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PRESIDENT'S MESSAGE

Presence and Persistence

Bruce F. Chorpita, *UCLA*

THERE ARE MANY VARIANTS on the adage that the world is run by those who show up (Carney, 2019). This principle is familiar to us even in the world of cognitive behavior therapy: attendance and engagement are important for getting the outcomes we seek (e.g., Kazdin & Wassell, 1999). But research shows it is probably more accurate to say that the world is run by those who both show up and follow up—that is, success requires us to be present, to be active, to believe change is imminent, and to persevere (e.g., Duckworth, Peterson, Matthews, & Kelly, 2007; Dweck & Legget, 1988). I say this to encourage all of you who feel like there are concerns yet to be addressed—whether they be in our research or practice pursuits, within our organization, in our community, or in our larger society—to show up and to follow up. If evidence-based practices are to address the big problems that we face, it will take more than our concern and intellect; it will also require dedication, commitment, and persistent action.

The upcoming 53rd Annual Convention of the Association for Behavioral and Cognitive Therapies is one fitting place for that action. Our theme is "A Wisdom of Purpose and Perspective: Extending the Social Impact of Cognitive Behavioral Science." Accordingly, my colleagues and I have tried to assemble the most compelling speakers and highest quality research related to social and clinical impact. Our setting will be in Atlanta, GA, which is home to the Martin Luther King Jr. Center for Nonviolent Social Change (as well as Dr. King's birthplace), the National Center for Civil and Human Rights, the Jimmy Carter Presidential Library and Museum, and the Centers for Dis-

[continued on p. 227]

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CBT Medical Educator Directory

Another indispensable resource from ABCT—an online directory of CBT educators who have agreed to be listed as potential resources to others involved in training physicians and allied health providers. In particular, the educators on this list have been involved in providing education in CBT and/or the theories underlying such interventions to medical and other allied health trainees at various levels. The listing is meant to connect teachers across institutions and allow for the sharing of resources.

Visit the directory to submit your name or to connect with CBT educators who have agreed to be listed as potential resources to others involved in training physicians and allied health providers. Detailed inclusion criteria appear.

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INSTRUCTIONS *for* AUTHORS

The Association for Behavioral and Cognitive Therapies publishes *the Behavior Therapist* as a service to its membership. Eight issues are published annually. The purpose is to provide a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.

- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
- Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

Submissions must be accompanied by a Copyright Transfer Form (which can be downloaded on our website: http://www.abct.org/Journals/?m=mJournal&fa=TBT): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor, Kate Wolitzky-Taylor, Ph.D., at **KBTaylor@mednet.ucla.edu.** Please include the phrase ***tBT submission*** and the author's last name (e.g., ***tBT Submission - Smith et al.***) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

ease Control and Prevention. These sites should afford us all inspiration, but more specifically, they should remind us of the importance of presence and persistence, of showing up and following up.

As noted in the program, our invited events feature some of the field's most influential and moving people. On Friday, Harvard University's Pershing Square Professor of Global Health, Dr. Vikram Patel, will talk about scaling effective mental health solutions for the world in his talk entitled "Building the Workforce to Deliver Psychological Therapies Globally." Dr. Patel will share his conception of mental health as a fundamental human right, which is too often unfulfilled in low- and middle-income countries, and he will showcase his groundbreaking work engineering and implementing robust evidence-based solutions to reduce global human suffering. On Saturday, University of Queensland Professor Matt Sanders, a world-renowned expert on behavioral parent training, will inspire us with his talk "Transforming the Lives of Children, Parents, and Communities: Accomplishments and Future Opportunities." As the founder of Triple P program, Dr. Sanders is both researcher and entrepreneur: the architect of one of the largest evidence-based public health programs in the world, operating in more than 35 nations and helping millions of families. His work exemplifies the notions of presence and persistence, and I fully expect him to show us that we have yet to discover the limits of what CBT can do to improve the world.

Complementing our traditional keynote addresses, this year's convention also offers two invited panels designed to foster deeper inquiry and discussion. The first is led by Dr. Sonja Schoenwald, Senior Research Scientist at the Oregon Social Learning Center, one of the leading clinical services researchers in the country and a foremost expert on transportability, implementation, and dissemination of effective community-based treatments for youth with serious clinical problems. Dr. Schoenwald will moderate a panel entitled, "Increasing Impact of Cognitive Behavioral Therapies: Why Public Health?" featuring three invited experts—Ileana Arias, Richard Puddy, and Craig Thomas—from the Centers for Disease Control and Prevention. Together, they will address questions of public health impact and will showcase both success stories as well as lessons learned from scaling solutions to impact health and wellness for millions of lives. These lessons are critically relevant to each and every one of us.

In their Lifetime Achievement Address, Mark and Linda Sobell will share the dramatic story of their work with low-risk drinking, which at the time threatened the prevailing paradigm of total abstinence. The Sobells' tale is both riveting and inspiring, involving a period of challenges and controversy lasting more than a decade, during which they were even accused of committing fraud in their research. The Sobells were exonerated in 1984, and their careers offer a stirring lesson in the value of integrity, patience, courage, and, of course, persistence.

Finally, in response to conversation and concern regarding legislative efforts in the state of Georgia, Dr. Lynn Bufka has agreed to organize a special panel on science and policy to be held on Saturday. Dr. Bufka has spent more than a dozen years as Associate Executive Director of Practice, Research, and Policy at the American Psychological Association, working at the nexus of science, legislation, and policy. Present and persistent in fostering the scientific literacy of communities, she is ubiquitous in the media, making sure that evidence drives policy issues ranging from stress to health to public safety. Dr. Bufka's panelists include Dr. Laura Seligman, an active member of ABCT's Women's SIG; Dr. Anita Brown, an advocate for psychology within the state of Georgia; Dr. Lauren Thompson, a historian specializing in law and health; Ms. Megan Gordon-Kane, an advocate for state-level reproductive justice policies from Atlanta-based Feminist Women's Health Center; and Dr. Brandon Gaudiano, an expert in science and pseudoscience. Together, they will take on some of the most serious issues facing us today, articulating the complex interplay of science and advocacy in correcting social injustice.

I hope these invited events inspire you as much as they have me. I think they will encourage deeply formative conversations for ABCT as it continues to pursue its mission, and I hope you are all present and persistent in those conversations. Again, I wish to thank 2019 Program Chair Alyssa Ward, Convention Manager Stephen Crane, and Assistant Program Chair Cameo Stanick—who engineered one of the most innovative conventions since I joined ABCT nearly 30 years ago. Please be on the lookout for (and try to be patient with) several ABCT firsts: child care for attendees, an environmentally friendly electronic program book, voting at the convention, a new poster format to improve legibility and impact, and the "ABCT Mission Wall" (a social media–worthy space for attendees to document their connection to ABCT). As I have noted in the convention program, I again wish to recognize the exceptional contributions of our 342 volunteer reviewers, who had the difficult task of preparing more than 3,500 reviews for more than 1,700 submissions. The presence and persistence of the many people involved in putting the 2019 program together have been truly amazing. I have been humbled by the dedication and generosity of so many of our members and staff. I truly look forward to seeing you all in Atlanta in November, and I invite your input into how we can leverage ABCT's long tradition of excellence to achieve our mission.

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Disclosures: I am employed full-time as a Professor in the Department of Psychology at UCLA, and I am also President and Partner/Owner of PracticeWise, LLC, a behavioral health consulting corporation.

Correspondence to Bruce F. Chorpita, Ph.D., Franz Hall 3227, Department of Psychology, University of California, Los Angeles, Los Angeles, CA 90095; chorpita@ucla.edu

From Your Executive Director: What Your Leadership and Staff Are Working on to Serve You Better

Mary Jane Eimer, *Executive Director*

IT IS TIME TO RENEW your membership NOW so you can attend the Atlanta Convention at the lowest rates and VOTE in the November election. I know I sound like a broken record and you saw the same call to action last issue, but it still holds true! We have two fabulous candidates running for the president-elect position: Gregory J. Siegle and Laura Seligman; and running for Representative-at-Large and liaison to Membership Issues: Carolyn Black Becker and Stephen Schueller. Remember, when you vote, we reinforce you with an "I Voted" sticker. Vote in advance or vote at the convention—you still will be rewarded with a sticker!

