiuseppe, ABPP, Ph.D., St. John's University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT5: Leveraging AI to Enhance CBT Competency in Academic Training Settings

Moderators: Yan Leykin, Ph.D., Palo Alto University
Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center
Presenters: Donna Sheperis, Ph.D., LPC, Palo Alto University
Shiri Sadeh-Sharvit, Ph.D., Palo Alto University
Eduardo L. Bunge, Ph.D., Palo Alto University
Mikael Rubin, Ph.D., Palo Alto University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT6: Culturally-sensitive Adaptations of Evidence-Based Interventions for Eating Disorders

Moderator: Geraldine De La Rosa-Lopes, Ph.D., Eating Recovery Center
Presenters: Kimberly Anderson, Ph.D., Eating Recovery Center
Irene Rovira, Ph.D., Eating Recovery Center

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT7: Attending to Social Determinants of Health to Optimize Delivery of Evidence-Based Treatment for Early Childhood Externalizing Behaviors: A Parent-Child Interaction Therapy Illustration

Moderator: Matthew Young, Ph.D., University of Chicago Medicine
Presenters: Nellie A. Shippen, M.A., University of Illinois at Chicago
Erika Luis Sanchez, Ph.D., UCLA TIES for Families
Chelsey McCabe, Ph.D., Oishei Children's Hospital
Corinna Klein, Ph.D., LCSW, UCLA School of Medicine

Saturday, November 16

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CRT8: Linguistic and Cultural Considerations in Evaluating Families With Limited English Proficiency: A Bilingual Spanish-language Case

Moderators: Mairin M. Cotter, M.S., University of Southern Mississippi
Andel V. Nicasio, Ph.D., Albizu University
Presenters: Freddie Pastrana Rivera, Ph.D., University of Southern Mississippi
Josselyn Y. Telule, B.A., University of Southern Mississippi
Akila Gopalkrishnan, B.A., University of Southern Mississippi

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CRT9: Skills Training in Affective and Interpersonal Regulation (STAIR): Diverse Applications of a Transdiagnostic Trauma Treatment

Moderator: Donovan Edward, M.S., Georgia Southern University
Presenters: Christie Jackson, Ph.D., Evolution Trauma and Wellness

Omar Gudiño, ABPP, Ph.D., Child Mind Institute
Brandon J. Weiss, Ph.D., New York University School of Medicine
Eve A. Rosenfeld, Ph.D., National Center for PTSD
Sarah E. Valentine, Ph.D., Boston University School of Medicine & Boston Medical Center
Nuha Alshabani, Ph.D., Boston University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT10: Insights to Inspire Innovations in the Treatment of OCD

Moderator: Roz Shafran, Ph.D., University College London
Presenters: Maureen L. Whittal, Ph.D., Vancouver CBT Centre/ University of British Columbia
Adam S. Radomsky, Ph.D., Concordia University
Christine Purdon, Ph.D., University of Waterloo
Michael P. Twohig, Ph.D., Utah State University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT11: Promoting Occupational Success for Neurodivergent Individuals With ADHD and Autism: A Clinical Discussion

Moderator: Joshua Langberg, Ph.D., Rutgers University
Presenters: Elizabeth SM Chan, Ph.D., Rutgers University
Gregory A. Fabiano, Ph.D., Florida International University
Ava N. Gurba, M.S., AJ Drexel Autism Institute, Drexel University
Matthew D. Lerner, Ph.D., AJ Drexel Autism Institute, Drexel University
Christopher Manente, Ph.D., Rutgers University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT12: Engaging Clients, Providers, and Systems of Care in Early Psychosis Treatment: Lessons Learned from Community-Based Research

Moderator: Melanie E. Bennett, Ph.D., University of Maryland School of Medicine
Presenters: Elizabeth Thompson, Ph.D., Rhode Island Hospital/ Alpert Medical School of Brown University
Katie Eisen, Ph.D., Stanford University School of Medicine
Sarah L. Kopelovich, Ph.D., University of Washington School of Medicine
Peter L. Phalen, Psy.D., University of Maryland School of Medicine
Daniel I. Shapiro, Ph.D., University of California, Davis
Nev Jones, Ph.D., University of Pittsburgh School of Social Work

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT13: Mental Compulsions: Assessment and Treatment Using an EX/RP Approach

Moderators: Anthony Puliafico, Ph.D., Columbia University Medical Center
Joanna A. Robin, Ph.D., Westchester Anxiety Treatment Psychological Services, PC
Presenters: Jennifer M. Park, Ph.D., Rogers Behavioral Health
Jiayi Lin, Psy.D., Columbia University Medical Center
Steven Tsao, Ph.D., Center for Anxiety and Behavior

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT14: More Than Just Stopping the Fight: Enhancing Positive Behaviors and Building Resilience in Couple Therapy

Moderator: Melanie S. Fischer, Ph.D., University of Marburg
Presenters: Alexandra K. Wojda-Burlij, M.A., Durham VAMC
Anthony L. Chambers, ABPP, Ph.D., Family Institute at Northwestern
Candice Monson, Ph.D., Toronto Metropolitan University
Shelby B. Scott, Ph.D., The University of Texas at San Antonio
Scott Stanley, Ph.D., University of Denver

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT15: Examining the Feasibility and Acceptability of Brief Cognitive-Behavioral Therapy for Suicide Prevention Among Sexual and Gender Minoritized Individuals

Moderator: Christina R. Bauder, M.P.H., Ph.D., LPC, Ohio State University

Presenters: Christina R. Bauder, M.P.H., Ph.D., LPC, Ohio State University

James S. McGraw, M.A., Bowling Green State University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT16: Social Media Solutions: Evidence-Based Interventions and Policies for Improving Digital Literacy and Mental Health in Youth

Moderators: Aidan P. Schmitt, Ph.D., Weill Cornell Medicine

Shannon M. Bennett, Ph.D., Weill Cornell Medicine

Presenters: Alma Spaniard, M.D., Weill Cornell Medicine

Mitch J. Prinstein, ABPP, Ph.D., University of North Carolina at Chapel Hill

Emily Weinstein, Ed.D., Harvard University

Jacqueline Nesi, Ph.D., Alpert Medical School of Brown University

César Escobar-Viera, M.D., Ph.D., University of Pittsburgh School of Medicine

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT17: From Abstract to Anxious Kid: Considerations and Challenges in the Translation of Scientific Research to Clinical Practice in Pediatric Anxiety and OCD Treatment

Moderator: Kathryn Hecht, Ph.D., Anxiety Treatment Resources

Presenters: Jessica Bodie, Ph.D., Perelman School of Medicine, University of Pennsylvania

Maria Fraire, Ph.D., Harvard Medical School

Jamie M. Lawler, Ph.D., Eastern Michigan University

Joseph F. McGuire, M.A., Ph.D., Johns Hopkins Medicine

Rebecca L. Schneider, Ph.D., Emory University School of Medicine

Tori Simenec, M.A., Institute of Child Development, University of Minnesota

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT18: Necessary Adaptations of CBT for Disabled People

Moderator: Madeline Brodt, Ph.D., University of Memphis

Presenters: Tori Moore, M.S., University of Memphis

Casey Lewis, M.S., Oklahoma State University

Jay D. de la Garza, M.S., Oklahoma State University

Mary Dillon, M.A., University of Memphis

Sunday, November 17

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CRT19: Integrating Minority Identity and Community Perspectives Within Evidence-Based Care: Views from ABCT SIG Leaders

Moderator: Hannah E. Morton, Ph.D., Oregon Health and Science University

Presenters: Hannah E. Morton, Ph.D., Oregon Health and Science University

Danielle Shea Berke, Ph.D., Hunter College, CUNY

Michael Crawford, M.A., University of Miami

Thania Galvan, Ph.D., University of Georgia

Janie Hong, Ph.D., Stanford University School of Medicine

Alexandria N. Miller, Ph.D., VA Boston NCTSD WHSD

Evan J. White, Ph.D., Laureate Institute for Brain Research

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CRT20: Addressing Emotional Distress in Jewish American Youth: What Adaptations Are Necessary to Avoid a One-size-Fits-All Approach?

Moderator: Robert D. Friedberg, ABPP, Ph.D., Altamont Center for Cognitive Behavioral Training and Consultation

Presenters: Jonathan S. Abramowitz, Ph.D., University of North Carolina at Chapel Hill

Robert D. Friedberg, ABPP, Ph.D., Altamont Center for Cognitive Behavioral Training and Consultation

Regine Galanti, Ph.D., Long Island Behavioral Psychology

Samantha Glickman, M.A., Psy.D., Hassenfeld Children's Hospital at NYU Langone Medical Center

Daniel L. Hoffman, ABPP, Ph.D., Northwell Health

Steve Kurtz, ABPP, Ph.D., Kurtz Psychology Consulting P.C.

Rabbi Nico Socolovsky, M.A., Congregation Shir Hadash

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT21: Training Ukrainian Practitioners in CBT Approaches: How Can CBT and DBT Help Youth and Practitioners Cope With War-related Distress?

Moderator: Robert D. Friedberg, ABPP, Ph.D., Altamont Center for Cognitive Behavioral Training and Consultation

Presenters: Robert D. Friedberg, ABPP, Ph.D., Altamont Center for Cognitive Behavioral Training and Consultation

Aliona (Olena) Plotnikova, M.D., Ukrainian Association of CBT

Micaela Thordarson, Ph.D., CHOC

Erica Rozmid, Ph.D., Clarity CBT & DBT Center

Ray W. Christner, ABPP, Psy.D., Dr. Ray W. Christner

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT22: Comprehensive and Intensive Evidence-based Treatment Models for School Avoidance in Youth

Moderator: Madeline Levitt, Ph.D., Weill Cornell Medicine

Presenters: Scott E. Hannan, Ph.D., Institute of Living

Stephanie N. Rohrig, Ph.D., Weill Cornell Medical College

Alyssa Ames-Sikora, Ph.D., Columbia University Medical Center

Nicholas C. Crimmarco, Ph.D., Columbia University Irving Medical Center

Yael Monselise, LCSW, Columbia University Medical Center

Adriana Rego, M.D., Columbia University Medical Center

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

CRT23: Family Members as Underutilized Partners for Engaging and Retaining Individuals in Substance Use Disorder Treatment

Moderator: Kevin Wenzel, Ph.D., Maryland Treatment Centers

Presenters: Luciana Lavorato, M.A., LPC, Maryland Treatment Centers

Molly Bobek, LCSW, Partnership to End Addiction

Research and Professional Development

Friday, November 15

8:30 AM - 10:30 AM

▶ *Participants earn 2 continuing education credits*

RPD1: A How to Guide for Opening Our Hearts and Our Minds to Community-Engaged Research

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

Trevor A. Hart, Ph.D., Ryerson University

Abigail W. Batchelder, M.P.H., Ph.D., Boston University School of

Medicine & Boston Medical Center
Rachelle Reid, B.S., MSC, University of Miami
Paul B. Goulet, B.A., Alpert Medical School of Brown University

11:00 AM - 12:30 PM

▶ *Participants earn 1.5 continuing education credits*
RPD2: How to Support Marginalized Students in Navigating Professional and Personal Identity Development Through Supervision and Mentoring

Yodit Denu, Ph.D., University of Colorado Anschutz Medical Campus
Pankhuri Aggarwal, Ph.D., Northwestern University

1:00 PM - 2:30 PM

▶ *Participants earn 1.5 continuing education credit*
RPD3: Industry Jobs in Digital Mental Health: Roles, Career Paths, and Lessons Learned

Elizabeth H. Eustis, Ph.D., Boston University
Risa Weisberg, Ph.D., RealizedCare / Boston University
Margaret T. Anton, Ph.D., Two Chairs

3:00 PM - 4:30 PM

▶ *Participants earn 1.5 continuing education credit*
RPD4: Leadership Is a Skill
Jonathan E. Alpert, M.D., Ph.D., Montefiore Medical Center and
Albert Einstein College of Medicine
Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center

Saturday, November 16

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*
RPD5: Overcoming Impediments to Conducting Research in Your Private Practice: Three Examples

Jacqueline B. Persons, Ph.D., Oakland CBT Center/UC Berkeley
Mary K. Alvord, Ph.D., Alvord, Baker & Associates, LLC
Travis L. Osborne, ABPP, Ph.D., Evidence Based Treatment Centers of Seattle
Mary P. Fallon, B.A., Alvord, Baker & Associates, LLC
Jason B. Luoma, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center

10:00 AM - 11:30 AM

▶ *Participants earn 1.5 continuing education credits*
RPD6: Serving Underserved Communities: Program Development Innovations to Meet Patients Where They Actually Are

Lauren Yadlosky, Ph.D., Montefiore Medical Center
William Buerger, Psy.D., Montefiore Medical Center
Maria C. Alba, Psy.D., Montefiore Medical Center
Gifty Ampadu, Ph.D., Montefiore Medical Center
Jenny C. Seham, Ph.D., Montefiore Medical Center

12:00 PM - 1:30 PM

▶ *Participants earn 1.5 continuing education credits*
RPD7: Stress Management for the Patient in the Mirror: Building Resiliency to Combat Compassion Fatigue

Presenters: Michael F. Detweiler, Ph.D., Lumate Health
Joyce Carter, Psy.D., Lumate Health

Spotlight Research

Friday, November 15

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR1: Effectively Communicating About Treatments With Your Patient: The Patient Perspective

Chair: Sadie E. Larsen, Ph.D., National Center for PTSD
Panelist: Kathleen M. Grubbs, Ph.D., Central Arkansas VA Healthcare System

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR2: Behavioral Interventions for Young Adults with Violent Behavior During Early Psychosis: An Overview of Recent Research Developments

Chair: Megan Flores, M.S., Columbia University
Panelist: Stephanie Rolin, M.D., Columbia University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR3: Enhancing Community Mental Health Through the Utilization of Dialectical Behavioral Therapy in an Intensive Outpatient Setting

Chair: John E. Lothes, II, M.A., University of North Carolina Wilmington
Panelists: Kirk D. Mochrie, Ph.D., University of North Carolina Wilmington
Ella Ottensman, University of North Carolina Wilmington
Amber Herpfer, B.A., University of North Carolina Wilmington
Ahanna L'ecuyer, University of North Carolina Wilmington

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR4: How Daily Rumination Influences Negative and Positive Affect: A Multilevel Model Analysis of the Moderating Role of Culture

Chair: Yikai Xu, New York University
Panelists: Michael Sun, Ph.D., Dartmouth College
William Tsai, Ph.D., New York University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR5: Scaling up Maternal Mental Healthcare by Increasing Access to Treatment: Findings from a Large, Multisite Psychotherapy Trial for Perinatal Populations

Chair: Dorian A. Lamis, ABPP, Ph.D., Emory University School of Medicine
Panelist: Daisy R. Singla, Ph.D., University of Toronto

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*
SR6: Understanding Suicide Ideation Subtypes to Improve Clinical Assessment Among Adolescents

Chair: Regina Miranda, Ph.D., Hunter College and The Graduate Center, City University of New York
Panelists: Ana Ortin-Peralta, Ph.D., Yeshiva University and Albert Einstein College of Medicine
Lauren E. Gulbas, Ph.D., UT Austin

Saturday, November 16

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR7: Controlled Comparison of CBT, Sertraline, and Pill Placebo for Autistic Children and Youth with Impairing Anxiety: Primary and Secondary Outcomes from a Double-blind Trial

Chair: Jeffrey J. Wood, Ph.D., University of California, Los Angeles

Panelists: Surina Bothra, B.A., University of California Davis MIND Institute

Karen S. Wood, Ph.D., University of California, Los Angeles

Marjorie Solomon, Ph.D., UC Davis, MIND Institute

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR8: Development of an Innovative TMH Model to Increase Access to CBT for Psychosis in a Large Mental Health System

Chair: Amy Wilson, Ph.D., US Department of Veteran Affairs

Panelists: Elena Bassett, Ph.D., University of California San Francisco

Marci Gaither, Ph.D., VA Pittsburgh Healthcare System

Jared Bernard, ABPP, Ph.D., Baylor College of Medicine

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR9: Emotional and Psychological Impact of Climate Change in U.S. Youth: Evidence and Implications for Practice and Policy

Chair: R. Eric Lewandowski, Ph.D., New York University

Panelists: Sarah E. O. Schwartz, Ph.D., Suffolk University

McKenna F. Parnes, Ph.D., University of Washington School of Medicine

Britt Wray, Ph.D., Stanford School of Medicine

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR10: Detecting and Managing Youth at Risk for Suicide: From Research to Clinical Practice

Chair: Nathan Lowry, B.A., Columbia University

Panelist: Lisa M. Horowitz, M.P.H., Ph.D., National Institute of Mental Health, NIH

Sunday, November 17 | 8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SR11: Incorporating Public Health Perspectives to Enhance Clinician Practice: Lessons Learned from the Colorado Project

Chair: Annjanette R. Alejano-Steele, Ph.D., Laboratory to Combat Human Trafficking and Metropolitan State University of Denver