The leadership of ABCT is always focused on making our association beneficial to our membership and in compliance with state and federal regulations. To that end, we are working with a consultant to help us ensure that ABCT is in compliance with the General Data Protection Regulations (GDPR) and Canada's Personal Information Protection and Electronic Documents ACT (PIPEDA). There are expensive penalties if we are audited and found not to have policies in place or appropriate privacy fields in our database. ABCT, as a North American organization with a global reach, including in the European Union, needs to evaluate and address our ongoing privacy practices, IT systems, and third-party/vendor agreements as they relate to GDPR and PIPEDA requirements. ABCT has a good reputation as being a responsible and reputable organization with which to do business. We are mindful of the data we keep on our members, prospective members, and lapsed members by limiting information kept (currently we do not keep credit card information or social security numbers) and we pay attention to keeping our website and servers up-to-date from potential hackers and phishers. The European Union and Canadian governments have put together stringent privacy laws to protect their citizens. As an organization that is globally positioned, we need to ensure that our database and polices are in compliance with these regulations.

ABCT had tremendous foot traffic at the World Congress of Behavioral and Cognitive Therapies this past July in Berlin. Eighty-four countries were represented and over 4,000 attendees were in attendance. Stephen Crane, our Convention Manager, and I gave out close to 1,000 luggage tags promoting ABCT and our website. And, it is official! ABCT will be hosting the 2025 World Congress—the site will most likely be determined and voted on by the World Confederation of Cognitive and Behavioral Therapies (WCCBT) in 2021. The WCCBT had its first face-to-face board meeting in Berlin. Member Keith Dobson was elected as President and member Lata McGinn as Secretary. Revisions to the initial set of bylaws are under way and soon we will be incorporating the WCCBT in New York. New York was selected due to our proximity to the United Nations.

As you would imagine, staff are focused on membership renewals and getting ready for the Atlanta Convention. The convention itinerary planner is up and we are switching to a new company for the mobile app. As we learn the new features, we will post to the list serve and update the convention splash page on our website for special features we believe you will find useful at the convention. There will be no printed program book this year so you will want to download the app or the convention program PDF prior to arriving in Atlanta. Plus, a flip book of convention sessions/offerings will appear on several monitors throughout the hotel.

As mentioned previously, we have been turning our attention to helping undergraduates decide which path is right for them for a career in psychology. Shannon Blakey, our Student Membership Committee Chair, has been working with Debora Bell and Karen Christoff, organizers of our Getting Into Graduate School panel for Friday afternoon of the Atlanta Convention. Leading up to the convention, prospective students can now watch a video prepared by member Samantha Moshier that explains the difference between a Ph.D. and Psy.D. along with a good rationale for some prospective students to consider becoming a research assistant prior to applying to graduate school. The video references the ABCT Graduate Mentor Directory, so you may want to update your listing or enter yourself if not already listed.

Friday night is traditionally our Awards Ceremony. Congratulations to all of our 2019 award winners, who are listed on our website and in the convention materials. We also have the 2020 Call for Awards submissions on our website. You will note that Linda and Mark Sobell are offering a new award, "The Sobell Innovative Addictions Research Award."

If you have questions, please do not hesitate to contact us. We value your support and participation. We are committed to making your ABCT experience beneficial and positive. Looking forward to seeing many of you in November.

Until next time!

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Correspondence to Mary Jane Eimer, CAE, Executive Director, ABCT, 305 Seventh Ave., Suite 1601, New York, NY 10001; mjeimer@abct.org

WEBINAR Oct. 4

Angela Fang

Neuroscience-Informed CBT: Bridging the Gap Between Basic Brain Findings and Clinical Care

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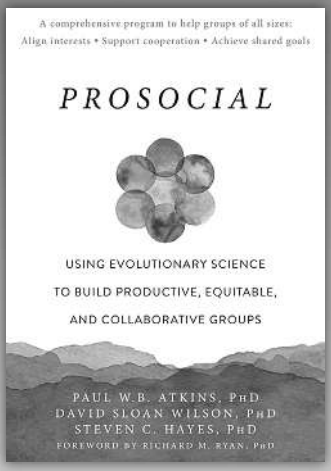

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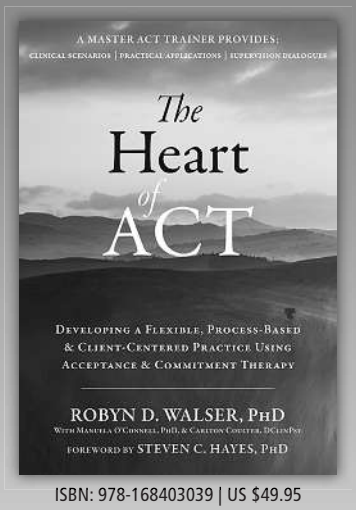

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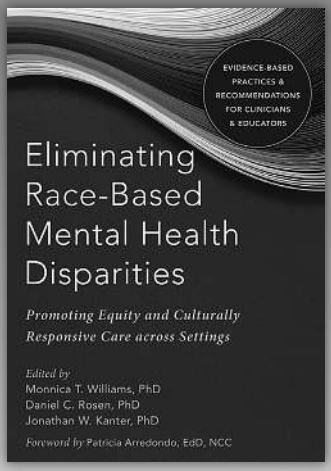

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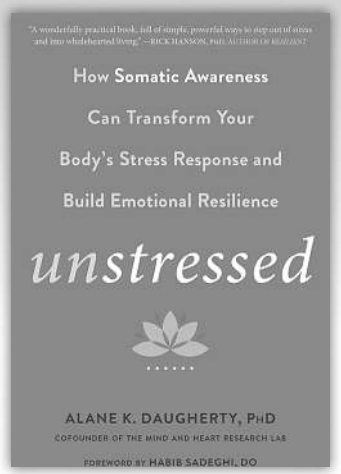

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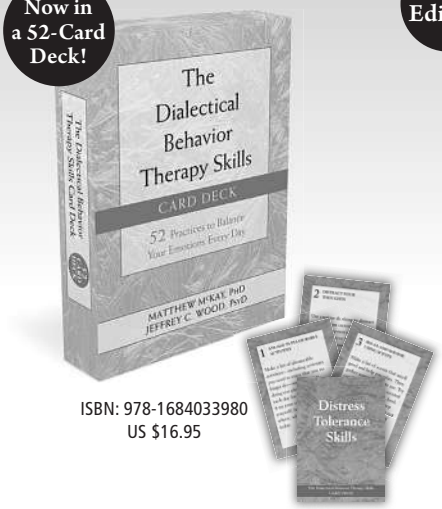

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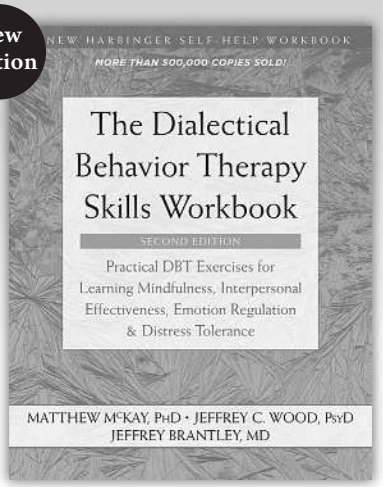

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Keeping Up to Date With Scientific Advances: A Practical Guide for Practitioners

Kimberly A. Wilson, *Private Practice, Oakland, CA*

Jacqueline B. Persons, *Oakland Cognitive Behavior Therapy Center, Oakland, CA*

Robert P. Reiser, *Private Practice, Kentfield, CA*

Travis L. Osborne, *Evidence Based Treatment Centers of Seattle*

Shireen L. Rizvi, *Rutgers University*

A PRINCIPAL TENET of evidence-based practice is that clients are best cared for when their clinicians draw from science to inform their interventions. Although many clinicians (including ABCT members) value science, many rely on a knowledge base comprised of what they were exposed to during graduate training, supplemented by a few continuing education workshops per year. However, because science continues to evolve, the necessity of keeping up with the latest findings is integral to the delivery of evidence-based practices. Therefore, it is important to identify efficient and practical ways for clinicians to continue to learn over time.

Recent advances in the treatment of anxiety and depression provide good illustrations of the importance of this effort. For instance, many of us who were trained in the 1990s learned about different forms of exposure for treating panic and other anxiety disorders, and delivered these treatments for years with an emphasis on habituation. However, the emergence of the inhibitory learning model and its application to exposure therapy (Craske et al., 2008; Craske, Treanor, Conway, Zbozinek, & Vervliet, 2014) has important implications for how clinicians deliver exposure-based interventions. After reading that body of research, in an effort to maximize treatment gains and reduce relapse, many of us have adjusted our delivery of exposure-based therapies. Important changes to how we practice have included deemphasizing habituation and the use of orderly hierarchies, and instead focusing on creating opportunities for expectancy violations during exposures, promoting new learning in multiple contexts, and using active strategies to help clients remember and retrieve their new learning. Additionally, new research suggests that outcomes in the treatment of depression can be improved by targeting the process of thinking, including rumination, in addition to its content (e.g., Hvenegaard et al., 2019; Watkins, 2016), targeting visual imagery in addition to verbal thought content (e.g., Holmes, Blackwell, Heyes, Renner, & Raes, 2016), and using explicit strategies to help patients remember what they learn in therapy sessions (e.g., Harvey et al., 2014). New approaches and refinements to existing treatments are consistently emerging and being subjected to rigorous examination. To provide state-of-the-art care, clinicians need access to the latest relevant science, and patients deserve clinicians who are well-informed about new findings in the field.

Unfortunately, those of us who work in private practice face a unique set of obstacles to obtaining up-to-date information. Private practitioners often lack library privileges, may not know which journals to read, and have time and financial constraints that can interfere. We are a group of clinicians who have been grappling with this issue for many years and we offer readers some of the solutions and strategies we have implemented in our professional lives. Table 1 lists several strategies we use, and we elaborate below on two foundational pieces that can be particularly difficult for clinicians to navigate: reading current peer-reviewed publications and attending and learning from quality, science-informed trainings.

Table 1. Strategies for Staying Engaged With the Science in Our Field

- Regularly attend professional conferences that promote clinical science, such as Association for Behavioral and Cognitive Therapies, Anxiety and Depression Association of America, and World Congress of Cognitive and Behavioral Therapies.
- Listen to interviews sponsored by the Society for a Science of Clinical Psychology and posted at http://sscpweb.org/SciPrac in which Jacqueline B. Persons conducts interviews about the clinical implications of their research with several important clinical scientists: Michelle Craske on the inhibitory learning model of exposure, Ed Watkins on rumination focused CBT, Emily Holmes on visual images in depression, and Michael Lambert on using feedback to reduce treatment failure.
- Join or start a monthly case consultation group in which sharing relevant research papers is a regular norm. Or add that component if it is not a norm in the consult groups you attend.
- Say yes to invitations to consult on research grants to keep your finger on the research pulse.
- Seek out colleagues who also work hard to keep up with new findings, value evidence, and share articles. Meet them for in-person coffee dates and chat with them in Google groups, on a CBT Facebook page, on a professional association list serve, and on Twitter.
- Use cue-based prompts, such as phone reminders, index cards, or Post-its, placed strategically on your desk to remind you of key strategies you are trying to implement from the literature.
- Establish and lead your own virtual or IRL journal club.
- Subscribe to science-informed podcasts for clinicians, with guests who publish in the field. Examples include: *CBT Radio*, *Psychologists Off the Clock*, and *The OCD Stories*.

See our new releases at the ABCT's 53rd Annual Convention 2019!

Booth #7

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Table 2. Steps to Follow to Receive Journal Alerts

To receive alerts for APA journals:

- Visit the APA website (www.apa.org)
- Click "Publications & Databases"
- Click "Journals"
- Scroll down to a box on the right titled "Journals Information"
- Click "Email Alerts"
- You'll be prompted to log in, or click "create account" if you do not yet have one
- Follow instructions to create a free account, which will land on your profile page
- On the left menu, click "Journals" under "Alerts" in order to customize alerts

To receive alerts from Elsevier:

- Go to ScienceDirect.com
- Scroll down to the bottom, to the section entitled "Keep Up to Date"
- Click "Create and manage alerts," which will bring you to a Sign In page
- If you do not already have an account, click "create an account"
- After creating an account, click "Done"
- You will then be directed to a page that allows you to search for journals of interest. Useful journals published by Elsevier include *Behavior Therapy*, *Cognitive and Behavioral Practice*, and *Behaviour Research and Therapy*. Type in the journal name and click on the link. On the right-hand side, select "Follow Journal."

Reading Current Peer-Reviewed Publications

Gaining Access to Journals and Articles

For clinicians not affiliated with a university, it can be difficult and expensive to access peer-reviewed journals. Here we outline several methods that have worked for us.

A terrific first step is joining ABCT, as membership provides access to the three ABCT publications: *Behavior Therapy*, *Cognitive and Behavioral Practice*, and *the Behavior Therapist*. Some of the practice-oriented articles in *Cognitive and Behavioral Practice* are accompanied by how-to videos that demonstrate practical components of the treatments discussed.

One free method for accessing current research articles is ResearchGate (www.researchgate.net), a kind of social networking website for researchers, where investigators share personal copies of their publications. For papers not yet posted on the site, a link is often available to contact authors directly. For example, one of us was interested in a paper evaluating a new app to target relationship OCD cognitions. She contacted the author through Research Gate, and was quickly sent a copy of the paper. The results of that study were sufficiently promising that she added this tool to her repertoire for clients who might benefit from it. Furthermore, she is now in touch with that researcher, who will provide updates as new data emerge. An added benefit of ResearchGate is that the site prompts users to indicate whether they would like to follow a particular research project, and if so, users are notified as that research program evolves. As a caveat, some of us have found the number of emails from ResearchGate cumbersome; thus, it is important to select preferred notifications and frequency in account settings.

Another free option is PubMed (https://www.ncbi.nlm.nih.gov/pubmed), where publications of studies funded by the NIH are available for free. Users can utilize the tool at the top of the page to search for a specific article. On the results page, look on the left for a sidebar with filtering options, and select "Free full text" to narrow down the results to ones that are available for free.

A third free option is Google Scholar, which can be used to search for an author, topic, or a particular paper, and you can sometimes find full access to the paper you are seeking. If not, restricted-access papers often provide direct links to author email addresses. Or you can visit the author's university website to obtain their email address and reach out directly for a copy of the article you are seeking.

One solution that costs money, but is relatively affordable, is subscribing to DeepDyve ($50/month or $360/year), which provides full access to articles from thousands of journals, including *Behaviour Research and Therapy*, *Clinical Psychology Review*, and the *Journal of Traumatic Stress*. It has a user-friendly dashboard that allows the reader to browse journals of interest or search for a particular topic, title, or author. When a paper is selected and read, recommended related papers and the reference list appear on the side of the screen. Many of these are directly linked, and this system facilitates deeper reading on the topic. DeepDyve sends members weekly updates on favorite journals, as well as regular emails on topics the reader has searched within its platform. The site has a useful tagging system that allows for internal storage of papers in personally named lists, which makes it easy to locate the paper later.