Panelist: Nevita George, B.S., Hofstra University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR12: Innovative Adaptations to the Implementation of Cognitive Behavioral Therapy for Suicide Prevention Within the Veteran Affairs' Suicide Prevention Clinical Telehealth Program

Chair: Lisa M. Betthausen, Ph.D., Rocky Mountain MIRECC

Panelist: Lisa Betthausen, Ph.D., University of Colorado Anschutz Medical Campus

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR13: Message-Based Psychotherapy Is as Effective as Video-based Psychotherapy in Reducing Depression Outcomes: A Large-scale Sequential Multiple Assignment Randomized Trial

Chair: Michael D. Pullmann, Ph.D., University of Washington

Panelist: Julien Rouvère, M.A., University of Washington School of Medicine

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SR14: Sweet Dreams Are Made of a Unified Nightmare Treatment Protocol: Expert-driven Strategies, Manual Development, and Recommendations for Implementing CBT for Nightmares

Chair: Hannah C. Tyler, Ph.D., University of Texas Health Science Center at San Antonio

Panelist: Allison K. Wilkerson, Ph.D., Medical University of South Carolina

Clinical Grand Rounds

Friday, November 15

11:30 AM - 1:00 PM

▶ *Participants earn 1.5 continuing education credits*

CGR1: A Demonstration by Three Experts in CBT, DBT, and ACT

Chair: Judith S. Beck, Ph.D., Beck Institute for Cognitive Behavior Therapy/University of Pennsylvania

Panelists: Jill Rathus, Ph.D., Cognitive Behavioral Associates

Lisa W. Coyne, Ph.D., Harvard Medical School

Saturday, November 16

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

CGR2: A Live Demonstration of CBT with Autistic Clients: Adapting Exposure Therapy and Promoting Caregiver Coaching

Chair: Rebecca Sachs, ABPP, Ph.D., Private Practice

Panelists: Lauren Moskowitz, Ph.D., St. John's University

Matthew Lerner, Ph.D., Drexel University

Tamara Rosen, Ph.D., Drexel University and St. Christopher's Hospital for Children

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

CGR3: Refining Emotion Regulation When You Need It: Advanced Emotion Regulation Skills for Employment and Self-sufficiency Using DBT Next Steps

Chair: Adam Carmel, Ph.D., University of Washington School of Medicine

Panelists: Lily Assaad, Ph.D., University of Pennsylvania

Katherine Anne Comtois, M.P.H., Ph.D., University of Washington School of Medicine

Jonathan W. Reeves, Ph.D., University of Washington School of Medicine

Symposia

Friday, November 15

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 1: Advancing Eating Disorder Treatment: Novel Interventions Targeting the Positive Valence System

Chair: Ann F. Haynos, Ph.D., Virginia Commonwealth University

Discussant: Carol B. Peterson, Ph.D., University of Minnesota

Presenters: Ann F. Haynos, Ph.D., Virginia Commonwealth University

Christina E. E. Wierenga, Ph.D., University of California San Diego

Joanna Steinglass, M.D., Columbia University/New York State Psychiatric Institute
Adrienne Juarascio, Ph.D., Drexel University

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*

SYM 2: Affect Heterogeneity Across Self-injurious Thoughts and Behaviors via Ecological Momentary Assessment

Chair: Michaela Ahrenholtz, B.S., University of Louisville
Discussant: Konrad Bresin, Ph.D., University of Louisville
Presenters: Michaela Ahrenholtz, B.S., University of Louisville
Caitlin P. Gregory, M.S., University of Arkansas
Nadia Al-Dajani, Ph.D., The University of Louisville
Melanie L. Bozzay, Ph.D., The Ohio State University

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*

SYM 3: Sensory Sensitivity in Autism: From Assessment to Accommodation

Chair: Greg J. Siegle, Ph.D., University of Pittsburgh School of Medicine
Discussant: Carla Mazefsky, Ph.D., University of Pittsburgh School of Medicine
Presenters: Greg J. Siegle, Ph.D., University of Pittsburgh School of Medicine
Stephanie Fuhrmann, White Unicorn, Association for the Development of an Autistic-friendly Environment E.V.
Kelly B. Beck, Ph.D., University of Pittsburgh

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 4: Adapting Evidence-Based Cognitive and Behavioral Interventions for Individual, Couple, and Family Delivery for Individual Psychopathological Distress Relief

Chair: Katherine L. O'Connell, M.S., Seattle Pacific University
Discussant: Steffany J. Fredman, Ph.D., Pennsylvania State University
Presenters: Sarah Carter, Ph.D., Uniformed Services University of the Health Sciences
Kayla Knopp, Ph.D., San Diego VAHC/UC-San Diego
Kristen Lamp, Ph.D., Atlanta VA Healthcare System
Rachel Liebman, Ph.D., University Health Network
Shira A. Olsen, Ph.D., Seattle Pacific University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 5: Increasing Access to Evidence-Based Psychotherapy to Promote Healthcare Equity: Training, Implementing, and Adapting Dialectical Behavior Therapy in the Real World

Chairs: Frances Aunon, Ph.D., Connecticut VA Healthcare System
Suzanne Decker, Ph.D., VA Connecticut Healthcare System/
Yale School of Medicine
Discussant: Melanie Harned, ABPP, Ph.D., VA Puget Sound Health Care System
Presenters: Sara J. Landes, Ph.D., US Department of Veterans Affairs
Frances Aunon, Ph.D., Connecticut VA Healthcare System
Lynn McFarr, Ph.D., CBT California
Suzanne Decker, Ph.D., VA Connecticut Healthcare System/
Yale School of Medicine
Emily R. Edwards, Ph.D., US Department of Veterans Affairs

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*

SYM 6: Increasing Diversity and Belonging in Mental Health: Data from Mentorship Programs for Individuals from Underrepresented Backgrounds

Chair: Monica Shah, Psy.D., Behavioral Wellness of NYC; St. John's University

Discussant: Janie Hong, Ph.D., Stanford University School of Medicine
Presenters: Michaela B. Swee, Ph.D., Harvard Medical School
Ashleigh Coser, Ph.D., Cherokee Nation
Michelle E. Roley-Roberts, Ph.D., West Virginia University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 7: Engaging Diverse Community Partners with Lived Experience Using Human-centered Design Principles to Develop Tailored Alcohol Interventions and Assessments

Chair: Traci Kennedy, Ph.D., University of Pittsburgh School of Medicine
Discussant: Sarah Pedersen, Ph.D., University of Pittsburgh
Presenters: Cassandra Boness, Ph.D., University of New Mexico
Frances Wang, Ph.D., University of Pittsburgh School of Medicine
Jason B. Colditz, M.Ed., Ph.D., University of Pittsburgh School of Medicine
Traci Kennedy, Ph.D., University of Pittsburgh School of Medicine
Angela Haeny, Ph.D., Yale University School of Medicine

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 8: Diverse Pathways to Stigma Resistance Among LGBTQ+ Persons: A Strengths-based Approach to Addressing Mental Health Inequities

Chair: Benjamin F. Shepherd, M.Ed., Nova Southeastern University
Discussant: Sarah E. Valentine, Ph.D., Boston University School of Medicine & Boston Medical Center
Presenters: Madeleine Miller, B.S., Hunter College
Benjamin F. Shepherd, M.S., M.Ed., Nova Southeastern University
Murat Hosgor, M.A., Fordham University
Thomas E. Schlechter, M.S., Colorado State University
Brenna A. Carter, M.S., Colorado State University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 9: Engaging Stakeholders in Hispanic/Latino Child Mental Health Services Across Systems of Care

Chairs: Guadalupe C. Patriarca, M.S., Florida International University
Jeremy Pettit, Ph.D., Florida International University
Discussant: Denise A. Chavira, Ph.D., UCLA
Presenters: Jesse H. Walker, M.A., University of Houston
Guadalupe C. Patriarca, M.S., Florida International University
Victor Buitron, Ph.D., Florida State University
Paulina Paredes Cienega, M.A., DePaul University
Thania Galvan, Ph.D., University of Georgia

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 10: Broadening the Reach of Passive Sensing: Insights and Lessons Learned from Clinical Researchers

Chair: Claire Hotchkin, Massachusetts General Hospital
Discussant: Nicholas C. Jacobson, Ph.D., Geisel School of Medicine, Dartmouth College
Presenters: Courtney C. Louis, M.A., Massachusetts General Hospital
Sara Mei, Colorado State University
Emily Presseller, M.S., Drexel University
Madelyn Frumkin, Ph.D., Massachusetts General Hospital

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 11: Considerations for Decreasing Mental Health Disparities and Police Violence Toward Black Individuals with Serious Mental Illness

Chair: Denise S. Chung-Zou, B.S., University of Miami
Discussant: David Penn, Ph.D., University of North Carolina at Chapel Hill
Presenters: Arundati Nagendra, Ph.D., Schizophrenia & Psychosis Action Alliance
Olivia Altamirano, Ph.D., Stanford University
Denise S. Chung-Zou, B.S., University of Miami
Amy G. Weisman de Mamani, Ph.D., University of Miami

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*
SYM 12: Breaking Barriers, Bridging Gaps: Addressing Issues with Understanding, Treating, and Accessing Care for PTSD

Chair: Jesse P. McCann, M.S., University of Kentucky
Discussant: Sheila Rauch, ABPP, Ph.D., Emory University SOM/Atlanta VAMC
Presenters: Tanya C. Saraiya, Ph.D., Rutgers University
Lily Brown, Ph.D., University of Pennsylvania
Vaughan Hooper, M.S., National Center for PTSD
Caitlyn O. Hood, Ph.D., University of Kentucky
Anu Asnaani, Ph.D., University of Utah

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*
SYM 13: Harnessing Novel Quantitative, Technological, and Experimental Paradigms to Empower Investigations of Risk Factors Across the Anxiety and Obsessive Compulsive Spectrum

Chair: Hannah Levy, Ph.D., Anxiety Disorders Center, The Institute of Living
Discussant: Kiara R. Timpano, Ph.D., University of Miami
Presenters: Hannah Levy, Ph.D., Anxiety Disorders Center, The Institute of Living
Sierra A. Bainter, Ph.D., University of Miami
Lauren Milgram, B.A., University of Miami
Jordana Muroff, Ph.D., LICSW, Boston University
Aiden Payne, Ph.D., Florida State University

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*
SYM 14: Linking Contemporary Stressors of Adolescence and Young Adulthood to Emotional Health to Inform Cognitive-behavioral Targets for Prevention and Intervention

Chairs: Jennifer S. Silk, Ph.D., University of Pittsburgh
Stefanie L. Sequeira, Ph.D., University of Virginia
Discussant: Juan Carlos Gonzalez, Ph.D., University of California, San Francisco
Presenters: Jennifer S. Silk, Ph.D., University of Pittsburgh
Stefanie L. Sequeira, Ph.D., University of Virginia
Tien Hong Stanley Seah, Ph.D., University of Pittsburgh School of Medicine
Kirsten McKone, Ph.D., Hennepin Healthcare/University of Pittsburgh

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*
SYM 15: Innovating on Memory Processes to Improve CBT: From the Lab to the Community

Chairs: Allison G. Harvey, Ph.D., University of California, Berkeley
Anne E. Milner, Ph.D., University of California, Berkeley
Discussant: Edward Watkins, Ph.D., University of Exeter
Presenters: Joseph K. Carpenter, Ph.D., VA Boston/National Center for PTSD
Anne E. Milner, Ph.D., University of California, Berkeley
Sanne Bruijniks, Ph.D., University of Utrecht
Hayley E. Fitzgerald, M.A., Boston University
Rebecca E. Lubin, M.A., Boston University

9:30 AM - 10:30 AM

► *Participants earn 1 continuing education credit*
SYM 16: Challenges and Possibilities in Balancing Community-Engaged Partnerships in Mental Health Research

Chairs: Jordan Foster, M.S., Yale University
Ali Giusto, Ph.D., Florida International University
Discussant: Savannah Johnson, M.A., Duke University
Presenters: Jordan Foster, M.S., Yale University
Ali Giusto, Ph.D., Florida International University
Noah Triplett, M.S., Yale School of Medicine
Bernadine Y. Waller, Ph.D., Columbia University Medical Center

10:00 AM - 11:00 AM

► *Participants earn 1 continuing education credit*
SYM 17: Tutorials in Leveraging Technology for Clinical Assessment and Intervention

Chairs: Lauren M. Henry, Ph.D., NIMH
Zoë E. Laky, M.A., American University/NIMH
Discussant: Bethany Teachman, Ph.D., University of Virginia
Presenters: Lauren M. Henry, Ph.D., NIMH
Lana R. Grasser, Ph.D., Wayne State University
Elise Cardinale, Ph.D., The Catholic University of America
Rachel Kornfield, Ph.D., Northwestern University Feinberg School of Medicine

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*
SYM 18: Advocating for Comprehensive and Innovative Solutions Toward Equitable Eating Disorder Treatment

Chair: Pascal Beckert-McGirr, B.A., Children's Hospital of Philadelphia
Discussant: Carolyn B. Becker, Ph.D., Trinity University
Presenters: Blair Burnette, Ph.D., Michigan State University
Lisa Kilpela, Ph.D., UT Health San Antonio
Maria A. Kalantzis, B.S., M.A., Bowling Green State University
Jacqueline A. Kosmas, M.A., Virginia Polytechnic Institute and State University
Pascal Beckert-McGirr, B.A., Children's Hospital of Philadelphia

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*
SYM 19: Computational and Performance-based Methods for Understanding Suicide and Self-injury in Interpersonal Contexts

Chairs: Ilana Gratch, M.S., Columbia University
Olivia Pollak, M.A., UNC Chapel Hill
Discussant: Shirley Wang, Ph.D., Yale University
Presenters: Ilana Gratch, M.S., Columbia University
Azure Reid-Russell, M.A., Harvard University
Olivia Pollak, M.A., UNC Chapel Hill
Samantha E. Wert, B.S., University of Pittsburgh
Emily Hutchinson, M.S., University of Pittsburgh

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*
SYM 20: Innovation in Early Intervention: Targeting Psychological Mechanisms in Young Autistic Children

Chair: Amy Keefer, ABPP, Ph.D., Kennedy Krieger Institute/Johns Hopkins University
Discussant: Connor M. Kerns, Ph.D., University of British Columbia
Presenters: Shir Rozenblat, M.A., The Hebrew University of Jerusalem
Amy Keefer, ABPP, Ph.D., Kennedy Krieger Institute/Johns Hopkins University
Jennifer R. Bertollo, Ph.D., Virginia Tech Center for Autism Research
Allison Ratto, Ph.D., Children's National Hospital

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 21: Experiences of Cnm-partnered Individuals Across Racial/ethnic, Gender, and Sexual Identities

Chair: Quyen A. Do, Ph.D., The Family Institute at Northwestern University

Discussant: Kayla Knopp, Ph.D., VA San Diego Healthcare System/University of California, San Diego

Presenters: Quyen A. Do, Ph.D., The Family Institute at Northwestern University

Ellora Vilkin, M.A., Stony Brook University; Montefiore-Einstein

Mia Semelman, Psy.D., Pacific Anxiety Group

Dannie Klooster, M.S., Oklahoma State University

Christopher N. Smith, Ph.D., Government

10:30 AM - 11:30 PM

► *Participants earn 1 continuing education credit*

SYM 22: Implementing Evidence-Based Practices in a Pediatric Inpatient Psychiatric Unit

Chair: Jessica Hawks, Ph.D., Children's Hospital Colorado/University of Colorado

Discussant: Jarrod M. Leffler, ABPP, Ph.D., Virginia Commonwealth University

Presenters: Elizabeth Reynolds, Ph.D., Johns Hopkins School of Medicine

Evadine Codd, Ph.D., University of Colorado School of Medicine

Mathew C. Luehring, Ph.D., University of Colorado Anschutz Medical Campus

Alysha Thompson, Ph.D., Seattle Children's/University of Washington

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 23: Therapist Attendance to Cultural Contexts in Evidence Based Practices: Community Perspectives and Windows into Care

Chair: Patty B. Kuo, Ph.D., University of Pennsylvania School of Medicine

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

Presenters: Amber Calloway, Ph.D., University of Pennsylvania

Patty B. Kuo, Ph.D., University of Pennsylvania School of Medicine

Giovanni Ramos, Ph.D., University of California, Irvine

Amanda Sanchez, Ph.D., George Mason University

Clarissa V. Velez, M.S., University of Miami

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 24: Romantic Relationship Conflict and Addictive Behaviors: Mechanisms, Gender Differences, and Treatment

Chairs: Sherry H. Stewart, Ph.D., Dalhousie University

Lindsey M. Rodriguez, Ph.D., University of South Florida

Discussant: Jaye L. Derrick, M.A., Ph.D., University of Houston

Presenters: Amanda Hagen, B.S., Dalhousie University

Sherry H. Stewart, Ph.D., Dalhousie University

Lindsey M. Rodriguez, Ph.D., University of South Florida

Sarah Giff, Ph.D., Medical University of South Carolina, Ralph H.