Free Journal Alerts

Most journals, including ABCT and APA publications, have easy online alert sign-ups, whereby anyone who provides an email address can be sent an alert when a new journal issue is published. The journal alert will provide the titles and abstracts of the articles that are appearing in the most recent issue of the journal. Researchers often state their study's main finding in the title and abstract, so that even simply reading the journal alerts can provide useful tidbits of clinically useful information, as in the case of an article published in the *Journal of Consulting and Clinical Psychology* entitled "Mindfulness-Based Cognitive Therapy (MBCT) Reduces the Association Between Depressive Symptoms and Suicidal Cognitions in Patients With a History of Suicidal Depression" (Barnhofer et al., 2015).

Selecting Journals to Read

In addition to the journals referenced above, the reader might consider several of the journals published by the American Psychological Association (APA) that we have found to be particularly valuable in our clinical work: *Journal of Consulting and Clinical Psychology*, *Journal of Abnormal Psychology*, *Professional Psychology: Research and Practice*, *Psychological Assessment*, *Psychotherapy*, and *Psychological Services*. Several journals published by Elsevier also provide information that is useful to the practitioner, including *Behaviour Research and Therapy*, *Behavior Therapy*, and *Cognitive and Behavioral Practice*. Many of these journals support at least limited open access, which means that some of the published papers are free for anyone to read. A particularly valuable strategy for

keeping up to date with the literature is to ask journals you are interested in to send you an alert each time a new issue is published. You can ask for an alert even if you don't subscribe to the journal. Table 2 provides instructions on how to create journal alerts for several of the journals we value most.

Finding Time to Read

Because reading journal articles is a task that can easily drop off the busy clinician's to-do list, we have found that setting aside a specific scheduled time to read is helpful for ensuring follow-through. Another useful strategy is to take a continuum approach that includes tolerance of reading only abstracts if that fits into the time available that day. We teach our clients the drawbacks of dichotomous thinking, and sometimes we also need the reminder to not fall in that trap ourselves! For example, one of us recently learned, after setting aside many articles for careful reading that she never actually found time to read, that simply reading the abstract sometimes gave her helpful knowledge that she could implement in her practice. For example, Erekson, Lambert, and Eggert (2015) reported that, in a large sample of patients who received psychotherapy in a naturalistic setting, those who attended weekly sessions made faster gains (as measured by the OQ-45, a self-report measure of symptoms and quality of life) than those who attended less often. This piece of information is useful when negotiating treatment plans with clients who are requesting to meet less often than weekly.

When more time can be allocated for reading, a useful approach is to browse the table of contents of journals most valued, and to search for topics that pertain to one's current caseload. For example, one of us had a client with a severe fear of looking at items that had lots of tiny holes (e.g., a sculpture with many tiny dots on it) that was not improving with standard exposure for specific phobias. The clinician searched the literature to glean what could be learned from others' work in this area. Although the literature is slim here, one fruitful paper led her to a validated measure of trypophobia. Using that measure not only assisted with proper progress monitoring over time, but also provided some relief to the client: the items on the monitoring scale included itchiness, a sensation that the client found very troubling and that the clinician had not observed in her other clients with anxiety disorders. The presence of that symptom on the monitoring scale was validating and gave the client comfort in knowing that her experience was shared.

Attending and Learning From Quality Training Workshops and Webinars

To identify workshops and webinars that provide training in evidence-based content, we recommend that the clinician select trainings provided by the researchers and treatment developers who publish their work in the scientific literature. Several professional associations, including ABCT, Division 12 of APA, and the Anxiety and Depression Association of America (ADAA), are good sources for this kind of content. However, as readers may be aware, not all professional associations offer trainings that are supported by a

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strong evidence base; in particular, the list serve discussions for the Society for a Science of Clinical Psychology (SSCP) often point out that some of the APA-sponsored trainings lack a strong evidence base. Therefore, we recommend that the reader not rely only on the stamp of approval from a professional association when selecting a training workshop. Instead, consider selecting workshops that are provided by the investigators who are publishing their work in peer-reviewed journals. If you are receiving journal alerts (see above), the names of these scientists will be familiar to you.

Although attending a training or workshop can lead to self-reported changes in therapists' behaviors, it may not lead to the improved outcomes that would be expected from the new treatment (Miller & Mount, 2001). Ongoing supervision and consultation may be needed to get the job done. For example, Simons et al. (2010) showed that a 2-day training workshop followed by 1 year of 16 group telephone consultation sessions (every 3 weeks) allowed community therapists to successfully adopt and implement CBT for depression. The trainees showed improvements on measures of CBT skills after the training, and their patients showed improved scores on measures of anxiety and depression as compared to patients who received treatment as usual. These studies suggest that attending a training workshop alone is not likely to lead to implementing new therapeutic strategies or skills, and that to get sustained behavioral changes as a therapist, ongoing consultation may be needed.

Another useful strategy for keeping up to date is to participate in a monthly clinical consultation group that ends in an email share of a published peer-reviewed article. Approximately half of a sample of private practice psychologists reported using some form of peer consultation (Lewis, Greenberg, & Hatch, 1988). Peer group consultation, while offering the benefits of social support from other practitioners interested in evidence-based practice, can have limitations in terms of the lack of clear leadership and a potential to drift away from best practices (Martin, Milne & Reiser, 2018). Dorsey et al. (2018) identified gold-standard practices for consultation and supervision that make consultation groups of this kind effective, including role-play and behavioral rehearsal, viewing recorded material together, using standardized clinical outcome measures, using standardized rating scales for fidelity assessment, and developing case formulations. However, these can create anxiety and discomfort and thus, there is potential for avoiding these methods. Without active leadership and an agreement to adhere closely to these methods, peer consultation can devolve into a chatty and enjoyable social support group.

We describe here approaches we have used to help us stay current with the latest scientific developments in our field, and hope they are helpful to others who struggle with identifying relatively easy ways to incorporate science into their work. Of course, as with any set of recommendations, it risks becoming outdated as new resources and technologies emerge. We hope that this conversation will continue and evolve, and that our colleagues keep sharing concrete strategies with each other on this important endeavor.

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Correspondence to Jacqueline B. Persons, Ph.D., Director, Oakland Cognitive Behavior Therapy Center, 5625 College Avenue, Suite 215, Oakland, CA 94618; persons@oaklandcbt.com

Finding the Signal in the Noise: Minimizing Responses From Bots and Inattentive Humans in Online Research

Christina Yarrish, Laurie Groshon, Juliet Daisy Mitchell, Ashlyn Appelbaum, Samantha Klock, Taylor Winternitz, Dara G. Friedman-Wheeler, *Goucher College*

ONLINE RESEARCH has many advantages (Naglieri et al., 2004), including accessing larger and more diverse samples than might be available in laboratory settings (Birnbaum, 2000), reducing the tendency of participants to respond in a socially desirable way (Booth-Kewley, Edwards, & Rosenfeld, 1992), and limiting experimenter bias and demand characteristics (Hewson, Laurent, & Vogel, 1996). Unfortunately, there are several disadvantages to Internet-mediated research, including the potential for multiple submissions from one person and higher rates of attrition (Birnbaum, 2000). Given that researchers are not present when participants complete the survey, they are unable to control the environment and reduce distractors (e.g., other web pages open).

The existence of "bots" and "human bots" further complicates Internet-mediated research. Bots are computer programs that complete online forms automatically (and often repeatedly) at a faster rate than would be possible for humans (Al-Fannah, 2017). "Human bots" also complete surveys quickly and repeatedly, performing tasks that computer bots cannot (e.g., CAPTCHAs, described below), but often not attending to the questions or answering thoughtfully (Prince, Litovsky, & Friedman-Wheeler, 2012). Human bots are people who are likely paid small amounts of money by a third party who ultimately wishes to obtain the study's incentive. They may be able to disguise their intentions better than a computer bot, making their responses harder for researchers to detect.