Johnson VA Medical Center

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 25: Expanding Schizophrenia Services to Address the Unmet Needs of Caregivers

Chair: Arundati Nagendra, Ph.D., Schizophrenia & Psychosis Action Alliance

Discussant: Shirley Glynn, Ph.D., VA/UCLA

Presenters: Arundati Nagendra, Ph.D., Schizophrenia & Psychosis Action Alliance

Bryan Stiles, M.A., University of North Carolina at Chapel Hill
Maia Crumble, M.A., University of Maryland, Baltimore County
Sarah L. Kopelovich, Ph.D., University of Washington School of Medicine

10:30 AM - 11:30 PM

► *Participants earn 1 continuing education credit*

SYM 26: Emotion Regulation Difficulties, Maladaptive Cognitions, and PTSD in Sexual Trauma Survivors: Insights into Moderators and Mediators to Inform Future Treatment Targets

Chair: JoAnn Difede, Ph.D., Weill Cornell Medicine

Discussant: Melanie Harned, ABPP, Ph.D., VA Puget Sound Health Care System

Presenters: Jillian M. Arenz, Ph.D., Weill Cornell Medicine

Olivia Baryluk, B.S., Weill Cornell Medicine

Mariel Emrich, B.S., University of Connecticut

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 27: Engaging with Communities to Improve Mental Health Services for Individuals Who Have Experienced Adversity and Trauma

Chair: Miguel Villodas, Ph.D., San Diego State University

Discussant: Heather J. Risser, Ph.D., Northwestern University Feinberg School of Medicine

Presenters: Melanie Willis, M.A., M.S., University of Nebraska-Lincoln

Taylor Napier, Ph.D., The Ohio State University

Kajung Hong, M.S., San Diego State University

Ruby Charak, Ph.D., The University of Texas Rio Grande Valley

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 28: Beyond One-Size-Fits-All: What Do Our Data Say About Heterogeneity, and Can We Leverage Person-centered Analytics to Address Individual Differences as We Prepare for the Future of Personalized Therapy?

Chair: Mercedes Woolley, B.A., Utah State University

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

Presenters: Mercedes Woolley, B.A., Utah State University

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

Clarissa Ong, Ph.D., University of Toledo

Claire Cusack, M.S., University of Louisville

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 29: Examining the Role of Hope and Self-efficacy in Mental Health Outcomes and Cognitive-Behavioral Treatments

Chair: Jonathan Murphy, ABPP, Ph.D., Rush University Medical Center

Discussant: Matthew W. Gallagher, Ph.D., University of Houston

Presenters: Jonathan Murphy, Ph.D., Rush University Medical Center

Elijah R. Murphy, M.A., University of Houston

Samantha Hoffman, M.S., SDSU/University of California Joint

Doctoral Program

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 30: Lessons Learned from and Future Directions for Community-Engaged Youth Mental Health Research

Chair: Lauren Milgram, B.A., University of Miami

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

Presenters: Ilana Seager van Dyk, Ph.D., Massey University

Mario Mercado Diaz, D.Phil., Trails to Wellness

Sarah Kate Bearman, Ph.D., University of Texas at Austin

V. Robin Weersing, Ph.D., SDSU-UC San Diego JDP in Clinical Psychology

Lauren Milgram, B.A., University of Miami

11:30 AM - 1:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 31: Perinatal Psychopathology: Correlates, Maintenance Factors and Treatment Considerations

Chair: Carolyn Ponting, Ph.D., University of California, San Francisco
Discussant: Laura E. Sockol, Ph.D., Davidson College
Presenters: Juliana L. Restivo Haney, M.P.H., West Virginia University
Elizabeth Krause, Ph.D., Swathmore College
Jenna A. Macri, B.A., University of Massachusetts Boston
Caroline Cole, M.A., La Salle University
Carolyn Ponting, Ph.D., University of California, San Francisco

11:30 AM - 1:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 32: Community-partnered Implementation in Diverse Settings: Strategies for Identifying and Tailoring Solutions to Implementation of Novel Interventions

Chair: Daniel Shapiro, Ph.D., University of California-Davis
Discussant: Amy Herschell, Ph.D., Community Care Behavioral Health Organization, UPMC Insurance Services Division
Presenters: Yen-Ling Chen, Ph.D., University of California Davis
Anna Ciao, Ph.D., Western Washington University
Katherine Collison, Ph.D., The Family Institute at Northwestern University
Elizabeth McGuier, Ph.D., University of Pittsburgh School of Medicine

12:00 PM - 1:30 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 33: Using Digital Interventions to Reduce Healthcare Access and Disparities Gaps

Chairs: Katharine E. Daniel, M.A., Massachusetts General Hospital/Harvard Medical School
Jennifer L. L. Greenberg, Psy.D., Massachusetts General Hospital/Harvard Medical School
Discussant: Stephen M. Schueller, Ph.D., University of California, Irvine
Presenters: Katharine E. Daniel, M.A., Massachusetts General Hospital/Harvard Medical School
Jennifer L. L. Greenberg, Psy.D., Massachusetts General Hospital/Harvard Medical School
Sabine Wilhelm, Ph.D., Harvard Medical School
Jenny Shen, M.A., Stony Brook University
Geneva Jonathan, Ph.D., Massachusetts General Hospital

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 34: Developing and Adapting Technological Interventions to Prevent Youth Suicide in Primary Care

Chair: Molly Davis, Ph.D., Children's Hospital of Philadelphia
Discussant: Joel T. Sherrill, Ph.D., National Institute of Mental Health
Presenters: Karen T. G. Schwartz, Ph.D., Children's Hospital of Philadelphia
Giana I. Teresi, M.S., University of Pittsburgh
Candice Leeann Biernesser, M.P.H., Ph.D., MSW, University of Pittsburgh
Rhonda Boyd, Ph.D., Children's Hospital of Philadelphia

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 35: Impact and Treatment of Emotion Dysregulation in Autistic People Across the Lifespan

Chairs: Rachel G. McDonald, M.A., Montclair State University
Erin Kang, Ph.D., Montclair State University
Discussant: Amy Keefer, ABPP, Ph.D., Kennedy Krieger Institute/Johns Hopkins University

Presenters: Rachel G. McDonald, M.A., Montclair State University
Elizabeth Kushner, M.A., Emory University
Caitlin M. Conner, Ph.D., University of Pittsburgh School of Medicine
Erin J. Libsack, M.A., Rutgers University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 36: Getting Better Together: Couple Interventions for Individual Psychopathology

Chair: Sonya Varma, M.A., York University
Presenters: Sonya Varma, M.A., York University
Steffany J. Fredman, Ph.D., The Pennsylvania State University
Emily A. Carrino, M.A., University of North Carolina at Chapel Hill

12:30 PM - 1:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 37: Understanding the Experiences of Providers and Patients in Psychedelic-Assisted CBTs

Chair: Kayla Knopp, Ph.D., VA San Diego Healthcare System/University of California, San Diego
Discussant: Barbara O. Rothbaum, ABPP, Ph.D., Emory University School of Medicine
Presenters: Brian Pilecki, Ph.D., Portland Psychotherapy
Rachel L. Golden, Ph.D.
Leslie Morland, Psy.D., San Diego VA

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 38: Leveraging Technology to Support PTSD Assessment and Intervention for Veteran Populations

Chairs: Katherine Wislocki, M.A., University of California, Irvine
Nadia Malek, B.A., National Center for PTSD
Discussant: Lindsey Zimmerman, Ph.D., Veterans Health Administration, Office of Mental Health & Suicide Prevention, National Center for PTSD, Stanford University
Presenters: Katherine Wislocki, M.A., University of California, Irvine
Sean Lauderdale, Ph.D., University of Houston, Clear Lake
Nadia Malek, B.A., National Center for PTSD
Philip Held, Ph.D., Rush University Medical Center
Andrew M. Sherrill, Ph.D., Emory University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 39: Minority Stress and Mental Health Among LGBTQ+ Persons Across the Lifespan: A Longitudinal, Developmentally Informed Approach

Chairs: Mingcong Tang, M.A., Center for Anxiety and Related Disorders, Boston University
Benjamin F. Shepherd, M.S., M.Ed., Nova Southeastern University
Discussant: Brian Feinstein, Ph.D., Rosalind Franklin University
Presenters: Mingcong Tang, M.A., Center for Anxiety and Related Disorders, Boston University
Bree K. Horrocks, M.Ed., Children's Health, Children's Medical Center/University of Texas Southwestern Medical Center
Benjamin F. Shepherd, M.S., M.Ed., Nova Southeastern University
Roberto López, Jr., Ph.D., University of California, Los Angeles

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 40: Do Ask, Do Tell: Strategies for Improving Mental Health for Sexual and Gender Minority Military Veterans

Chairs: Katerine Rashkovsky, B.S., VA San Diego Healthcare System
Eve A. Rosenfeld, Ph.D., National Center for PTSD
Discussant: Danielle Shea Berke, Ph.D., Hunter College
Presenters: Katerine Rashkovsky, B.S., San Diego VAHC

Cindy Chang, Psy.D., VA San Diego Healthcare System
Kelly Harper, Ph.D., National Center for PTSD
James Michael M. Brennan, Ph.D., US Department of Veterans Affairs

12:30 PM - 1:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 41: How Technological Innovation Can Be Used to Enhance CBT-based Research and Interventions: Applications of EMA, EMI, and Machine Learning

Chair: Valerie S. Swisher, B.S., The Pennsylvania State University
Discussant: Michelle G. Newman, B.S., M.A., Ph.D., The Pennsylvania State University
Presenters: Valerie S. Swisher, B.S., The Pennsylvania State University
Adam Calderon, B.S., M.A., The Pennsylvania State University
Nur Hani Zainal, M.S., Ph.D., National University of Singapore
Kaitlyn Petz, B.A., University of Virginia

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 42: From Risk Factors to Treatment: Exploring the Intersection of Cultural Identities in Individuals Across the Psychosis Spectrum

Chair: Katrina S. Rbeiz, M.S., Vanderbilt University
Discussant: Sarah Hope Lincoln, Ph.D., Case Western Reserve University
Presenters: Katrina S. Rbeiz, M.S., Vanderbilt University
Merranda M. McLaughlin, Ph.D., Massachusetts General Hospital and Harvard Medical School
Mahogany Monette, M.S., Indiana University Indianapolis
Zeeshan M. Huque, B.A., Temple University
Daisy Lopez, M.S., Ph.D., University of California Los Angeles

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 43: School-Based Opportunities for Adolescent Recovery (SOARING): A School-Based, DBT-Skills Targeted Intervention for Adolescents

Chair: Erica T. Mazzone, M.A., Loma Linda University School of Behavioral Health
Discussant: Elizabeth Dexter-Mazza, Psy.D., DBT in Schools, LLC
Presenters: Maya Boustani, Ph.D., Loma Linda University
Shayna Greenberg, M.A., Loma Linda University
Erica T. Mazzone, M.A., Loma Linda University School of Behavioral Health
James Hodgins, B.A., M.A., Loma Linda University
Emma Franklin, M.A., Loma Linda University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 44: Novel Methods in CBT Research and Practice

Chairs: Alessandro S. De Nadai, Ph.D., McLean Hospital/Harvard Medical School
Alexander O. Crenshaw, Ph.D., Kennesaw State University
Discussant: Brian Baucom, Ph.D., University of Utah
Presenters: Alessandro S. De Nadai, Ph.D., McLean Hospital/Harvard Medical School
Alexander O. Crenshaw, Ph.D., Kennesaw State University
Robyn E. Kilshaw, M.S., University of Utah
Gemma T. Wallace, Ph.D., Alpert Medical School of Brown University
Antonio A. Morgan-Lopez, Ph.D., RTI International

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 45: Exploring Racial Trauma and Radical Healing in Asian American, Native Hawaiian, and Pacific Islander Communities: Mixed Methods Investigations

Chair: Wendy Chu, M.A., University of South Carolina
Discussant: Janie Hong, Ph.D., Stanford University School of Medicine
Presenters: Andrea Ng, M.A., University of Hawai'i at Manoa
Stephanie H. Yu, Ph.D., University of California, San Francisco
Julie Nguyen, B.S., University of South Carolina
Wendy Chu, M.A., University of South Carolina

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 46: Pursuing the Unknown: Novel Insights for Measuring, Treating, and Understanding Intolerance of Uncertainty Across Transdiagnostic Samples

Chairs: Erin E. Reilly, Ph.D., University of California San Francisco
Kelly A. Knowles, Ph.D., Institute of Living
Discussant: Kiara R. Timpano, Ph.D., University of Miami
Presenters: Ryan J. Jacoby, Ph.D., Massachusetts General Hospital
Christina L. Boisseau, Ph.D., Northwestern University Feinberg School of Medicine
Michael Wheaton, Ph.D., Barnard College
Gina M. Belli, M.S., Northwestern University Feinberg School of Medicine
Kayla Costello, M.S., University at Albany, SUNY

1:30 PM - 3:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 47: Community-partnered Research Approaches to Tailor Evidence-Based Practices for Autistic People

Chair: Kaitlyn Ahlers, Ph.D., Dartmouth Health
Discussant: Jill Locke, Ph.D., University of Washington School of Medicine
Presenters: Jessica Tschida, M.A., Michigan State University
Kelsey Dickson, Ph.D., San Diego State University
Kaitlyn Ahlers, Ph.D., Dartmouth Health
Jessica Schwartzman, Ph.D., University of Southern California
Alana J. McVey, Ph.D., University of Washington School of Medicine

2:00 PM - 3:30 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 48: Symptoms That Disproportionately Affect Women and Innovative Approaches to Their Treatment

Chairs: Francesca Scheiber, Ph.D., Duke University School of Medicine
Rhonda Merwin, Ph.D., Duke University School of Medicine
Discussant: Adrienne Juarascio, Ph.D., Drexel University
Presenters: Francesca Scheiber, Ph.D., Duke University School of Medicine
Julia M. Hormes, Ph.D., University at Albany, SUNY
Ti Hsu, M.S., The University of Iowa
Sarah K. Markert, M.A., Duke University
C.Alix Timko, Ph.D., Children's Hospital of Philadelphia

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 50: Identify, and Addressing, Suicide Risk Across Adolescence and Adulthood

Chair: Roberto López, Jr., Ph.D., University of California, Los Angeles
Discussant: Christine Cha, Ph.D., Teachers College, Columbia University
Presenters: Ian Cero, Ph.D., University of Rochester School of Medicine
Annamarie B. Defayette, Ph.D., University of Rochester School of Medicine
Margaret T. Davis, Ph.D., Yale University School of Medicine
Jennifer M. Loya, B.S., M.A., Ph.D., Yale School of Medicine
Ana Rabasco, Ph.D., Brown University

2:30 PM - 3:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 51: Identifying Modifiable Relationship Factors to Strengthen Development and Dissemination of Health-focused Interventions for Sexual and Gender Minority People

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

Discussant: Sarah W. Whitton, Ph.D., University of Cincinnati

Presenters: Dominique Harlan, B.A., University of Denver

Nicholas Perry, Ph.D., University of Denver

Audrey Harkness, Ph.D., University of Miami

Michael E. Newcomb, Ph.D., Northwestern University

2:30 PM - 3:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 52: Investigating Sexual and Mental Health Challenges Among Stimulant Using Sexual Minority Men

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

Brooke Rogers, M.P.H., Ph.D., Boston Medical Center

Discussant: Katie B. Biello, M.P.H., Ph.D., Brown University School of Public Health

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

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

Christopher Chiu, Ph.D., Massachusetts General Hospital

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 53: Innovations to Increase the Efficacy and Reach of Exposure Therapy

Chair: Joanna J. Arch, Ph.D., University of Colorado Boulder

Discussant: Jasper Smits, Ph.D., University of Texas at Austin

Presenters: Adele M. Hayes, Ph.D., University of Delaware

Joanna J. Arch, Ph.D., University of Colorado Boulder

Santiago Papini, Ph.D., University of Hawai'i at Mānoa

Yoni Ashar, Ph.D., University of Colorado Anschutz

2:30 PM - 3:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 54: Generative Artificial Intelligence in PTSD Treatment: Exploring Different Use Cases of Novel Technologies

Chair: Philip Held, Ph.D., Rush University Medical Center

Discussant: Katherine Dondanville, ABPP, Psy.D., The University of Texas Health Science Center at San Antonio

Presenters: Philip Held, Ph.D., Rush University Medical Center

Shannon Wiltsey Stirman, Ph.D., National Center for PTSD and

Stanford University

Andrew M. Sherrill, Ph.D., Emory University

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 55: Improving Outcomes of Interventions for Children's Organization Skills: Innovations Based on Subgroup Analyses

Chairs: Jenelle Nissley-Tsiopinis, Ph.D., Children's Hospital of Philadelphia & Perlman School of Medicine at the University of Pennsylvania

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

Discussant: Steven W. Evans, Ph.D., Ohio University

Presenters: Jenelle Nissley-Tsiopinis, Ph.D., Children's Hospital of Philadelphia & Perlman School of Medicine at the University of Pennsylvania

Paulo Graziano, Ph.D., Florida International University

Laura N. Henry, M.A., University of California San Francisco

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 56: Promising Paths and Potential Perils in Integrating Machine Learning and EMA in Clinical Science

Chairs: Natalia Van Doren, Ph.D., University of California, San Francisco

Nur Hani Zainal, Ph.D., National University of Singapore

Discussant: Joshua Curtiss, Ph.D., Northeastern University

Presenters: Adam Calderon, M.A., The Pennsylvania State University

Alison M. Schreiber, Ph.D., University of Pittsburgh School of Medicine

Aaron J. Fisher, Ph.D., University of California, Berkeley

Seung Yeon Baik, M.S., The Pennsylvania State University

3:30 PM - 5:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 57: Concentrating Treatment for Rapid Improvement and Durable Gains: Status and Outcomes of the International Dissemination of the Bergen 4-Day Treatment Approach

Chairs: Bjarne Hansen, Ph.D., University of Bergen

Throstur Bjorgvinsson, ABPP, Ph.D., McLean Hospital/Harvard Medical School

Discussant: Michael Wheaton, Ph.D., Barnard College

Presenters: Bjarne Hansen, Ph.D., University of Bergen

Kristen Hagen, Ph.D., Norwegian University of Science and Technology

Anders L. Thorsen, Ph.D., Haukeland University Hospital

Throstur Bjorgvinsson, ABPP, Ph.D., McLean Hospital/Harvard Medical School

4:30 PM - 5:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 58: Religion as a Source of Community Building and Positive Mental Health in American Muslims

Chair: Hoor Ul Ain, B.S., University of Nevada, Las Vegas

Discussant: Nuha Alshabani, Ph.D., Boston University

Presenters: Katrina S. Rbeiz, M.S., Vanderbilt University

Merranda M. McLaughlin, Ph.D., Massachusetts General Hospital and Harvard Medical School

Salman S. Ahmad, MS, University of Miami

Hoor Ul Ain, B.S., University of Nevada, Las Vegas

Saturday, November 16

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 59: Questioning Assumptions to Innovate the Fields of Trauma, Adversity, and Family Violence

Chair: Emily Taverna, Ph.D., National Center for PTSD, Women's Health Sciences Division

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

Presenters: Amy D. Marshall, Ph.D., The Pennsylvania State University

Zhenyu Zhang, M.A., M.S., The Pennsylvania State University

Emily Taverna, Ph.D., National Center for PTSD, Women's Health Sciences Division

Alexandra Mattern, Ph.D., VA Boston Healthcare System

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*

SYM 60: Bytes for Bites: Innovations in Digital Eating Disorder Interventions

Chairs: Laura D'Adamo, M.S., Drexel University

Arielle C. Smith, B.A., Northwestern University Feinberg School of Medicine

Discussant: Jorge Palacios, M.D., Ph.D., Bright Therapeutics

Presenters: Laura D'Adamo, M.S., Drexel University
Arielle C. Smith, B.A., Northwestern University Feinberg School
of Medicine
Shiri Sadeh-Sharvit, Ph.D., Palo Alto University
Jorge Palacios, M.D., Ph.D., Bright Therapeutics

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 49: Unraveling Complexity: Novel Mechanistic Insights into "Atypical" Anorexia Nervosa

Chairs: Amanda Makara, B.S., Virginia Commonwealth University
Kira Venables, B.A., Virginia Commonwealth University
Discussant: B Timothy Walsh, M.D., Columbia University/
New York State Psychiatric Institute

Presenters: Ege Bicaker, B.S., McGill University
Kira Venables, B.A., Virginia Commonwealth University
Christina Ralph-Nearman, M.S., Ph.D., University of Louisville
Valerie Wong, B.S., Rutgers University
Kamryn Eddy, Ph.D., Harvard Medical School/
Massachusetts General Hospital

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 61: Leveraging Deep Learning to Improve Suicide Risk Detection

Chairs: Brooke A. Ammerman, Ph.D., University of Notre Dame
Taylor A. Burke, Ph.D., Harvard Medical School/Massachusetts
General Hospital

Discussant: Ross Jacobucci, Ph.D., University of Wisconsin-Madison
Presenters: Kelly L. Zuromski, Ph.D., Harvard University
Brooke A. Ammerman, Ph.D., University of Notre Dame
Taylor A. Burke, Ph.D., Harvard Medical School/Massachusetts
General Hospital

Presenter: Kate H. Bentley, Ph.D., Massachusetts General
Hospital/Harvard Medical School

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 62: Identity's Role in Romantic Relationships: Exploring How Cultural and Identity-Specific Factors Influence Relationship Dynamics in Diverse Relationship Compositions and Marginalized Communities

Chairs: Kaitlin M. Brunett, M.A., University of Texas at San Antonio
Melissa V. Gates, M.S., Binghamton University
Discussant: Kayla Knopp, Ph.D., VA San Diego Healthcare System/
University of California, San Diego

Presenters: Quinn E. Hendershot, M.S., Binghamton University
Allison L. Tobar-Santamaria, B.S., B.A., Virginia Polytechnic Institute
and State University

Jacinda Lee, M.S., MFT, Rosalind Franklin University of Medicine
and Science

Alyssa J. Miville, B.A., M.S., Binghamton University
Claire L. Chapman, B.S., University of Denver

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 63: From Policy to Pavement: LGBTQ+ People's Navigation of Social and Geographic Environments

Chairs: Paddy Loftus, B.A., George Washington University
Saskia L. Jorgensen, B.A., George Washington University
Discussant: Brian Feinstein, Ph.D., Rosalind Franklin University
Presenters: Paddy Loftus, B.A., George Washington University
Saskia L. Jorgensen, B.A., George Washington University
Jessie Ford, Ph.D., Columbia University

Allyson M. Blackburn, M.S., University of Illinois at Urbana-Champaign

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 64: Reimagining the Research-practice Gap: Co-creating Mental Health Research and Practice Through Community Partnerships Across Settings in Philadelphia

Chairs: Briana S. Last, Ph.D., Stony Brook University
Siena Tugendrajch, Ph.D., Perelman School of Medicine at the
University of Pennsylvania

Discussant: Natalie L. Dallard, M.A., Community Behavioral Health
Presenters: Emily Becker-Haimes, Ph.D., University of Pennsylvania
Briana S. Last, Ph.D., Stony Brook University
Gwendolyn Lawson, Ph.D., Children's Hospital of Philadelphia
Siena Tugendrajch, Ph.D., Perelman School of Medicine,
University of Pennsylvania

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 65: Clinical Supervision of Trainees Delivering Parent-Focused Interventions for Youth

Chair: Mark Terjesen, Ph.D., St. John's University
Discussant: Tamara Del Vecchio, Ph.D., St. John's University
Presenters: Mark Terjesen, Ph.D., St. John's University
Rachel Vaughn, Psy.D., St. John's University
David Reitman, Ph.D., Nova Southeastern University

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 66: Increasing Access to Care: Implementing Evidence-Based Mental Health Interventions Through Community Partnerships and Nonspecialist Providers

Chairs: Emma C. Wolfe, B.A., University of Virginia
Bethany Teachman, Ph.D., University of Virginia
Discussant: Andrea K. Graham, Ph.D., Northwestern University
Feinberg School of Medicine

Presenters: Anika Dalvie, B.A., Suffolk University
Emma C. Wolfe, B.A., University of Virginia
Jeremy W. Eberle, M.A., University of Virginia
Cristina L. Nardini, M.A., Fordham University
Keke Schuler, Ph.D., Reliant Medical Group

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 67: Innovative Stepped-care Implementation Models for Community-based Identification and Treatment of Individuals at Clinical High Risk for Psychosis: implementation Strategies, CBT, Common Challenges

Chair: Daniel Shapiro, Ph.D., University of California-Davis
Discussant: Emily Lichvar, Ph.D., SAMHSA
Presenters: Daniel Shapiro, Ph.D., University of California-Davis
Merelise Ametti, Ph.D., MaineHealth Institute for Research
Emily A. Farina, Ph.D., Yale University School of Medicine
Elaina Montague, Ph.D., Northwell Health Zucker Hillside Hospital

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 68: Adapting Exercise Interventions to Increase Community Engagement, Engage Vulnerable Populations, and Utilize Innovative Assessment Methods

Chair: Kristin L. Szuhany, Ph.D., NYU School of Medicine
Discussant: Jasper Smits, Ph.D., University of Texas at Austin
Presenters: Rachel Walsh, M.A., Temple University
Louisa Sylvia, Ph.D., Massachusetts General Hospital
Ana Abrantes, Ph.D., Butler Hospital/Alpert Medical School of Brown
University
Kristin L. Szuhany, Ph.D., NYU School of Medicine

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 69: CBT for Pediatric OCD and Anxiety: Extending Treatment's Effectiveness and Reach

Chair: Martin E. Franklin, Ph.D., Rogers Memorial Hospital
Discussant: John Piacentini, ABPP, Ph.D., UCLA Semel Institute
Presenters: Martin E. Franklin, Ph.D., Rogers Memorial Hospital
Lara Farrell, Ph.D., Griffith University
Jennifer Freeman, Ph.D., Alpert Medical School of Brown University

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 70: Weathering the Storm Together: Uniting Climate, Racial Justice, and Mental Health

Chair: Regina Musicaro Yuksel, Ph.D., The Albert Einstein College of Medicine
Discussant: Joseph R. Taliercio, Ph.D., Cognitive and Behavioral Consultants
Presenters: McKenna F. Parnes, Ph.D., University of Washington School of Medicine
Sarah E. O. Schwartz, Ph.D., Suffolk University
Anpotown Jenson, M.S., Pine Ridge Reservation
Regina Musicaro Yuksel, Ph.D., The Albert Einstein College of Medicine

9:00 AM - 10:30 AM

▶ *Participants earn 1.5 continuing education credits*

SYM 78: Opening Doors to the Future of Precision Mental Health Care for Anxiety Disorders in Children and Young People

Chairs: Jennifer L. Hudson, Ph.D., Black Dog Institute
Maaike Heleen Nauta, M.S., Ph.D., University of Groningen
Discussant: Philip C. Kendall, ABPP, Ph.D., Temple University
Presenters: Jennifer L. Hudson, Ph.D., Black Dog Institute
Wenting Chen, Ph.D., Black Dog Institute
Lizel Bertie, Black Dog Institute, University of New South Wales
Bas E.A.M. Kooiman, M.S., University of Groningen
Maaike Heleen Nauta, M.S., Ph.D., University of Groningen

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 71: Diversity in Eating Disorders Treatment: Understanding Divergent Experiences and Working Towards Equitable Care

Chair: Casey M. Stern, B.A., Ferkauf Graduate School of Psychology
Discussant: Margarita Sala, Ph.D., Ferkauf Graduate School of Psychology, Yeshiva University
Presenters: Casey M. Stern, B.A., Ferkauf Graduate School of Psychology
Aspen Martin, B.S., Yeshiva University
Reza Nahid Sahlan, Ph.D., The State University of New York at Buffalo
Taylor Penwell, B.A., University of Montana
Avantika Kapadia, M.S., University of Louisville

10:30 AM - 11:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 72: Multimethod Approaches in the Science of Social Media and Suicide: Rethinking Risk, Protection, and Prevention

Chairs: Jessica L. Hamilton, Ph.D., Rutgers University
Brooke A. Ammerman, Ph.D., University of Notre Dame
Discussant: Jessica L. Hamilton, Ph.D., Rutgers University
Presenters: Jessica L. Hamilton, Ph.D., Rutgers University
Anna C. Gilbert, M.S., Seattle Pacific University
Brooke A. Ammerman, Ph.D., University of Notre Dame
Melissa J. Dreier, M.S., Rutgers University
Jacqueline Nesi, Ph.D., Alpert Medical School of Brown University

10:30 AM - 11:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 73: Learning from Risk Studies in Military and Veteran Couples: Embracing Complexity Across Levels of Care

Chair: Dev Crasta, Ph.D., VISN 2 Center of Excellence for Suicide Prevention
Discussant: Brian Baucom, Ph.D., University of Utah
Presenters: Mollie E. Shin, M.A., University of Colorado Denver
Hajra Usman, B.A., San Francisco VA Health Care System
Dev Crasta, Ph.D., VISN 2 Center of Excellence for Suicide Prevention
Alexis M. May, Ph.D., Wesleyan University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 74: Improving Behavioral Health Care Access and Outcomes Through Primary Care

Chair: Shari Jager-Hyman, Ph.D., Perelman School of Medicine, University of Pennsylvania
Discussant: Courtney Benjamin Wolk, Ph.D., University of Pennsylvania
Presenters: Soo Jeong Youn, Ph.D., Reliant Medical Group
Gabriela K. Khazanov, Ph.D., Corporal Michael J Crescenzo VAMC
Shari Jager-Hyman, Ph.D., Perelman School of Medicine, University of Pennsylvania

10:30 AM - 11:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 75: Innovative Approaches to Assessing and Examining the Impact of Unique Forms of Oppression-based Stressors and Affirmative Protective Factors Among Sexual and Gender Minority Youth

Chair: Ethan H. Mereish, Ph.D., University of Maryland, College Park
Discussant: Jeremy Goldbach, Ph.D., MSW, Washington University in St. Louis
Presenters: Tara R. Sullivan, B.A., University of Maryland, College Park
Arushee Bhoja, B.A., University of Maryland, College Park
Jessica R. Abramson, B.A., University of Maryland, College Park
Hannah G. Vanlandingham, University of Maryland, College Park

10:30 AM - 11:30 AM

▶ *Participants earn 1 continuing education credit*

SYM 102: Expanding CBT Interventions to Promote Social Justice Among Individuals from Historically Marginalized Backgrounds

Chair: Elizabeth Thomas, Ph.D., Temple University
Discussant: Will Spaulding, Ph.D., University of Nebraska-Lincoln
Presenters: Megan M. Kelly, Ph.D., UMass Chan Medical School
Melissa L. Anderson, Ph.D., UMass Chan Medical School
Mark Salzer, Ph.D., Temple University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 76: Increasing Access to Evidence-based Behavioral Health Services Through Task-shifting Approaches and the Expansion of Services Across Settings

Chair: Brigid Marriott, Ph.D., Indiana University School of Medicine
Discussant: Kelsie Okamura, Ph.D., The Baker Center for Children and Families
Presenters: Jesslyn Jamison, Ph.D., Penn Center for Mental Health
Averill Obee, M.S., Florida International University
Brigid Marriott, Ph.D., Indiana University School of Medicine
Simone Schriger, M.A., University of Pennsylvania
Katherine Cohen, M.A., Northwestern University Feinberg School of Medicine

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 77: Enhancing the Focus of CBT Interventions for Trauma to Improve Outcomes: Innovations in Methods and Treatment Targets

Chair: Danielle Moskow Diamond, Ph.D., Massachusetts General Hospital

Discussant: Andrew J. Curreri, Ph.D., Icahn School of Medicine at Mount Sinai

Presenters: Joshua Curtiss, Ph.D., Northeastern University
Joseph K. Carpenter, Ph.D., VA Boston/National Center for PTSD
Danielle Moskow Diamond, Ph.D., Massachusetts General Hospital
Kathy Shekhtman, Ph.D., NYU Langone Medical Center/Steven A. Cohen Military Family Center

10:30 AM - 11:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 79: Expanding Existing Trauma-focused Massed Treatment Programs: Implementation and Adaptation of the Unified Protocol as an Alternative Treatment Modality

Chair: Joel D. Wyatt, Ph.D., Rush University Medical Center

Discussant: Andrew M. Sherrill, Ph.D., Emory University
Presenters: Joel D. Wyatt, Ph.D., Rush University Medical Center
Mansi Mehta, Ph.D., Emory University School of Medicine
Stephanie P. Samph, Ph.D., MGH/Harvard Medical School

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 80: Engaging and Understanding the Communities of People with Borderline Personality Disorder: Experiences of and Interventions for Family and Partners

Chair: Amanda A. Uliaszek, Ph.D., University of Toronto

Discussant: Jennifer S. Cheavens, Ph.D., The Ohio State University
Presenters: Elizabeth A. Earle, B.A., York University
Amanda A. Uliaszek, Ph.D., University of Toronto
Nathaniel R. Herr, Ph.D., American University
Lynn Courey, The Sashbear Foundation

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 81: Intersectionality of Eating Pathology in Sexual and Gender Minority Individuals: Prevalence and Related Sociocultural Factors

Chair: Taryn A. Myers, Ph.D., Virginia Wesleyan University
Discussant: Tiffany Brown, Ph.D., Auburn University
Presenters: Taryn A. Myers, Ph.D., Virginia Wesleyan University
Sharla D. Biefeld, Ph.D., The University of Alabama
Lindsay Gillikin, B.A., University of Wyoming
Benjamin F. Shepherd, M.S., M.Ed., Nova Southeastern University
Wesley R. Barnhart, M.A., Bowling Green State University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 82: Engaging Varied Stakeholders to Disrupt Stigma as a Barrier to Care Across Mental Health Conditions