There are several red flags that indicate that responses may not comprise meaningful data. Researchers may look for impossible answers to specific questions (e.g., responding "very true of me" to the item "I often eat concrete"); very similar answers to open-ended questions across participants (e.g., "lost keys" as the biggest stressor of the day, collected from many participants on the same day); and surveys that are completed in very short periods of time (Prince et al., 2012). There are many methods researchers can use to try to keep bots from completing their surveys, but staying up-to-date with these methods is a challenge, as bots (and humans not responding attentively) become more sophisticated over time. In addition, we have found that

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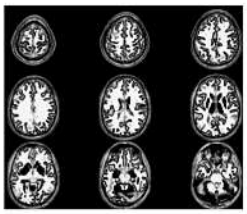

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there are trade-offs to methods designed to minimize invalid responses. Our research group summarized our early experiences with bots in a 2012 piece in *the Behavior Therapist* (Prince et al.). Here, we provide an update to share our recent efforts aimed at screening out responses from bots, human bots, or other humans not responding in good faith (i.e., the noise), in an attempt to base our analyses on only those responses generated by well-meaning human participants (i.e., the signal).

CASE STUDY
Our Recent Experiences

We have recently employed multiple strategies to minimize invalid responses, in the context of two online studies conducted to evaluate the French translation of a coping measure (Friedman-Wheeler et al., 2019). The Coping Expectancies Scale (CES; Friedman-Wheeler, 2016) is a vignette measure of individuals' expectancies for coping strategies across a variety of stressful situations. In generating the French version of the scale, we were seeking to create a version of the CES for use in French-speaking samples that maximized both semantic and conceptual equivalence.

In Study 1, bilingual participants were recruited via Amazon's Mechanical Turk (MTurk) to complete both the French and English versions of the measure online. We took several steps to minimize the likelihood of invalid responses, but we ultimately had reason to believe that about half of our data may have been generated by humans not completing the study in good faith. In Study 2, we therefore changed our recruitment strategy and took additional measures to maximize the validity of our data. Below, we outline the strategies we used, their advantages and disadvantages, and their outcomes. Table 1 provides a summary of the advantages and disadvantages of each strategy, and Figures 1 and 2 provide data on how these strategies have functioned in our recent research.

Strategies for Excluding Bots From Online Research

The Completely Automated Public Turing Test to Tell Computers and Humans Apart (CAPTCHA)

CAPTCHA is a popular tool for keeping out computer bots (Prince et al., 2012). CAPTCHAs require humans to complete a brief task that is easy for humans but hard for computers (e.g., identifying parts of a photograph in which a bus appears). When CAPTCHAs were first created, users needed to decipher a group of letters (Burling, 2012). As bots get more advanced, CAPTCHAs must become more difficult to complete (Teitcher, Bockting, Bauermeister, Hoefer, Miner, & Klizman, 2005). CAPTCHAs are now available as a tool in several online survey platforms, including Qualtrics.

Pros: CAPTCHAs seem to prevent many bots from accessing the survey. In addition, recent CAPTCHAs may do their own assessment of the "participant," generating a guess as to whether or not an individual participant is a bot, based on information such as mouse movement and time spent on the CAPTCHA itself.

Cons: CAPTCHAs generally cannot exclude "human bots," who can complete the required tasks as easily as humans who are completing the measure in good faith. In addition, some computer bot algorithms can get around CAPTCHAs (Al-Fannah, 2017). CAPTCHAS are an important tool, but they may not be sufficient to ensure meaningful data.

Our Experience: Our Study 1, in which bilingual (French- and English-speaking) participants completed the CES in both languages, used an early version of CAPTCHA, in which participants were asked to decode distorted text. As far as we could tell (from extensive data monitoring), this technology effectively excluded computerized bots, if any attempted to complete our survey. It did, however, allow in many humans not reading the study questions carefully (described further below). In Study 2, Qualtrics had been updated to use a later version of CAPTCHA, in which participants first checked a box that indicated they were not a robot and then sometimes went on to identify parts of photographs as containing particular objects. We believe that only three of the reports that ultimately ended up in our dataset were generated by bots, as Qualtrics marked them as "spam" (this feature of Qualtrics is described further, below).

Attention Checks

Attention checks are items that consist of simple instructions, for example, "Choose 'very much.'" The participant reading the item (and intending to adhere to the researchers' requests) will select "very much."

Pros: These checks inform researchers if the participant is reading the item.

Cons: Attention checks do not ensure that participants are reading the other items. Research has found that MTurk workers are in fact getting more sophisticated in their attempts to circumvent study requirements (Chandler & Paolacci, 2017). Participants may be skimming surveys for these items to ensure inclusion in studies (and thus compensation).

Our Experience: Our Study 1 (MTurk sample) contained three attention checks, and participants were required to answer all three correctly in order for their data to be included in the study. Nonetheless, it appeared from the final data as though approximately half of the data we included based on this rule were generated by people who were not reading the other items in the survey, as they had near-zero correlations between the English and French versions of the same measure (across all 78 items). Although we cannot be sure, it seems some participants may skim for attention-check items, answer these correctly, and respond randomly to others. In Study 2, our two attention check questions asked participants to "choose 'likely'" and "choose 'neutral.'" In this study, 98 of the 308 participants who completed our study measures missed or skipped at least one of these two items. We ultimately opted to exclude participants who missed at one attention check item plus another validity check item. Based on our experiences in Study 1, this method does seem to catch some who might not be reading closely, but might not work as well when participants are experienced survey-completers.

Trap Questions

"Trap questions," sometimes called "impossible items," are items that cannot be true for anyone, such that endorsement of the statement suggests that the respondent was not reading the item (e.g., "I was born in the 1700s").

Pros: These items are not as easy for participants to find as the attention checks (they do not consistently begin with the words "choose" or "select") and may therefore more accurately reveal those who are not reading carefully.

Cons: These items may confuse well-meaning participants. Additionally, research suggests that trap questions may change how participants approach later questions in the survey: participants may feel as though the researchers are trying to lure them into responding incorrectly, which may result in their subsequently focusing more on avoiding being "tricked" than on answering accurately (Hauser & Schwarz, 2015).

Our Experience: We introduced trap questions in Study 2, using the items "I was born in the 1700s" and "I sometimes eat concrete." Of the 308 participants who have completed all of the study measures, 74 skipped or failed at least one of these items ("I sometimes eat concrete" was the more frequently missed of the two). We believe that participants sometimes chose "neither accurate nor inaccurate" (or otherwise endorsed the statements), not because they were not reading the items, but rather because the questions seemed odd, and participants were unsure how to respond: several respondents used an open-ended question, commented on the survey post online, or emailed the researchers to say they were confused by these items; others skipped these items entirely. We ultimately did not exclude anyone from our study for missing only these items and may opt not to use them again, as we have concerns that they may end up inadvertently "catching" attentive participants.

Open-Ended Questions

Open-ended questions require participants to type text into a box, rather than selecting an option from those provided. In reviewing these responses, researchers can sometimes identify responses that were likely generated by a bot or by a person not reading the survey carefully. For example, if participants are asked about the most bothersome event of their day, and the response does not correspond to that question (e.g., "red"), researchers may want to scrutinize that set of responses more closely. In order for these questions to act as a "validity check" in this way, they should be required (i.e., survey must not allow participants to progress without completing them).

Pros: These items may be harder for bots (and/or people completing the study without reading carefully) to answer in a meaningful way, making it easier for researchers to detect invalid responses.

Cons: Researchers have to examine each individual response to identify if the response comprises a valid answer. Depending on the length, reading through responses to make sure they are meaningful can be time consuming. Also, there is a risk that people may disclose concerning information (e.g., depressive symptoms), even if researchers do not inquire about such information. Finally, while these items can be required, some participants may enter a period or just several characters in order to bypass the question; it is hard to know if they are opting not to respond for a legitimate reason.