Chairs: Mary Isaac Cargill, M.A., Montclair State University
Sadaf Khawar, M.A., Montclair State University
Discussant: Maggi Price, Ph.D., Boston College
Presenters: Mary Isaac Cargill, M.A., Montclair State University
Pevitr Bansal, Ph.D., Montclair State University
Bennett A. Reisinger, University of South Australia

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 83: Emotion Regulation in the Face of Minority Stress: Mental Health Implications for Diverse Populations

Chair: Mark Shuquan Chen, M.S., Columbia University

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

Presenters: Kiran Kaur, M.S., University of Utah
Andrea Wiglesworth, M.A., University of Minnesota Twin Cities, NSF-GRFP Fellow
Madalyn M. Liautaud, M.A., The Graduate Center, City University of New York
Mark Shuquan Chen, M.S., Columbia University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 84: Innovations to Evidence-based Practices: Enhancing Engagement, Outcomes, and Access

Chair: Laurel D. Sarfan, Ph.D., University of California, Berkeley
Discussant: Allison G. Harvey, Ph.D., University of California, Berkeley
Presenters: Alaina Wen, Ph.D., University of California Los Angeles
Nicole B. Gumport, Ph.D., Stanford University
Laurel D. Sarfan, Ph.D., University of California, Berkeley
Yessica Green Rosas, Ph.D., University of California San Francisco
Sarah E. Dreyer-Oren, Ph.D., Alpert Medical School of Brown University

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 85: Neuroscience Based Approaches to Integrating CBT and Not-Exclusively-Psychological Treatments

Chair: Greg J. Siegle, Ph.D., University of Pittsburgh School of Medicine
Discussant: Marlene V. Stregge, Ph.D., University of Pittsburgh School of Medicine
Presenters: Greg J. Siegle, Ph.D., University of Pittsburgh School of Medicine
Gillian Grennan, B.S., University of Washington
Laurie Compere, Ph.D., University of Pittsburgh
Presenter: Sarah L. Brown, Ph.D., University of Pittsburgh School of Medicine

12:30 PM - 2:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 86: Scalable and Accessible Interventions for PTSD

Chair: Michele Bedard-Giligan, Ph.D., University of Washington School of Medicine
Discussant: Debra Kaysen, ABPP, Ph.D., Stanford University
Presenters: Alexander O. Crenshaw, Ph.D., Kennesaw State University
Michele Bedard-Giligan, Ph.D., University of Washington School of Medicine
Kristen Lindgren, ABPP, Ph.D., University of Washington School of Medicine
Jesse P. McCann, M.S., University of Kentucky

12:30 PM - 1:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 87: Bridging Idiographic and Nomothetic Science: Expanding Conceptualizations of Psychological Phenomena to Build Personalized Treatments

Chair: Claire Cusack, M.S., University of Louisville
Discussant: Cheri Levinson, Ph.D., University of Louisville
Presenters: Claire Cusack, M.S., University of Louisville
April Smith, Ph.D., Auburn University
Lauren Forrest, Ph.D., University of Oregon
Aaron J. Fisher, Ph.D., University of California, Berkeley

12:30 PM - 2:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 88: The Future of Child Anxiety Treatment: Parents, Exposure, and Technology

Chair: Stephen P H Whiteside, Ph.D., Mayo Clinic

Discussant: Wendy K. Silverman, ABPP, Ph.D., Yale School of Medicine Child Study Center

Presenters: Maaïke Heleen Nauta, Ph.D., University of Groningen

Chloe Chessell, Ph.D., University of Oxford

Jennifer L. Hudson, Ph.D., Black Dog Institute

Eli R. Lebowitz, Ph.D., Yale Child Study Center

Lilianne M. Gloe, Ph.D., Mayo Clinic

12:30 PM - 2:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 89: Dimensional Models of Psychopathology Can Help CBT Therapists and Their Patients: Findings from Clinical Utility Studies

Chair: Alexandra Hines, M.S., University of Kentucky

Discussant: Shannon Sauer-Zavala, Ph.D., University of Kentucky

Presenters: Nicole Stumpp, M.S., University of Kentucky

Douglas B. Samuel, Ph.D., Purdue University

Katherine E. Hein, M.S., Oklahoma State University

Alexandra Hines, M.S., University of Kentucky

Anton A. Mays, M.A., Xavier University

2:30 PM - 3:30 PM

► *Participants earn 1 continuing education credit*

SYM 90: Innovating Approaches to Understanding and Treating Obsessive-Compulsive Disorder

Chairs: Andrea Sandstrom, M.S., Concordia University

Adam S. Radomsky, Ph.D., Concordia University

Discussant: Martin E. Franklin, Ph.D., Rogers Memorial Hospital

Presenters: Andrea Sandstrom, M.S., Concordia University

Jonathan S. Abramowitz, Ph.D., University of North Carolina at Chapel Hill

Martha J. Falkenstein, Ph.D., McLean Hospital/Harvard Medical School

Caitlin M. Pinciotti, Ph.D., Baylor College of Medicine

2:30 PM - 4:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 91: Family Member Support for Psychotherapy for PTSD: A Promising Innovation for Treatment Engagement

Chairs: Candice Monson, Ph.D., Toronto Metropolitan University

Megan Shepherd-Banigan, Ph.D., Durham VA

Presenters: Laura Meis, Ph.D., National Center for PTSD, Center for Care Delivery & Outcomes Research, Minneapolis VA

Johanna Thompson-Hollands, Ph.D., National Center for PTSD

Megan Shepherd-Banigan, Ph.D., Durham VA

Princess E. Ackland, M.P.H., Ph.D., Center for Care Delivery and Outcomes Research, Minneapolis VA Health Care System/University of Minnesota

2:30 PM - 4:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 92: Leveraging Advanced Technology and Data Analytics to Better Understand the Role of Sleep Dysregulation in Eating Disorders

Chairs: Elizabeth Lampe, M.S., Drexel University

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

Discussant: Kelly C. Allison, Ph.D., Perelman School of Medicine at the University of Pennsylvania

Presenters: Christina Ralph-Nearman, M.S., Ph.D., University of Louisville

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

Elizabeth Lampe, M.S., Drexel University

Stephanie Manasse, Ph.D., Drexel University

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

2:30 PM - 3:30 PM

► *Participants earn 1 continuing education credit*

SYM 93: Community-Engaged Research Approaches to Sexual Violence Revictimization, HIV, and Opioid Use Disorder: Improving Empirical and Clinical Outcomes Through Partnership

Chair: Molly A. Maloney, M.S., Purdue University, VA Boston Healthcare System

Discussant: Nicholas Livingston, Ph.D., Boston University School of Medicine & National Center for PTSD

Presenters: Molly A. Maloney, M.S., Purdue University, VA Boston Healthcare System

Jennifer L. Brown, Ph.D., Purdue University

Justeen K. Hyde, Ph.D., Center for Healthcare Organization and Implementation Research, VA Bedford Healthcare System

2:30 PM - 3:30 PM

► *Participants earn 1 continuing education credit*

SYM 94: Extending the Reach and Impact of Behavioral and Cognitive Interventions for Unhealthy Alcohol Use into Medical Settings

Chair: Kyle Possemato, Ph.D., VA Center for Integrated Healthcare

Discussant: Kyle Possemato, Ph.D., VA Center for Integrated Healthcare

Presenters: Katherine Buckheit, Ph.D., VA Center for Integrated Healthcare

Dan V. Blalock, M.A., Ph.D., Durham VA HSR&D; Duke University

Nadine R. Mastroleo, Ph.D., Binghamton University

Sarah E. Woolf-King, M.P.H., Ph.D., Syracuse University

2:30 PM - 4:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 95: Remembering the Forgotten Emotion: New Approaches to Understanding Anger in Youth

Chair: Amy K. K. Roy, Ph.D., Fordham University

Discussant: Melissa Brotman, Ph.D., Emotion and Development Branch, NIMH

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

Erica Ferrara, M.S., Fordham University

Margaret S. Benda, M.A., Fordham University

Shannon Gasparro, M.A., St. John's University

Denis Sukhodolsky, ABPP, Yale University

2:30 PM - 4:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 96: Strength in Black Womanhood: Implications of Strong Black Woman Schema for Mental Health and Clinical Practice

Chair: Jasmin Brooks Stephens, Ph.D., Massachusetts General Hospital

Discussant: Tamara Nelson, M.P.H., Ph.D., Rutgers University

Presenters: Jasmin Brooks Stephens, Ph.D., Massachusetts General Hospital

Jessica Pitts, B.S., M.S., University of Michigan

Janae N. Best, M.P.H., University of Michigan

Ramya Ramadurai, M.A., American University

Briana Spivey, M.S., University of Georgia

2:30 PM - 3:30 PM

► *Participants earn 1 continuing education credit*

SYM 97: Reward Processes and Links to Psychotherapy for Anxiety and Depression

Chairs: Nora Barnes-Horowitz, M.A., UCLA

Benjamin Rosenberg, Ph.D., UCLA

Discussant: Michelle G. Craske, Ph.D., UCLA
Presenters: Anne L. Willems, Ph.D., KU Leuven
Nora Barnes-Horowitz, M.A., UCLA
Benjamin Rosenberg, Ph.D., UCLA
Divya Kumar, Ph.D., McLean Hospital

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 98: Implementing Digital Innovations in Brick-and-Mortar Healthcare Programs

Chair: Shiri Sadeh-Sharvit, Ph.D., Palo Alto University
Discussant: Steven D. Hollon, Ph.D., Vanderbilt University
Presenters: Shiri Sadeh-Sharvit, Ph.D., Palo Alto University
Jorge Palacios, M.D., Ph.D., Bright Therapeutics
Donna Sheperis, Ph.D., LPC, Palo Alto University
Ashley A. Knapp, M.A., Ph.D., Northwestern University Feinberg School of Medicine

2:30 PM - 3:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 99: Opening Doors: Innovative Digital or Mobile ACT Interventions for Behavioral Medicine Populations

Chair: Francesca Scheiber, Ph.D., Duke University School of Medicine
Discussant: Maria Karekla, Ph.D., University of Cyprus
Presenters: Joanna J. Arch, Ph.D., University of Colorado Boulder
Megan M. Kelly, Ph.D., UMass Chan Medical School
Rhonda Merwin, Ph.D., Duke University School of Medicine

2:30 PM - 4:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 100: The Impact of Interpersonal Trauma on Couple Relationships: Spillover Effects Across Diverse Samples and Methodologies

Chair: Molly R. Franz, Ph.D., University of Maryland, Baltimore County
Discussant: Jennifer Langhinrichsen-Rohling, Ph.D., University of North Carolina Charlotte
Presenters: Valerie Velasco, M.S., Ohio University
Emily Taverna, Ph.D., National Center for PTSD
Rebecca Nguyen, B.S., M.A., University of Maryland, Baltimore County
Bonnie Woodward, M.A., University of Maryland Baltimore County
Dominic Parrott, Ph.D., Georgia State University

2:30 PM - 3:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 101: Leveraging Community Engagement to Develop Innovative Adapted Interventions and Improve Treatment Outcomes Among Populations with And/or Vulnerable to HIV

Chair: Deja Clement, M.P.H., M.S., Massachusetts General Hospital
Discussant: Jessica Magidson, Ph.D., University of Maryland-College Park
Presenters: Jacklyn D. Foley, Ph.D., Massachusetts General Hospital
Matthew Sullivan, Ph.D., Massachusetts General Hospital
Kristen S. Regenauer, M.S., University of Maryland-College Park
Abigail W. Batchelder, M.P.H., Ph.D., Boston University School of Medicine & Boston Medical Center
Christina Psaros, Ph.D., Harvard Medical School

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 103: Leveraging Dissemination and Implementation Science: Human-Centered Design, Cultural Adaptations, and Sustainability of Eating Disorders Treatment

Chair: Agatha Laboe, B.A., University of Wisconsin, Madison
Discussant: Sarah Kate Bearman, Ph.D., University of Texas at Austin
Presenters: Agatha Laboe, B.A., University of Wisconsin, Madison
Jocelyn Lebow, Ph.D., Mayo Clinic

Christina Tortolani, Ph.D., Rhode Island College
Chinwendu Duru, Ph.D., Dell Children's Medical Center/University of Texas at Austin
Ellen Fitzsimmons-Craft, Ph.D., Washington University School of Medicine

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 104: Use of Mixture Modeling to Advance the Understanding of Suicide-related Outcomes

Chair: Annabelle M. Mournet, M.S., Rutgers University
Discussant: Evan M. Kleiman, Ph.D., Rutgers University
Presenters: Annabelle M. Mournet, M.S., Rutgers University
Qingqing Yin, M.S., Rutgers University
Morgan Buerke, M.A., Louisiana State University
Samuel Seidman, M.A., Rutgers University

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 105: Reducing Suicide Reattempts in Hospitalized Patients: The Institute of Living Suicide Prevention Project

Chair: David Tolin, ABPP, Ph.D., Anxiety Disorders Center, The Institute of Living
Discussant: Michael David Rudd, ABPP, Ph.D., University of Memphis
Presenters: Gretchen J. Diefenbach, Ph.D., The Institute of Living
Kayla A. Lord, Ph.D., Anxiety Disorders Center, The Institute of Living
Andrea Perez-Munoz, M.S., University of Memphis
Jessica Stubbing, The University of Auckland

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 106: Integrated Care and Trauma: Considerations for Screening and Treating Trauma and Related Symptoms in Primary Care Settings

Chair: Ana J. Bridges, Ph.D., University of Arkansas
Discussant: Ana J. Bridges, Ph.D., University of Arkansas
Presenters: Alesia Jones, Ph.D., University of Illinois at Chicago
Marley F. Fradley, B.S., University of Arkansas
Yumei Chen, M.S., University of Miami
Sheila Rauch, ABPP, Ph.D., Emory University SOM/Atlanta VAMC

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 107: Understanding the Unmet Mental Health Needs of Bisexual, Pansexual, and Queer (bi+) Youth and Adults

Chairs: Isabel K. Benjamin, B.A., Rosalind Franklin University of Medicine and Science
Brian Feinstein, Ph.D., Rosalind Franklin University
Discussant: Mackey R. Friedman, M.P.H., Ph.D., Rutgers University
Presenters: Isabel K. Benjamin, B.A., Rosalind Franklin University of Medicine and Science
Christina Dyar, Ph.D., The Ohio State University
Kimberly S. Sain, Ph.D., Anxiety Disorders Center, Institute of Living
Kate Dorrell, B.S., Rosalind Franklin University of Medicine and Science

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 108: Understanding Barriers to Mental Health Care: Uncovering Socio-Cultural Factors Hindering Help-Seeking and Engagement in Mental Health Services Among Underserved and Minoritized Communities

Chair: Yen-Ling Chen, Ph.D., University of California Davis
Discussant: Maggi Price, Ph.D., Boston College
Presenters: Yen-Ling Chen, Ph.D., University of California Davis

Ariana Rivens, M.A., University of Virginia
Daniel H. Saravia, M.A., University of California Los Angeles
Madeline Kiefer, B.A., M.A., Stony Brook University

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*
SYM 109: Redefining Engagement in Digital Mental Health to Center Users and Improve Real World Impact

Chair: Emily E. Bernstein, Ph.D., Massachusetts General Hospital/
Harvard Medical School

Discussant: Caitlin A. Stamatis, Ph.D., Akili Interactive Labs
Presenters: Emily E. Bernstein, Ph.D., Massachusetts General
Hospital/Harvard Medical School
Valerie Forman-Hoffman, M.P.H., Ph.D., Woebot Health
Leah Tanner, M.P.H., Headspace
Page L. Anderson, ABPP, Georgia State University

4:30 PM - 6:00 PM

▶ *Participants earn 1.5 continuing education credits*
SYM 110: Understanding and Overcoming Barriers Within Evidence-based Practice Implementation in Youth Community and School-based Mental Health Services

Chair: Andrea Ng, M.A., University of Hawai'i at Manoa
Discussant: Alayna L. Park, Ph.D., University of Oregon
Presenters: Andrea Ng, M.A., University of Hawai'i at Manoa
Anna D. Bartuska, M.S., University of Oregon
Stephanie H. Yu, Ph.D., University of California, San Francisco
Ashley Harris, M.S., University of California, Los Angeles
Marina M. Matsui, M.A., University of Hawaii at Manoa

Sunday, November 17, 2024

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
SYM 111: New Research Findings in Digital Phenotyping of Psychological Phenomena

Chair: Hilary Weingarden, Ph.D., Massachusetts General Hospital
Discussant: David C. Mohr, Ph.D., Northwestern University Feinberg
School of Medicine
Presenters: Hilary Weingarden, Ph.D., Massachusetts General
Hospital
Caitlin A. Stamatis, Ph.D., Akili Interactive Labs
Nicholas C. Jacobson, Ph.D., Geisel School of Medicine,
Dartmouth College
Paola Pedrelli, Ph.D., Harvard Medical School
Christian A. Webb, Ph.D., Harvard Medical School and McLean
Hospital

8:30 AM - 9:30 AM

▶ *Participants earn 1 continuing education credit*
SYM 112: From Synapses to Survival: PTSD, Borderline Personality, and the Disability of Chronic Pain—A Deep Dive Into Neurobiology, Clinical Strategies, and the Lived Experiences of Patients

Chairs: Natalie Hellman, Ph.D., Emory University School of Medicine
Emily R. Weiss, Ph.D., Yale University School of Medicine
Discussant: Jonathan Bittner, M.S., Immaculata University
Presenters: Jennifer Pierce, Ph.D., University of Michigan
Margaret T. Davis, Ph.D., Yale University School of Medicine
Miranda R. Schaffer, B.A., Eastern Michigan University
Hallie Tankha, Ph.D., Cleveland Clinic

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
SYM 113: Pinpointing Mechanisms and Moderators of Treatment for Borderline Personality Disorder

Chairs: Katherine L. Dixon-Gordon, Ph.D., University of Massachusetts
Amherst
Sarah E. Huffman, B.A., University of Massachusetts Amherst
Discussant: Jennifer S. Cheavens, Ph.D., The Ohio State University
Presenters: Sonya Varma, M.A., York University
Ramya Ramadurai, M.A., American University
Julianne Tirpak, Ph.D., McLean Hospital/Harvard Medical School
Katherine L. Dixon-Gordon, Ph.D., University of Massachusetts
Amherst
Shannon Sauer-Zavala, Ph.D., University of Kentucky

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
SYM 114: Suicide Prevention in Historically Underrepresented Groups: From Mechanisms to Implementation

Chair: Kelly L. Green, Ph.D., Perelman School of Medicine at the
University of Pennsylvania
Discussant: Lauren M. Weinstock, Ph.D., Alpert Medical School of
Brown University
Presenters: Marin M. Kautz, Ph.D., Perelman School of Medicine,
University of Pennsylvania
Lauren Khazem, Ph.D., The Ohio State University Wexner Medical
Center
Kelly L. Green, Ph.D., Perelman School of Medicine, University
of Pennsylvania
Lily Brown, Ph.D., University of Pennsylvania
Shari Jager-Hyman, Ph.D., Perelman School of Medicine,
University of Pennsylvania

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
SYM 115: Centering Community Collaborators as Local Experts in Training Efforts to Improve Behavioral Health Services for Autistic Youth

Chair: Diondra Straiton, M.A., Michigan State University
Discussant: David S. Mandell, Perelman School of Medicine,
University of Pennsylvania
Presenters: Diondra Straiton, M.A., Michigan State University
Melanie Pellecchia, Ph.D., University of Pennsylvania School of
Medicine
Jill Locke, Ph.D., University of Washington School of Medicine
Kassandra Martinez, M.S., SDSU/UCSD Joint Doctoral Program
in Clinical Psychology

8:30 AM - 10:00 AM

▶ *Participants earn 1.5 continuing education credits*
SYM 116: Love Among the Margins: A Critical Examination of Individual and Relationship Functioning Within Traditionally Underrepresented Couples

Chair: Alexandra K. Wojda-Burlij, M.A., Durham VA Medical Center
Discussant: Shelby B. Scott, Ph.D., The University of Texas at San
Antonio
Presenters: Melanie S. Fischer, Ph.D., University of Marburg
Alexandra K. Wojda-Burlij, M.A., Durham VA Medical Center
Yunying (Annie) Le, Ph.D., University of Denver
Alexandra D. Long, M.A., American University
Melissa V. Gates, M.S., Binghamton University

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 117: School-based Prevention: Multi-method Perspectives on Youth Mental Health Needs and Services in This Front-Line Setting

Chairs: Karen T. G. Schwartz, Ph.D., Children's Hospital of Philadelphia
Jami Young, Ph.D. - Children's Hospital of Philadelphia

Discussant: Lata McGinn, Ph.D., Yeshiva University, Ferkauf Graduate School of Psychology/CBC

Presenters: Andrew Orapallo, Ph.D., Children's Hospital of Philadelphia

Jones Jason, Ph.D., Perelman School of Medicine at the University of Pennsylvania

Laura Strachan, Swarthmore College

Molly Davis, Ph.D., Children's Hospital of Philadelphia

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 118: Engaging Patients, Providers, Significant Others, Community Members, and Firearm Stakeholders in Interventions to Prevent Firearm Suicide

Chairs: Gabriela K. Khazanov, Ph.D., Corporal Michael J Crescenzo VA Medical Center

Frances Aunon, Ph.D., Connecticut VA Healthcare System

Discussant: Craig Bryan, ABPP, Psy.D., The Ohio State University

Presenters: Michael D. Anestis, Ph.D., New Jersey Gun Violence Research Center

Gabriela K. Khazanov, Ph.D., Corporal Michael J Crescenzo VA Medical Center

Frances Aunon, Ph.D., Connecticut VA Healthcare System

Bryann Debeer, Ph.D., Rocky Mountain MIRECC

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 119: Prospective Effects of Minority Stress on Health Among Sexual and Gender Minority Populations: Exploring Factors That Buffer and Exacerbate Effects of Minority Stress

Chair: Christina Dyar, Ph.D., The Ohio State University

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

Presenters: Ethan H. Mereish, Ph.D., University of Maryland, College Park

Ava K. Fergerson, M.S., The University of Southern Mississippi

Anna L. Gilmour, Ph.D., Rosalind Franklin University of Medicine and Science

Christina Dyar, Ph.D., The Ohio State University

Neda Kharrazi, Psy.D., Stanford University

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 120: Investigating Minority Perspectives on Therapeutic Strategies and Approaches

Chair: Iony D. Ezawa, Ph.D., University of Southern California

Discussant: Lorenzo Lorenzo-Luaces, Ph.D., Indiana University

Presenters: Dorainne Green, Ph.D., Indiana University

Graham C. Bartels, M.S., The Ohio State University

Robinson De Jesus-Romero, M.S., Indiana University

Cameryn A. Cooley, B.A., The Ohio State University

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 121: Suicide Prevention for Marginalized and Systematically Disadvantaged Youth: Advocating Change for Those with the Greatest Need

Chair: Clarisa Wijaya, M.A., University of Illinois at Chicago

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

Presenters: Clarisa Wijaya, M.A., University of Illinois at Chicago

Sydney K Velotta, B.S., Alpert Medical School of Brown University

Lucas Zullo, Ph.D., Thomas Jefferson University

Chynna S. Mills, B.S., Northwestern University Feinberg School of Medicine

Elizabeth McGuier, Ph.D., University of Pittsburgh School of Medicine

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 122: Slopes, Plateaus, and Loop-de-Loops: What Can We Learn About the Change Process from Studying the Trajectory of Change During Treatment?

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

Discussant: Robert J. DeRubeis, Ph.D., University of Pennsylvania

Presenters: Danilo Moggia, Ph.D., University of Trier

Adele M. Hayes, Ph.D., University of Delaware

Garret G. Zieve, Ph.D., Oakland Cognitive Behavior Therapy Center

Sondra Tiab, B.A., University at Albany, State University of New York

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 123: Community-Academic Partnerships to Increase Access to CBT Treatments That Improve Sleep and Circadian Functioning

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

Discussant: Daniel J. Taylor, Ph.D., University of Arizona

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

Patricia L. Haynes, Ph.D., University of Arizona

Carmen McLean, Ph.D., National Center for PTSD

Parky Lau, M.A., Toronto Metropolitan University

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

8:30 AM - 10:00 AM

► *Participants earn 1.5 continuing education credits*

SYM 124: Technology-Led, Human-Centered Innovations in Treating Major Depressive Disorder

Chair: Emily E. Bernstein, Ph.D., Massachusetts General Hospital/Harvard Medical School

Discussant: Jessica Jackson, Ph.D., Therapy Is For Everyone Psychological & Consultation Services

Presenters: Sabine Wilhelm, Ph.D., Harvard Medical School

Yvonne Bohr, Ph.D., York University

Noah Robinson, M.S., Innerworld, Inc.; Vanderbilt University

Johannes Eichstaedt, Ph.D., Stanford University

Emily E. Bernstein, Ph.D., Massachusetts General Hospital/Harvard Medical School

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 125: Working with Community Systems That Serve Trauma Patients: Innovation in Community Engaged Research and Advocacy

Chair: Daniel W. Smith, Ph.D., Medical University of South Carolina

Discussant: Rochelle F. Hanson, Ph.D., Medical University of South Carolina

Presenters: Caitlin Rancher, Ph.D., Medical University of South Carolina

Russi Soffer, Psy.D., St. John's University

Emily L. Tilstra-Ferrell, Ph.D., Medical University of South Carolina

Grace S. Woodard, M.S., University of Miami

10:30 AM - 12:00 PM

► *Participants earn 1.5 continuing education credits*

SYM 126: Thinking Outside the Box: Novel Directions in Research in Cognitive Flexibility in Eating Disorders

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

Sasha Gorrell, Ph.D., University of California San Francisco

Discussant: C.Alix Timko, Ph.D., Children's Hospital of Philadelphia

Presenters: Erin E. Reilly, Ph.D., University of California San Francisco
Margarita Sala, Ph.D., Ferkauf Graduate School of Psychology,
Yeshiva University
Jiana Schnabel, B.S., Temple University
Simar Singh, Ph.D., University of California San Francisco

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 127: Advancing Treatment Personalization by Identifying and Targeting Idiographic Psychopathological Mechanisms

Chair: Madeline Kushner, B.A., University of Kentucky
Discussant: Aaron J. Fisher, Ph.D., University of California, Berkeley
Presenters: Madeline Kushner, B.A., University of Kentucky
Madelyn Frumkin, Ph.D., Massachusetts General Hospital
Anna Marie Ortiz, Ph.D., University of Louisville
Zachary D. Cohen, Ph.D., University of Arizona

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 128: Community-partnered Research to Improve Mental Health Assessment and Treatment for Autistic Individuals

Chair: Andrew G. Guzick, Ph.D., University of Pennsylvania
Discussant: Melanie Pellecchia, Ph.D., University of Pennsylvania School of Medicine
Presenters: Andrew G. Guzick, Ph.D., University of Pennsylvania
Rachel Lees, Ph.D., University of Bath
Gentiana Kukaj, B.A., Rutgers University
Elizabeth Kaplan-Kahn, Ph.D., Center for Autism Research,
Children's Hospital of Philadelphia
Matthew Lerner, Ph.D., Drexel University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 129: Innovations in the Systematic Evaluation of Clinical Research on Cognitive-behavioral Therapy-Based Interventions

Chair: Samuel D. Spencer, Ph.D., University of North Texas
Discussant: Steven D. Hollon, Ph.D., Vanderbilt University
Presenters: Clarissa Ong, Ph.D., University of Toledo
Tyler Owen, Texas Tech University
Nicholas C. Borgogna, Ph.D., Texas Tech University
Samuel D. Spencer, Ph.D., University of North Texas
Eric Lee, Ph.D., Southern Illinois University

10:30 AM - 11:30 PM

▶ *Participants earn 1 continuing education credit*

SYM 130: Leveraging Community Engagement to Amplify and Affirm SGM Voices: Adapting and Tailoring Research Tools and CBT-Based Clinical Interventions to Improve Health Equity

Chairs: Katherine E. Kabel, B.S., Boston University
Deja Clement, M.P.H., M.S., Massachusetts General Hospital
Discussant: Coleen A. Sloan, Ph.D., Boston VA Healthcare System
Presenters: Katherine E. Kabel, B.S., Boston University
Deja Clement, M.P.H., M.S., Massachusetts General Hospital
Timothy J. Sullivan, Ph.D., Yale School of Public Health
Danielle Shea Berke, Ph.D., Hunter College
Daniel Provenzano, Ph.D., Nanthi Psychology & Wellness

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 131: Synthesizing Stigma Research: Leveraging Systematic Review as a Tool to Identify and Address Mental Health Disparities

Chair: Nathan L. Hollinsaid, B.S., Harvard University
Discussant: Mark Hatzenbuehler, Ph.D., Harvard University
Presenters: Nathan L. Hollinsaid, B.S., Harvard University
Rachel Martino, B.S., Harvard University

Emily J. Mellen, M.A., Harvard University
Patrick Mulkern, MSW, Boston College

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 132: Raising Our Voices to the Concealment and Minimization of Racial Trauma: Experiences of Police Brutality, Colorism, Racial Gaslighting and Gun Violence

Chair: Regina Musicaro Yuksel, Ph.D., The Albert Einstein College of Medicine
Discussant: Regina Musicaro Yuksel, Ph.D., The Albert Einstein College of Medicine
Presenters: Alexis Brown, M.A., The City College of New York
Jasmin Brooks Stephens, Ph.D., Massachusetts General Hospital
Supriya Pandit, M.A., City University of New York
Michelle Leon, M.A., Fordham University

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 133: The Multimodal Mechanism of Rumination: Intervention Targets from the Brain to the Family

Chairs: Rachel H. Jacobs, Ph.D., Northwestern University Feinberg School of Medicine
Scott A. Langenecker, Ph.D., The Ohio State University
Discussant: Edward Watkins, Ph.D., University of Exeter
Presenters: Sheila Crowell, Ph.D., University of Oregon
Erin A. Kaufman, Ph.D., University of Utah
Mindy Westlund Schreiner, Ph.D., Nationwide Children's Hospital
Edward Watkins, Ph.D., University of Exeter

10:30 AM - 12:00 PM

▶ *Participants earn 1.5 continuing education credits*

SYM 134: The Promise of Technological Advancements in Innovating Various Aspects of Healthcare Delivery

Chair: Soo Jeong Youn, Ph.D., Reliant Medical Group
Discussant: Soo Jeong Youn, Ph.D., Reliant Medical Group
Presenters: Nur Hani Zainal, M.S., Ph.D., National University of Singapore
Shannon Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University
Torrey Creed, Ph.D., Perelman School of Medicine at the University of Pennsylvania
Zac Imel, Ph.D., Lyssn.io
Keke Schuler, Ph.D., Reliant Medical Group

Advanced Clinician Seminar Series

The Advanced Clinician Seminar Series is a new clinical format designed specifically for advanced clinicians seeking content and consultation commensurate with their level of expertise. In 2024, the program offers three of these free seminars featuring an expert clinician and moderator who will offer consultation, case conceptualization, and treatment planning on your most complex cases. Attendees will be expected to self-identify as advanced clinicians, bring structured case presentations for possible discussion, and fully participate in a seminar-style discussion.

Friday, November 15

2:00 PM - 3:30 PM

▶ *Participants earn 1.5 continuing education credits*

Specialized Care for Complex Cases in Neurodivergent Youth With Anxiety or OCD

Moderator: Joanna A. Robin, Ph.D., Westchester Anxiety Treatment Psychological Services, PC
Presenter: Rebecca Sachs, ABPP, Ph.D., Private Practice

Saturday, November 16

4:30 PM - 6:00 PM

▶ Participants earn 1.5 continuing education credits

Elevating Your Couples Therapy Practice

Moderator: Kayla Knopp, Ph.D., VA San Diego Healthcare System/
UC- San Diego

Presenter: Anthony L. Chambers, ABPP, Ph.D., The Family Institute
at Northwestern University

Sunday, November 17

10:30 AM - 12:00 noon

▶ Participants earn 1.5 continuing education credits

Adapting Cognitive Behavior Therapy for Personality Disorders

Moderator: Simon A. Rego, ABPP, Psy.D., Montefiore Medical Center

Presenter: Judith S. Beck, Ph.D., Beck Institute for Cognitive Behavior
Therapy/University of Pennsylvania

NETWORKING

Special Interest Group Meetings

Attendance at an ABCT Special Interest Group meeting is a wonderful networking opportunity. The SIGs focus on a diverse range of topics, including treatment approaches, specific disorders or unique populations. SIGs are open to ABCT members only, so be sure to join or renew your membership. The SIG Poster Exposition, Friday, 6:30 PM - 8:30 PM, is a fabulous chance to get an overview of ABCT's SIG Program. Beverage service will begin at 7:00 PM.