Our Experience: We have found that bots and those not taking the survey in good faith produce answers that do not correspond to the question asked or are inconsistent with their responses to other survey items. These types of responses may serve as red flags. In Study 2, we used a required open-ended question and asked participants to describe the most bothersome part of their day. We had 17 participants effectively skip the open-ended question (by using a period or a space as their answer—we then changed the question to require at least 3 characters in a response). No one entered a verbal response that did not correspond logically to the question. We did receive several responses that disclosed concerning information, and because data were deidentified, we could not reach out to these participants to follow up. We ultimately opted to include (a) participants who provided a logical answer to the open ended question, and (b) those

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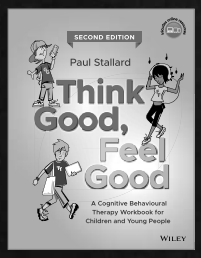

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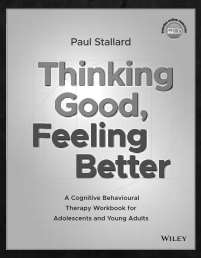

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ABOUT THE AUTHOR

Paul Stallard is Professor of Child and Family Mental Health at the University of Bath and Head of Psychological Therapies (CAMHS) for Oxford Health NHS Foundation Trust. He has worked with children and young people since qualifying as a clinical psychologist in 1980.

He is the author of "*Think Good Feel Good: A cognitive Behaviour Therapy Workbook for Children and Young People*" and Editor of the book series "*Cognitive Behaviour Therapy with Children, Adolescents and Families*". He has contributed to the development of CBT in many countries and has provided workshops for clinicians around the world. He is an active researcher and has published over 150 peer reviewed papers.

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Table 1. Descriptions, Advantages, and Disadvantages of Several Methods for Excluding Bots and Inattentive Participants

Method	Description	Advantages	Disadvantages
CAPTCHA	Brief task that is easy for humans but hard for computers	• Prevent many bots from entering survey	•Does not exclude human bots • Computer bots become more sophisticated over time and can circumvent CAPTCHAs
Attention Checks	Items that consist of simple instructions	• Show if participants are reading questions carefully	• Do not ensure participants are reading other items • Some people may scan for these questions
Trap Questions (a.k.a. Impossible Items)	Items that cannot be true for anyone	• Not as easy for participants to find • May reveal those not reading carefully	• May confuse well-meaning participants • May change how participants approach later questions
Open-ended questions	Require participants to type text into a box	• May be harder to complete without reading carefully, making it easier to detect invalid responses	• Reading responses can be time-consuming for researchers • People may disclose concerning information • Participants may try to bypass
Passwords	Participants receive and enter password to access one or more elements of the study	• Require an additional step for bots • May help to ensure that only people who are intended to can easily access survey pages	• Require extra step for well-meaning human participants • Effective passwords are often complicated; mistakes may prevent potential participants from accessing surveys
Careful incentives and recruitment	• Avoid over-incentivizing • Recruit via websites where primary motivation is not monetary when possible	• Careful promotion can increase the likelihood of reaching participants who complete studies in good faith	• Selective recruitment may reach fewer potential participants than more widespread promotion
Screening	Directly assess inclusion criteria	• If screens assess skills, they may help ensure that participants meet inclusion criteria	• Some screens are more "fake-able" than others • Creates an extra step for participants
Frequent Data Monitoring	Researchers assess quality and quantity of data in "real time"	• Researchers can identify bots readily and keep an accurate count of how many "real" participants have contributed data. • With IRB permission, adjustments may be made mid-stream	• Process can be labor-intensive
Platform: Mturk	• Online crowdsourcing system used for mass participant recruitment at low cost • "Workers" incentivized to complete tasks for a wage	• Can recruit based on particular qualifications and approval ratings • Can prohibit multiple entries from one worker	• Approval ratings may not be meaningful • Restricting a study to participants who have demonstrated particular skills has additional monetary costs
Platform: Qualtrics	• Allows use of CAPTCHA • Records completion time • Flags certain responses as "spam"	• Qualtrics updates CAPTCHAs as they become more sophisticated • Flagging responses as "spam" may catch some fraudulent responses • Completion times can also be used to estimate (a) if someone took enough time to have read the items, or (b) if they took longer to complete the study than is desirable	• Bots may be able to circumvent CAPTCHAs despite frequent updating • Qualtrics's "spam" flagging considers important dimensions but may not catch all bots

who appeared to bypass the question (e.g., enter a "." or space) but completed all other validity checks correctly.

Passwords

Passwords can give researchers some discretion about who participates. Researchers may require participants to receive and enter a password to access one or more elements of the study.

Pros: Passwords require an additional step for bots and may help to ensure that only people who are intended to can easily access password-protected pages.

Cons: Passwords also create an extra step for well-meaning human participants. Effective passwords are often complicated, and mistakes in recording and/or entering them may prevent potential participants from accessing surveys.

Our Experience: In Study 2, to safeguard our incentive drawing "survey" from those who did not complete the study, we created a separate password-protected Qualtrics survey in which participants entered their email address to enter the drawing. When participants reached the final page of the study-measures survey, they were given the password to access the incentive (drawing) page. Participants ideally would "copy" the password, proceed to the next page (really a separate Qualtrics survey), and "paste" the password in, to access the drawing survey. Although 243 people provided valid responses to our study, we had only 96 entries into the drawing survey, leading us to question whether the password was more of an obstacle than it was intended to be. Some participants contacted us saying they could not find the password or had attempted to enter it but were unable to access the drawing survey; we entered these participants into the drawing manually.

Careful Selection of Incentives and Recruitment Strategies

Careful selection of incentives and recruitment strategies can reduce the risk of bots completing forms. If monetary incentives are not required in order to recruit a sufficient number of participants, they should not be used—presumably programmers will not be motivated to have their bots complete the study without such an incentive. However, when compensation is necessary, the amount being offered should be considered carefully. In addition, recruiting via websites where the primary motivation is not monetary may help. For example, Hanover College's "Psychological Research on the Net" website provides links to known psychology experiments, whereas recruitment via Craig's List may attract participants who are mainly motivated by monetary incentives. It is also recommended that incentives not be overemphasized in recruitment messages (Prince et al., 2012).

Pros: Careful promotion (e.g., being selective in recruitment venues, not listing the monetary incentive first) can increase the likelihood of reaching participants who complete studies in good faith.

Cons: Selective recruitment may reach fewer potential participants.

Our Experience: In Study 1, we recruited using MTurk and compensated participants at a rate that was, although not high enough to be equivalent to a living wage in many parts of the world, also higher than the average rate at which MTurk workers are typically paid (Paolacci, Chandler & Ipeirotis, 2010). This incentive may have attracted participants who were drawn to

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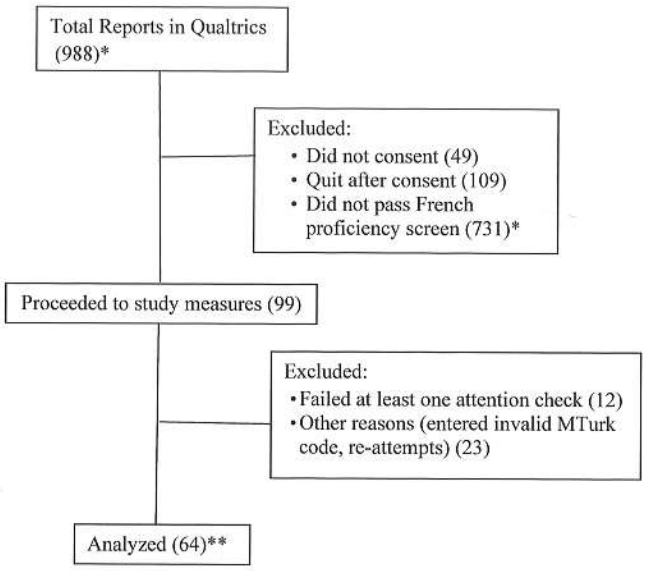

Figure 1. Study 1: Recruitment via MTurk and Usable Reports
Note. Responses were included if they passed all 6 of the French proficiency questions and all 3 of the attention-check questions. *It should be noted that the 988 reports do not necessarily constitute 988 individuals. Indeed, we believe many of the reports (particularly among those excluded for failing the French proficiency screen) were generated by the same individuals. MTurk does have several means of excluding repeat participants, which we ultimately discovered and implemented. **We wish to remind the reader here that although data from 64 participants were kept per our criteria, we have reason to believe that approximately half of these were not reading the questions closely (other than the attention-check questions).

the higher wage and had less intrinsic motivation to participate in our study. Indeed, fraudulent responding via MTurk has been found to increase as the wage increases (Chandler & Paolacci, 2017).

In Study 2, we therefore did not use MTurk and instead recruited French-speaking participants using snowball recruitment: a chance to win a gift card was offered both to participants who completed the study and to those who referred participants who completed the study. We began by reaching out to French speakers we knew personally, asking them to share with friends, and we also posted a link to the study on Facebook groups where potentially interested people might see it (e.g., "*groupe francophone d'étudiants en psychologie*"). After a semester of active recruitment using this strategy, we had 100 participants, approximately one third of the sample size we were seeking. With IRB permission, we expanded our recruitment efforts to include other websites (e.g., Reddit) and the use of paper flyers. Ultimately our sample size was increased by "boosting" a post on Facebook, paying for the post to appear to Facebook users in francophone countries. While we were nervous about casting such a wide net, we were hopeful that our other validity checks (as described above) would serve to filter out responses that were not generated in good faith, and we generally feel that they did: although we did have a greater proportion of invalid or incomplete responses once we expanded recruitment, we have confidence in those responses that passed our criteria for inclusion in our study.

Screening

Screening, or directly assessing inclusion criteria (e.g., demographics, relevant experience, etc.), can provide another opportunity to check for possible bots and can help ensure that participants are not "impostors" (Chandler & Paolacci, 2017).

Pros: If screens assess skills, they may help ensure that participants meet inclusion criteria.

Cons: Some screens are more "fakeable" than others. For example, if inclusion in the study requires that a person score above a certain threshold on a depression questionnaire, participants may guess that a higher score may lead to inclusion, and may endorse more symptoms than they are actually experiencing. In addition, screening creates an extra step for participants.

Our Experience: Our studies required proficiency in French, which we assessed using six multiple-choice items (adapted from Northwestern University, 2017). In Study 1, participants were told they were ineligible to participate as soon as they answered any of six French-proficiency questions incorrectly. From visual inspection of the data, it appeared as though these potential participants often then returned to the study to try another of the multiple choice options for the question they got wrong, until they got the item right, and then proceeded to do the same with the subsequent items. Ultimately, 731 of 988 total reports were failed proficiency screens. Having open-ended proficiency questions might have "caught" these participants earlier, but would have been more work to score, and participants would not have been automatically excluded before continuing with the study.

In Study 2, we used the same proficiency test but did not give the feedback until all 6 questions had been answered, making it harder for would-be participants to know which item(s) they had answered incorrectly and to use this information to "trick" the proficiency test. Out of 543 attempts at the proficiency test, 164 were failed, a much smaller proportion than in Study 1.

Data Monitoring

Frequent data monitoring during data collection can allow researchers to make note of time spent on the survey, answers to responses to attention checks, trap questions, and open-ended questions, and to assess the quality and quantity of the data in "real time."

Pros: Researchers can identify bots readily and keep an accurate count of how many "real" participants have contributed data. With IRB permission, adjustments may be made mid-stream. For example, if it appears as though many bots are accessing the study, more bot-exclusion strategies may be added into the study. If, on the other hand, researchers suspect that their validity checks are discouraging well-meaning human participants, some restrictions might be eased. These adjustments can be made in an ongoing way.

Cons: This process can be labor-intensive.

Our Experience: Via frequent data monitoring, we were able to see at what points potential participants were quitting the

survey and which of the validity questions might have been tripping up well-meaning participants. We also tracked how many valid data reports we had.

Platform-Specific Strategies

Amazon Mechanical Turk (MTurk)

Amazon Mechanical Turk (MTurk) is an online crowdsourcing system often used by social scientists for mass participant recruitment at low cost. Participants, or "workers," are incentivized to complete tasks (e.g., online surveys) for a wage. MTurk has tools that allow researchers to be selective in recruiting participants, including promoting the study only to those who have been "approved" by a particular percentage of researchers in the past, those who live in particular countries, and those who speak particular languages. Some of these parameters have costs associated with them. Participants can be given a code number in the survey software that they then enter into MTurk to receive payment (researchers check the codes produced by the survey software against the list in MTurk). MTurk also provides mechanisms to prevent workers from participating in the same study more than once.

Pros: Researchers can recruit participants based on particular qualifications. Study approval percentages can help researchers distinguish between reliable participants and potential bots, and MTurk can prohibit multiple entries from one worker. The link between the code generated by the survey software and entered into MTurk may alert researchers to those not completing the study in good faith or at all (e.g., codes that are found on one list but not the other).

Cons: Approval ratings may not be meaningful: some researchers/requesters may approve workers without reviewing their responses, due to the ease and low cost of doing so, or to avoid negative feedback from workers. As such, high approval ratings may not actually reflect reliable responding. In addition, restricting a study to participants who have demonstrated particular skills (e.g., speaking French) has additional monetary costs associated with it.

Our Experience: In Study 1, we ultimately opted to include only participants who had task approval ratings of 97% or above. We did not require the MTurk "qualification" of French language skills, as MTurk charges an additional fee to set this as a criterion. Of the 988 responses in our dataset, 64 bilingual French- and English-speaking participants recruited through MTurk produced data that appeared valid—and even then we are not certain they were all reading the survey closely.

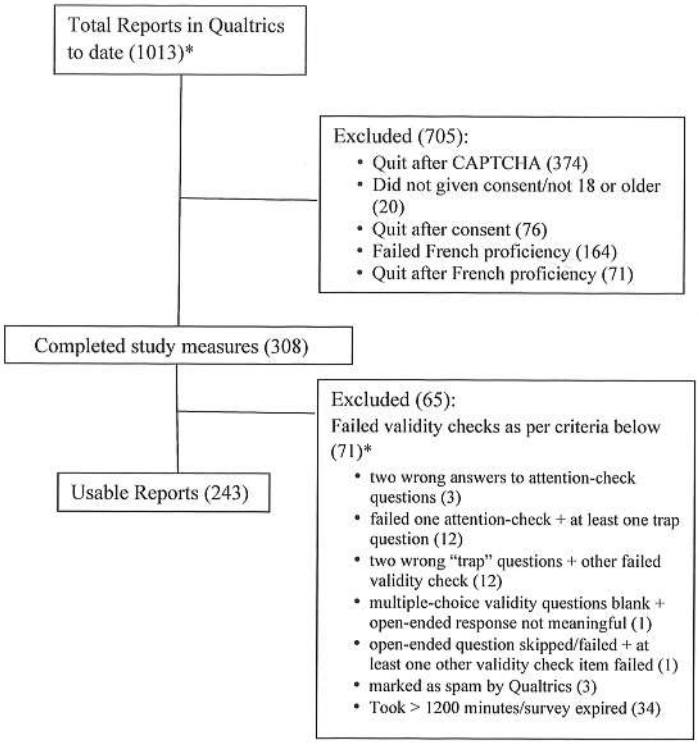

Figure 2. Study 2: Recruitment via Social Media and Usable Reports
Note. Responses were included if: (a) they included no more than one wrong answer to a validity check question (across all types of validity questions); (b) they included no more than two wrong "trap" questions; (c) they left the four multiple-choice validity questions blank but answered open-ended question in a meaningful way; (d) they skipped the open-ended question but answered all other validity checks correctly; and (e) they took > 1200 minutes to complete the survey. Fifty-two participants (of the 243 retained) failed at least one of the "trap" questions ("I was born in the 1700s" and/or "I sometimes eat concrete"). It is possible that some of these participants were not attending closely to the survey, but based on feedback from participants regarding these questions, we felt it more likely they were confused by the items and unsure how to answer. We therefore decided not to exclude these participants unless they had another failed validity check item as well. *Numbers of participants excluded per criterion total more than the 61 excluded because of overlap (e.g., those marked as "spam" by Qualtrics also failed to complete the measure in the allotted time and/or failed other validity checks).