SIG Leaders Meeting Nov. 16, 8:00–9:00 AM

Addictive Behaviors Nov. 16, 11:30–1:00 PM

Asian American Issues in Behavior Therapy and Research
Nov. 16, 10:30 AM–11:30 AM

Attention-Deficit/Hyperactivity Disorder Nov. 14, 8:30 AM- 4:30 PM

Autism Spectrum and Developmental Disabilities
Nov. 16, 4:30 PM–6:00 PM

Behavior Analysis Nov. 15, 3:00–4:00 PM

Behavioral Medicine and Integrated Primary Care
Nov. 15, 8:30–10:00 AM

Behavioral Sleep Medicine Nov. 15, 10:00–11:30 AM

Black Americans in Research and Behavioral Therapy
Nov. 16, 2:30–4:00 PM

Bipolar Disorders Nov. 16, 2:30–4:00 PM

Child and Adolescent Anxiety Nov. 15, 4:30–6:00 PM

Child and Adolescent Depression Nov. 16, 1:30–2:30 PM

Child Maltreatment and Interpersonal Violence Nov. 15, 2:00–3:30 PM

Climate Change and Mental Health Nov. 15, 9:00 AM–10:30 AM

Clinical Psychological Science Nov. 15, 1:00–2:00 PM

Clinical Psychology at Liberal Arts Colleges
Nov. 15, 11:00 AM–12:30 PM

Clinical Research Methods and Statistics Nov. 17, 10:00–11:00 AM

Cognitive Therapy Nov. 16, 3:00–4:00 PM

Couples Research and Treatment Nov. 16, 3:00–4:30 PM

Dissemination & Implementation Science Nov. 15, 4:30–6:00 PM

Eating Disorders and Eating Behaviors Nov. 15, 3:30–4:30 PM

Forensic Issues and Externalizing Behaviors Nov. 15, 1:00–2:30 PM

Jewish Issues in Cognitive Behavioral Research and Practice
Nov. 17, 10:30 AM–12 PM

Latinx Nov. 16, 11:00 AM–12:30 PM

Master's Level Training Education and Practice Nov. 16, 9:00–10:00 AM

Native American Issues in Behavior Therapy and Research
Nov. 16, 4:00–5:00 PM

Oppression and Resilience: Minoritized Mental Health
Nov. 15, 12:30–2:00 PM

Neurocognitive Therapies and Translational Research
Nov. 15, 11:00 AM–12:00 PM

Parenting and Families Nov. 16, 2:00–3:30 PM

Personality and Personality Disorders Nov. 16, 10:30–11:30 AM

Psychedelic Research and Therapies Nov. 15, 4:00–5:00 PM

Psychosis and Schizophrenia Spectrum Nov. 16, 4:15–5:45 PM

Research in Clinical Practice Nov. 16, 10:00–11:00 AM

Sexual and Gender Minority Nov. 15, 4:30–6:00 PM

Spiritual and Religious Issues in Behavior Change
Nov. 15, 10:30 AM–12:00 PM

Suicide and Self-Injury Nov. 15, 8:30–10:00 AM

Student Nov. 17, 8:30–10:00 AM

Technology and Behavior Change Nov. 16, 9:30–10:30 AM

Tic and Obsessive-Compulsive Related Disorders
Nov. 15, 3:00–5:00 PM

Women's Issues in Behavioral Therapy Nov. 16, 11:30 AM–12:30 PM



Getting to Know Philadelphia

Jesslyn Jamison and Katherine Crowe,
ABCT Local Arrangements



IN JUST A FEW MONTHS, the 58th annual ABCT Convention will be upon us. The Philadelphians among us could not be more excited to host you! The City of Brotherly Love is not only steeped in history and tradition; it is an exciting and dynamic city. Read on to learn more about your host city and what you can look forward to for the November 2024 convention. Please also consult our local attractions guide on the ABCT website for more information on recommendations in this article and a comprehensive list of restaurants and businesses.

Philly is a big city (the 6th biggest in the U.S., in fact!) with a small-town feel. It is a highly walkable city, and you will be able to get to much of what we cover in this article on foot! The central parts of the city are organized as a grid system, with the conference taking place right in the middle (Center City). Center City is the location of the iconic City Hall building, as well as many hotels, the Convention Center, and the main business district. The conference will take place right in this area.

The neighborhoods that border Center City are busy with commercial activity as well, though also have more of a residential feel integrated into them. These include Rittenhouse, Logan Square, and Spring Garden to the west, and Callowhill, Northern Liberties, Washington Square West, and Old City to the east. These central areas are bordered by the Schuylkill and Delaware Rivers on the west and east, respectively. You are also close to a number of other interesting neighborhoods to explore for those who want to venture out, including West Philadelphia, University City, Fairmount, Manayunk, Passyunk Square, and Fishtown.

Philadelphia has a unique history and culture distinct from many of its neighboring East Coast cities. Some of its stereotypes are well known and have truth to them: Philadelphians, on the whole, are indeed fanatical about their sports teams and devoted to their cheesesteaks and hoagies. But there's plenty else to get to know.

Philadelphia's storied history makes it the home of many of the nation's first institutions: the first daily newspaper as well as its first hospital and medical school. It takes its medical education so seriously that, presently, one out of every six doctors in the U.S. was trained in Philadelphia! Not to be outdone, the arts also have played a significant presence in the city since its inception. The first art museum and art school were opened here in 1805. Now, between its array of museums, Philly has more Impressionist paintings than anywhere in the world outside of Paris. There really is something for everyone. Here's a sampling of some of these attractions for you to consider when you visit.

Getting In

Flying: For those flying to the conference, you'll be arriving at the Philadelphia Airport (PHL). It is a hub for American Airlines, with a number of flights on United as well, though all major airlines also fly through. PHL is approximately a 25-minute drive from Center City. You may choose to take a Taxi, Uber, or Lyft. While we don't have Los Angeles or New York City traffic, you can still expect some possible slowdowns if you're arriving during rush hour. There are also easily available public transportation options. The train station located within the airport can easily get you to Center City. For more information on public transportation options in Philly, see Getting Around below.

Train: For those coming by train on Amtrak, you will arrive at the 30th Street Station. This stately architectural monument is on the western edge of the Schuylkill River and is a 10-minute straight shot to Center City on the Market-Frankford Line (MFL line) or trolley.

Bus: If you are arriving by bus, take note! Within the last year, Philadelphia has stopped using the centralized bus depot in Center City due to congestion issues. Most buses (Greyhound, Megabus, etc.) are now doing dropoff and pickup at temporary curbside locations in the Northern Liberties area. Be sure to check your itinerary for specifics about where you'll be arriving/leaving from. Please also check our convention website for plenty of additional details about transportation to and from your destination.

Getting Around

Philadelphia has regularly been voted among the most walkable cities in the U.S.! Most sights of interest and countless fantastic restaurants are within walking distance of the conference.

Public transportation: Public transportation is also available in the forms of subway, bus, and trolley, collectively referred to as SEPTA (Southeastern Public Transit Authority). The subway lines primarily run North-South (the Broad Street Line) or East-West (the Market-Frankford Line), while the numbered buses cover nearly every city block. A one-way ticket costs \$2.50. SEPTA now accepts credit cards so you can easily tap and go.

IndeGo: For another green option, check out the bike-sharing system called IndeGo with docking stations aplenty. An unlimited ride day pass costs \$15 but you can also pay for individual rides. To use IndeGo, you will want to download the app which will help you find nearest docking stations. More information on IndeGo can be found here: <https://www.rideindego.com/how-it-works/>.

Rideshare: Rideshare services (Uber/Lyft) and taxis are reliable options as well. Because Philadelphia is a relatively

small city, rideshare services tend to be affordable.

Car: Parking in Philly can be tricky. Street parking is limited, and the Philadelphia Parking Authority does not miss an opportunity for a parking ticket. If at all possible, we suggest you consider other options for arriving that will not require navigating parking. The conference hotel offers valet parking at a daily fee of \$69.50. For more cost-effective options, you might consider one of the Philadelphia Parking Authority operated lots, several of which are within a few blocks of the conference. The daily rate is currently \$29 per day. A list of city-operated parking garages can be found here: <https://philapark.org/garages/>.

Hotel and Immediate Surroundings

The 58th Annual Convention will be held at the Marriott Downtown (1201 Market Street, Philadelphia, PA 19107) and the Loews across the street. The hotel and conference are located right in the center of the city, and allow for easy access to many of the restaurants, attractions, and neighborhoods described in this article. If you plan to stay at the conference hotel and have not booked yet, please be sure to do so through the ABCT website. There is a restaurant within the hotel and you will also be walking distance to many other great restaurants and attractions.

Philadelphia Attractions

We provide some recommendations of local attractions for you to consider during your November visit. You will notice a majority of the suggested attractions can easily be accessed with a short walk. In addition to the information on local attractions and sites laid out below, we recommend the Visit Philly website to help you plan your November trip. Visit Philly is full of relevant information and is regularly updated with upcoming and recent attractions: <https://www.visitphilly.com/>.

Museums

Philadelphia boasts an impressive array of museums. A number of these are located in the Museum District, a 20-minute walk from the conference hotel along the Benjamin Franklin Parkway. Please see some information on some of the museums below.

Philadelphia Museum of Art: The Philadelphia Museum of Art is approximately a 40 minute walk from the hotel where the scenic Benjamin Franklin Parkway meets the Schuylkill river (see below). It has over 200 galleries, which are hard to cover in just one visit! They have ever rotating exhibits in addition to collections that remain on site. You can check for upcoming exhibits here: <https://philamuseum.org/calendar/upcoming-exhibitions>.

The Barnes Foundation: A mere 20-minute walk from the conference, the Barnes collection boasts over 4,000 impressionist, post-impressionist, and modernist pieces from some of the leading artists, including Cezanne, Matisse, Renoir, and Picasso. These were originally part of Albert C. Barnes' private collection and are now open to the public.

Rodin Museum: Twenty-six minutes from your hotel along the Benjamin Franklin Parkway, you can find the largest collec-

tion of works by Auguste Rodin outside of France. Even if you decide not to go in, you will be able to see the Gates of Hell and The Thinker as you walk by, as well as peek into the beautiful garden and reflecting pool.

Pennsylvania Academy of Fine Arts: Pennsylvania Academy of Fine Arts was the first art school and museum in the United States. Located less than a 10-minute walk from the conference, it boasts over 16,000 works with a focus on American art.

African American Museum in Philadelphia: Less than a 15-minute walk from the conference, you will find yourself at the African American Museum in Philadelphia. This museum is an affiliate of the Smithsonian Institute and has four galleries and an auditorium organized around the themes of the African Diaspora, the Philadelphia Story, and the Contemporary Narrative.

Museum of the American Revolution: As its name implies, this museum is focused on the American Revolution, and is located about 20 minutes (walking) from the conference. The museum has an extensive collection of art and artifacts for the history buffs among us.

Mutter Museum: At the Mutter museum you will find a unique showcasing of medical history and oddities. This museum is not for the skittish and is a fantastic opportunity to appreciate the mystery of the human body! This museum is about a 20-minute walk from the conference.

Benjamin Franklin Parkway

Whether or not you decide to stop into any of Philadelphia's museums, we suggest you take a stroll along the Benjamin Franklin Parkway, just a quick walk from the conference. The Parkway was modeled after the Champs-Élysées in Paris and is the work of architect Paul Philippe Cret and landscape architect and planner Jacques Gréber. On your walk along the Parkway towards the Philadelphia Museum of Art, you will pass Dilworth Park, Love Park, the Logan Square fountain, the Barnes Foundation, the Rodin Museum, and an impressive landscape of gardens and trees! The Parkway ends at the Rocky Steps where you should be prepared to wait in a line if you want to get a picture in front of the Rocky Statue.

Murals and Other Art

You don't have to go to a museum to see art! Philly has been dubbed the mural capital of the U.S., with over 2,000 public murals on display around town and more being commissioned every year.

Mural Arts Philadelphia: Mural Arts Philadelphia is the country's largest public arts program. For 40 years, they have beautified the City of Philadelphia through their work creating 50-100 public art projects per year alongside local communities. If you have the time, we highly recommend taking one of their tours. You can select from a number of different 90-minute tours, depending on your interests.

Philadelphia's Magic Gardens: Philadelphia's Magic Gardens is a nonprofit museum and immersive mosaic-art and mixed-media environment featuring the work of Isaiah Zagar. The museum is located less than a 20-minute walk from the conference on Philadelphia's bustling and famous South Street. The space includes two indoor galleries and a multi-

level outdoor sculpture garden. If you would like to visit, we recommend you buy tickets in advance as they often sell out: <https://www.phillymagicgardens.org/>.

Music and Theater

Unfortunately, the world-renowned Philadelphia Orchestra is not playing while ABCT is in town. But Ensemble Arts Philadelphia, the umbrella organization for the Orchestra, will be playing Hamilton in November! If you would like to catch the theater or a show while you are in Philadelphia, you can check out theater and music listings here: <https://www.philadelphia-theater.com/>.

Shopping

Whether you enjoy shopping or forgot a needed item at home, you are in the right place. Center City is home to many popular clothing and shoe stores, as well as smaller boutiques. There is also an indoor mall in the Fashion District only a few blocks from the conference. This mall is also home to an AMC theater, an arcade, City Winery, and an interactive art show called Wonderspaces.

Outdoors

Philadelphia has an impressive number of small parks and squares, all in close proximity to the conference. These parks are a remnant of William Penn and Hannah Callowhill Penn's 17th century vision of "greene countrie town" with parks heavily integrated in residential and commercial life. We highlight some of the squares below. These are great spaces to come for a break between conference presentations. There are five main public squares laid out by Penn in his original plan for the city: Rittenhouse Square, Logan Square, Washington Square, Centre Square (Dilworth Park), and Franklin Square. We provide more information about each below.

Rittenhouse Square: Rittenhouse square is a great place for a stroll or picnic and is about 15 minutes from the conference. This beautiful square has an impressive number of benches lining the pathways, and a reflecting pool at its center. It also has an extensive farmer's market on Saturday mornings where you can sample some of the local products. Weather permitting, you might try snagging an outdoor table at one of the restaurants that borders the park. One of our favorites is aptly named Parc and has one of the best bread baskets in town.

Logan Square: Along the Benjamin Franklin parkway and 15 minutes from the conference, you will find Logan Square. This square has a roundabout in its center with an impressive fountain. Please take a minute to take in the ever-rotating landscaping that borders the fountain. This landscaping has been meticulously planted and maintained by the Pennsylvania Horticultural Society and changes with each season.

Washington Square: Another 15-minute walk away, you will find yourself in Washington Square. This tree-lined square has pathways and a memorial to Washington at its center. We recommend walking the perimeter of the square to see some of the old Philly homes. This square is also a great place to stop to enjoy a coffee or snack from nearby spots like Talula's Daily.

Dilworth Park and Love Park: Only a couple blocks from the

conference you can find Dilworth park. Here you will find City Hall and a coffee kiosk and tables at which to sit. Right across the street, you can see Love Park (also known as JFK Park), where you can see Philly's iconic LOVE sculpture.

Franklin Square: Franklin Square, approximately a 15-minute walk from the conference, has a number of family-friendly attractions, including a Carousel and mini golf. The square also has rotating attractions. Please check out their website closer to the conference date for any shows or attractions: <https://historicphiladelphia.org/franklin-square/>.

In addition to the squares, we also highlight some of Philadelphia's broader green spaces and parks.

Schuylkill River Trail: We recommend you check out the Schuylkill River Trail. This 120-mile greenway runs along the Schuylkill River and is a great spot for a walk, run, or bike ride. This is about a 25-minute walk from the conference but much quicker for the runners among us. There are conveniently located Indego docking stations near many of the trail entrances if you want to hop on a bike and cover more ground. For the dog lovers among us, you only need to walk a few minutes to the raised bridge overlooking the Schuylkill River dog park. Here you can catch Philly's dogs socializing and playing for your daily dose of serotonin.

Fairmount Park: Along the Schuylkill River, a little to the north, you will find Fairmount Park, with over 2,000 acres of green space. The park is home to many attractions, including the Shofuso Japanese Gardens, for which you will need to purchase tickets to enter: <https://japanphilly.org/shofuso/>.

Wissahickon Park: If you are willing to travel a bit further, you can enjoy a walk, run, or bike ride along the numerous trails in the Wissahickon Park. This park runs along the Wissahickon creek and is a great place to get away from the hustle and bustle of the city.

Morris Arboretum: This 92-acre Victorian arboretum is the ultimate escape from city life. In addition to the stunning landscaping, the arboretum also frequently hosts kid-friendly events and exhibitions. Be sure to check out what they are offering as we get closer to November: <https://www.morrisarboretum.org/>.

Longwood Gardens: Longwood Gardens has more than 1,000 acres of gardens and horticulture. Like the Morris Arboretum, they also host community events, programming, theater, and concerts. There are currently no shows planned for the conference weekend, but the gardens will be open with theater fountain shows. Please consult the schedule here: <https://longwoodgardens.org/events-performances/calendar>.

Exploring Different Neighborhoods

Philadelphia has many different neighborhoods, each with their own personality. We recommend you take the opportunity to visit as many as you can between conference presentations. You can read a full summary of the different neighborhoods on our attractions page on the ABCT website, or here: <https://www.visitphilly.com/areas/philadelphia-neighborhoods/>.

Old City History

Just a quick walk from the conference, you will find yourself

in cobblestoned Old City. We highlight some of the historic sights below.

Liberty Bell: Housed within the Liberty Bell Center, you can find arguably the most renowned historic relic in Philadelphia. It is free to visit the Bell and no advanced tickets are required. However, you can expect to wait in a line to catch a view or picture. The Center is open daily from 9 a.m.–5 p.m.

Independence Hall: Right next to the Liberty Bell, you can visit Independence Hall where the Declaration of Independence was signed. Unlike the Liberty Bell, you must reserve tickets ahead of time. Tickets can be purchased here: <https://www.nps.gov/inde/planyourvisit/independence-halltickets.htm>

These are merely two of the many historic sites in Old City. You can find a list of 16 Old City historical sites to visit here: <https://www.visitphilly.com/articles/philadelphia/must-see-historic-attractions-in-historic-philadelphia/>

Kid-Friendly

We provide some additional suggestions that are great to visit with kids. Philadelphia has several wonderful children's museums and a wide array of kid-friendly venues.

The Franklin Institute: The Franklin Institute has rotating exhibits focused on science and technology, and is fun for children and adults alike. The Franklin Institute is home to the famous Giant Heart, which is expected to reopen with a new human body exhibit some time in November. This museum is a 20 minute walk from the conference.

The Academy of Natural Sciences of Drexel University: This is America's oldest natural history museum. Some highlights include the Dinosaur Hall, where kids can learn to dig for and prepare fossils. This museum is also a 20 minute walk from the conference and only a block from the Franklin Institute.

Please Touch Museum: Located within Fairmount Park, this children's museum encourages children to learn through play. The interactive exhibits span two full floors and are sure to be a big hit.

Philadelphia Zoo: Here you can find over 1,300 animals in the 42-acre zoo. The zoo has a train system that allows visitors to see primates and big cats up close.

Bok Building: If you venture to South Philadelphia, you might check out the Bok Building. This converted old school building is now a multi-use building that includes workspaces, a bakery, coffee shop, a rooftop bar and restaurant, and an indoor children's play space called Beehive.

Bus Tours

A common sight when living in Philadelphia is seeing a double decker bus go by with the top deck full of visitors taking in the city. This is a great way to cover a lot of ground without having to worry about planning to get from place to place. There are several different options in Philadelphia, including the Big Bus Tours, City Sightseeing, and Philly Phlash.

Student Discounts

Philadelphia is a town with many colleges and universities. For that reason, we would encourage our student members to check for student discounts for things like museums and

shows. Please see our attractions page for a link to campus-philly.org which aggregates events with student discounts.

Food and Restaurants

In our unbiased opinion, Philadelphia has an unbeatable food scene. In fact, Philadelphia had nine James Beard–nominated semifinalists in 2024! In addition to some of the well-known restaurants like Zahav, Philadelphia boasts an exciting food scene full of new and creative restaurants. Because many of them are on the smaller side, we recommend making reservations in advance for any you don't want to miss. Whether you are having a casual meal on the go at Reading Terminal Market (only a few blocks for the convention), or sitting down for a meal at the famous Vedge (vegan), you can't go wrong! Please check out our full list of restaurant recommendations on the ABCT website. Our list includes many restaurants that are walking distance from the conference, as well as Kosher, Halal, and vegan recommendations.

Reading Terminal Market: While the majority of our restaurant and food recommendations can be found on the local attractions guide on the ABCT website, we had to take a moment to talk about the Reading Terminal Market. Only a couple blocks from the conference, Reading Terminal Market has been open since 1893 and is one of the oldest and largest public markets in America. Inside this market, you can find an impressive array of locally owned businesses and restaurants representing a range of different cuisines. If you don't have time to run around the city looking for Philly's best cheesesteak (not enough room in this article to fully go into that topic), you can find some great cheesesteak options in the market. Do not miss Beiler's doughnuts, a Philly favorite!

POC-Owned Restaurants: Philadelphia has an incredible array of POC-owned restaurants, many of which are walking distance from the conference. We highlight some of our favorite restaurants around the city in our local-attractions guide on the ABCT website. Some of these are a few quick steps from the conference including Sweet T's (in Reading Terminal Market), Grandma's Philly, Oyster House, Tavern on Camac, and Amina.

LGBTQ- Owned Restaurants: The Gayborhood refers to an area in Center City near the convention which boasts many LGBTQ owned restaurants and businesses. Among these is one of the oldest gay bars in the city, Tavern on Camac. Please see our local attractions guide for a list of some of the LGBTQ owned restaurants, bars, and cafes that you may wish to visit.

In sum, we are so excited to welcome you to Philly. While you are here, please stop by the Local Arrangements table. We are here to answer any questions, give any tips, and help you make the most of your time here. Please also continue to check the ABCT website for updates as we get closer to the conference. Looking forward to seeing you all soon! ■

Hotel



The special ABCT Convention rates will be offered, based on mutual agreement with the Philadelphia Marriott Downtown, 3 days before and 3 days after the official Convention dates of November 14–17, 2024. The block is limited and available on a first-come basis until the block is depleted. If you are interested in upgrading your hotel accommodations, there are limited options available, at an increased rate. Contact the hotel directly. Additionally, hotels rooms are available at the Loews Philadelphia Hotel.

Most ABCT Convention scientific sessions, Special Interest Group meetings, committee meetings, poster sessions, exhibits, and special events will take place at the Philadelphia Marriott Downtown Hotel. Scientific general sessions only will be held at the Loews hotel across from the Marriott on Friday and Saturday only. General registration includes panel discussions, clinical round tables,

symposia, mini-workshops, and poster sessions. Remember to check out the limited-attendance CE events—both on Thursday and throughout the Convention on Friday and Saturday.

Stay at the convention headquarters hotels to meet your friends and colleagues on the elevator, in the coffee shop, as well as in the meeting rooms. Your support of the convention hotels also helps to keep the overall expenses to a minimum. Rooms and rates are subject to rate and room availability. Please be sure to book your reservation early!

Philadelphia Marriott Downtown — 1201 Market Street, Philadelphia, PA 19107 USA

Ideally located in Center City Philadelphia, the hotel is connected via skywalk to the Pennsylvania Convention Center and easily accessible to Fashion District Philadelphia, an entertainment and dining mecca. Explore nearby Reading Terminal Market and a variety of historic landmarks, all within walking distance. The hotel features indoor pool, fitness center, Liberty Lanes duckpin bowling, video arcade, parking, and concierge lounge.

RESERVE hotel accommodations at the Philadelphia Marriott Downtown while rooms are still available.

- Sleeping Room Rates: \$239 single or double occupancy • \$259 triple occupancy • \$279 quadruple occupancy

Booking Link: ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES CONVENTION 2024

Learn about the event and search for hotels (passkey.com)

Or call: 1-215-625-2900 | **Reservation Cut-off Date:** Friday, October 18, 2024

Loews Philadelphia Hotel — 1200 Market Street, Philadelphia, Pennsylvania, 19107 USA

Home to an architectural landmark and Philadelphia Savings Fund Society building, the Four-Diamond Loews Philadelphia Hotel is a true classic and one of the nation's first modern skyscrapers. Directly across from the Pennsylvania Convention Center, the historic hotel is located in the heart of Center City and within walking distance of the Reading Terminal Market, Independence Hall, Philadelphia Museum of Art, and Barnes Foundation.

- Sleeping Room Rates: \$239 Single or Double Occupancy,

Room rates include:

- Complimentary access to the fitness club
- Complimentary basic internet access in the guest rooms

Booking Link: loewshotels.com/philadelphia-hotel/group-association-for-behavioral-cognitive-therapies

Or call: 1-215-627-1200 | **Reservation Cut-off Date:** Friday, October 18, 2024

Child Care

Are you planning to attend the ABCT Convention in Philadelphia this November? Are you bringing your children along with you?

Childcare will be available at our ABCT convention, and we need your help in assuring the word gets out to those who may appreciate its offering. Parents may enroll their children at any time, even at the convention, based upon space availability. We encourage early registration as availability is limited and operates on a first-come, first-served basis.

Parents who require child-care services during the convention may make arrangements with KiddieCorp.

Childcare will be available during the following hours at the Philadelphia Downtown Marriott Hotel:

Friday, November 15 8:00 AM – 10:00 PM

Saturday, November 16 8:00 AM – 10:00 PM

The age range offered is between 6 months through 12 years old. There is a 2-hour minimum.

The hourly rate for the first child is \$12, \$8 for the second child, and \$5 for the third child. The fee can be paid by credit card in advance. Cash can be accepted on-site provided that there is still space available.

To secure advance reservations, both the registration form and full payment must be received by KiddieCorp. On-site registration will be limited to available space. **Please fill out the registration form** (<https://form.jotform.com/KiddieCorp/abctkids>) **and send to KiddieCorp by October 18 to assure we can offer this service!**

Registration

Preregister on-line at www.abct.org. To pay by check, complete the registration form available in PDF format on the ABCT website. Participants are strongly urged to register by the preregistration deadline of **October 15**. Beginning October 16 all registrations will be processed at the on-site rates. Please note: Convention Program Books will NOT be distributed. A flipbook of the program book will be available and posted to the ABCT convention page. Please download the convention app to view and create your own personalized schedule.

To receive the member-discounted convention registration rate, members must renew for 2025 before completing the registration process or they must join as a new member of ABCT.

Preconvention ticketed sessions and registration for preconvention sessions will be held on Thursday, November 14 at the Philadelphia Marriott Downtown. All preconvention sessions are designed to be intensive learning experiences. Preregister to ensure participation. Registration for all PRE-convention sessions (AMASS, Clinical Intervention Seminars, Institutes) will take place in the Philadelphia Marriott Downtown at the ABCT onsite registration area:

Thursday, November 14: 7:30 a.m. - 6:30 p.m.

General Registration

Upon arrival at the Philadelphia Marriott Downtown, you can pick up the program addendum, additional convention information, and ribbons at the Pre-Registration Desk.

Onsite Registration AND Preregistration pickup will be open:

- Thursday, November 14: 7:30 a.m. - 6:30 p.m.
- Friday, November 15: 7:30 a.m. - 6:30 p.m.
- Saturday, November 16: 7:30 a.m. - 6:30 p.m.
- Sunday, November 17: 7:30 a.m. - 1:00 p.m.

The general registration fee entitles the registrant to attend all events on November 14 - November 17, except for ticketed sessions. Your canceled check is your receipt. Email confirmation notices will be generated automatically for on-line registrations and will be sent via email the same day you register. Email confirmations will be sent within 1 week for faxed and mailed registrations. If you do not receive an email confirmation in the time specified, please call the ABCT central office, (212) 647-1890, or email Tonya Childers at tchilders@abct.org.

You must wear your badge at all times to be admitted to all official ABCT sessions, events, and the exhibits. If you lose your badge there will be a \$15 charge for the replacement.

All presenters (except for the first two presenters of ticketed CE sessions) must pay the general registration fee. Leaders of ticketed session will receive information regarding their registration procedure from the ABCT Central Office.

Admission to all ticketed sessions is by ticket only. Preregistration is strongly advised as ticketed sessions are sold on a first-come, first-served basis.

Please note: NO PURCHASE ORDERS WILL BE ACCEPTED.

To register, please choose one format:

Registering On-Line

The quickest method is to register on-line (go to abct.org and click on the convention banner on the home page or go to <https://www.abct.org/2024-convention/>). Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members' discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to renew. To get member rates at this conference, your ABCT dues must be paid through October 31, 2025. The ABCT membership year is November 1, 2024 - October 31, 2025. To renew, go to abct.org or the on-site membership booth.

Registering by Fax

You may fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method, please DO NOT send a follow-up hard copy. This will cause double payment. For preregistration rates, please register BEFORE the deadline date of October 15.

Registering by Mail

All preregistrations that are paid by check must be mailed to ABCT, 305 Seventh Avenue, 16th Floor, New York, NY, 10001. For preregistration rates, forms must be postmarked by the deadline date of October 15. Forms postmarked beginning October 16 will be processed at on-site rates. There will be no exceptions. Refund Policy Cancellation refund requests must be in writing. Refunds will be made until the October 15 deadline, and a \$50 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after October 15.

Payment Policy

All fees must be paid in U.S. currency on a U.S. bank. Any bank fees charged to the Association will be passed along to the attendee. Please make checks payable to ABCT.

Exhibits, ABCT Information Booth Hours

- Friday & Saturday: 8:30 a.m. - 5:00 p.m.
- Sunday, 8:30 a.m. - 11:00 a.m.

*Please
remember
to bring your
confirmation letter
with you to
the meeting.*

Consistent with this year’s convention theme, “Opening Our Doors: Inspiring Community Engagement, Advocacy, and Innovation to Advance CBT,” the inaugural ABCT Day of Service project allows ABCT members to connect with and engage in service-learning projects that give back to our 2024 convention host city of Philadelphia. This year’s ABCT Day of Service will focus on supporting the **Cradles to Crayons** nonprofit organization!

Cradles to Crayons: Vision, Mission, and Model

Cradles to Crayons provides children from birth through age 12, living in homeless or low-income situations, with the essential items they need to thrive—at home, at school and at play. The organization supplies these items free of charge by engaging and connecting communities. One day every child will have the essentials they need to feel safe, warm, ready to learn, and valued. Cradles to Crayons’ efficient and effective three-step model provides kids with the essentials they need, free of charge. This enables the organization to engage communities that have, connecting them with communities that need.

- New and nearly new children’s items are collected through grassroots community drives and corporate donations.
- Donations are then processed and packaged by volunteers in the Cradles to Crayon Warehouse warehouse—The Giving Factory®.
- Packages from The Giving Factory are distributed to local children—through a collaborative network of diverse service partners.

▶ 2024 ABCT Day of Service Opportunities

Volunteers may participate in the ABCT Day of Service in one or more of the following ways:

Off-Site/Hands-On

Day of Service volunteers may participate in a volunteer shift at the “Giving Factory” in Philadelphia. Volunteer activities may include: quality checking shoes, backpacks, and other clothing donations for kids, cleaning shoes, and packing bookbags. This activity will occur on Thursday, November 14, from 10 a.m. to 12 p.m. Volunteers signing up for the activity should plan to leave the conference hotel by 9:30 a.m. the morning of November 14 and aim to return to the hotel around 12:30 p.m.

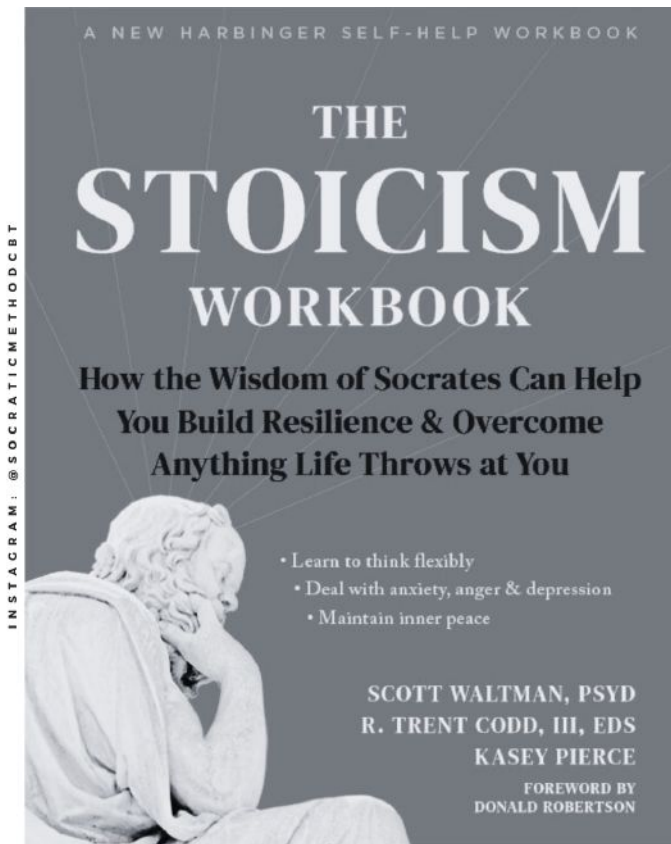
On-Site/Hands-On

ABCT members are also invited to create personalized “back to school” encouragement cards that will be placed in the school bag kits developed at the Giving Factory. This opportunity will be open to members throughout the duration of the conference (starting Friday at 10:00 a.m. and ending at 11:00 a.m. on Sunday) in Conference Suite II and III, level 3 of the Marriott Hotel.

Online/Remote

During our Day of Service and throughout the conference, ABCT members can make financial contributions directly to the Cradles to Crayons organization through their website:

<https://www.cradlestocrayons.org/philadelphia/donate-now/>



“This book is a brilliant synthesis of old and new. The authors have updated the powerful life-affirming philosophy of Stoicism for a modern-day audience, keeping its ancient roots while infusing it with insights from contemporary approaches such as Acceptance and Commitment Therapy (ACT). It’s an excellent and easy to use workbook, that amongst other benefits, will help you to live by your values, unhook yourself from difficult thoughts, make room for difficult emotions, be compassionate to yourself, use your core values as a compass to guide you, and live mindfully. Highly recommended!”

—Russ Harris, physician, therapist, and author of *ACT Made Simple* and *The Happiness Trap*