Qualtrics

Qualtrics is a commonly used survey software tool. Qualtrics allows researchers to employ CAPTCHAs and also flags responses as "spam" if multiple identical responses are received from the same IP address in a 12-hour period (Qualtrics, 2019). In addition, study completion time is recorded.

Pros: In addition to the strategies discussed above, Qualtrics' flagging of responses as "spam" may catch some fraudulent responses. Study completion times can also be used to estimate (a) if someone took enough time to have read the items, or (b) if they took longer to complete the study than researchers deem appropriate.

Cons: Qualtrics adjusts the CAPTCHAs it uses as the technology is updated, but bots may figure out how to circumvent CAPTCHAs nonetheless. Qualtrics's "spam" flagging considers important dimensions but could be more comprehensive.

Our experience: Qualtrics marked three responses as spam in Study 2; all were

responses that were excluded for other reasons as well.

Conclusion

There is no perfect strategy for excluding bots and inattentive respondents, so individual methods must be considered via cost-benefit analysis. The specifics of each study will determine which strategies make the most sense (e.g., not all studies involve screening for a particular characteristic or skill). Overall, we recommend seeking a balance: it may seem at first glance that as many methods as can be used to exclude bots and insincere respondents should be used, but in fact, too many of these methods can deter well-meaning participants from completing questions. As a starting point, we recommend using an online survey platform that allows for the use of CAPTCHAs. At present, CAPTCHAs are at the forefront of preventing bots from accessing surveys.

At the other end of the spectrum, trap or impossible items (e.g., "I eat concrete") can cause confusion among participants and thus may result in excluding valid responses, if the participant answers incorrectly, or may influence the participant to approach subsequent questions differently. As such, trap questions should be used with caution or perhaps not used at all, if other validity check methods are available. Furthermore, researchers may not want to exclude data based on the response to any single item; considering several indicators may provide a more valid way of determining the legitimacy of responses, as even well-meaning participants may "miss" an item or two among many.

Researchers may also want password-protected forms that ask for participant contact information for incentive purposes. This practice ensures that only participants who are given the password receive the incentive, although it does also provide an additional hurdle for well-meaning participants.

Frequent data monitoring is recommended, and researchers may want to make small adjustments to along the way (with appropriate consultation of regulatory bodies). Less-frequent monitoring may present researchers with an overwhelming number of responses not completed in good faith.

There are, of course, other methods for screening out invalid responding, in addition to those reviewed here. For example, some researchers ask participants at the end of a survey if there is any reason their data should not be used for the study; this practice is not unlike that used in some blood-drives, where donors are asked whether their blood should be discarded after it has been donated. This practice may yield some honest responses that help to filter out insincere responding. In general, we recommend staying up to date with current methods, as bots (and inattentive human participants) continue to become more sophisticated. Staying current will enable researchers to take full advantage of the benefits of online research, while minimizing the risks.

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Correspondence to Dara G. Friedman-Wheeler, Center for Psychology, Goucher College, 1021 Dulaney Valley Rd., Baltimore, MD 21212; darafw@goucher.edu

Should OCD Be Recognized as a Differential Diagnosis for Separation Anxiety Disorder?

Terence H. W. Ching, *University of Connecticut*

Monnica T. Williams, *University of Connecticut and Louisville OCD Clinic, Louisville, KY*

Street Russell, *Louisville OCD Clinic, Louisville, KY*

Gregory S. Chasson, *Illinois Institute of Technology*

THERE ARE TOPOGRAPHICAL similarities between separation anxiety disorder (SAD) and certain forms of obsessive-compulsive disorder (OCD), particularly in terms of excessive, persistent, and recurrent fears of losing a major attachment figure and/or harm befalling a loved one. The DSM-5 (APA, 2013) included anxiety disorders as a differential diagnosis for OCD. However, OCD is not listed as a differential diagnosis for SAD. This discrepancy is concerning for different reasons. First, OCD and the OC spectrum disorders (e.g, trichotillomania, excoriation disorder, body dysmorphic disorder) have now been independently classified in the DSM-5 away from anxiety disorders (Regier, Kuhl, & Kupfer, 2013). As such, it is inconsistent that OCD is not listed as a rule-out for SAD. Second, the differential diagnosis section of the DSM-5 is intended to be helpful in guiding diagnostic decisions in clinical and/or research settings. Without a comprehensive reference of rule-out diagnoses, misdiagnosis can occur, to the detriment of treatment effectiveness and reliable research.

In this article, we compared diagnostic features of SAD and certain forms of OCD, and discussed a case example, in order to explore whether OCD should be recognized as a differential diagnosis for SAD. Our approach is consistent with functional analysis (Holman, Rohl, & Andover, 2017), which involves determining antecedent internal and external events that precede target behaviors, as well as the consequences of those behaviors (for a case example, see May et al., 2008).

Diagnostic Features of SAD

According to the DSM-5 (APA, 2013), SAD is characterized by excessive, developmentally inappropriate fear or anxiety about being separated from the home or major attachment figures (for children, typically the parent[s]; for adults, typically the spouse or a close friend) that causes clinically significant distress or functional impairment. Individuals with SAD experience distress with actual or anticipated separation. They worry about harm or death occurring to their loved ones, and feel the need to stay in contact with them. They also worry about untoward events occurring to themselves that would keep them from reuniting with their loved ones. These worries are linked to the core fear of separation from and abandonment by attachment figures (see Krain, Hudson, Coles, & Kendall, 2002). Typically accompanying this fear are ritualistic checking and reassurance-seeking behaviors (Blunden & Nair, 2009; Phillips & Wolpe, 1981). Individuals with SAD may be reluctant or refuse outright to enter or stay in settings independently. There may also be repeated nightmares about separation from attachment figures, and unpleasant somatic symptoms. SAD can be diagnosed in children and adolescents if these symptoms last for at least 4 weeks. SAD is often perceived as a childhood disorder because most symptoms remit with age (Shear, Jin, Ruscio, Walters, & Kessler, 2006). However, SAD can also be diagnosed in adults if symptoms persist for at least 6 months (i.e., Criterion B; APA, 2013, p. 191).

These clinical characteristics of SAD are well-documented in the literature (for reviews, see Bögels, Knappe, & Clark, 2013; Vaughan, Coddington, Ahmed, & Ertel, 2017). Kossowsky, Wilhelm, Roth, and Schneider (2012) found that children with SAD reported elevated anxiety and demonstrated increased sympathetic reactivity, specifically in response to separation from their attachment figures (in all cases, the mother), compared with children with other anxiety disorders and nonclinical controls. Pini et al. (2012) showed that adult psychiatric outpatients who have suffered bereavement reported elevated levels of complicated grief reactions if they also had a primary diagnosis of SAD (as opposed to mood disorders or other anxiety disorders). These findings were discussed in the context of the fear of a significant disruption in an attachment relationship, or, in other words, fear of abandonment by attachment figures.

The functional consequences of SAD can be severe, often as a result of avoidance or safety behaviors that reinforce separation fears. There is limited engagement in independent activities away from the home or attachment figures (e.g., school refusal, or remote employment, if at all; Manicavasagar & Silove, 1997). At home, restrictions may be imposed on how often/long attachment figures can leave the home or stay out of sight. Family accommodation of these behaviors can paradoxically exacerbate symptoms (Lebowitz et al., 2013), leading to academic/occupational difficulties, social isolation, and familial stress and conflict (Masi, Mucci, & Millepiedi, 2001).

Diagnostic Features of OCD and Overlap With SAD

OCD is defined in the DSM-5 by the presence of distressing obsessions, and/or behavioral and mental compulsions, typically performed to neutralize the obsessions themselves and/or the induced anxiety (APA, 2013). OCD can be functionally impairing, due to the inordinate time consumed by symptoms, and dysfunctional avoidance of triggering situations/stimuli. Therefore, shame, strained interpersonal relationships, social isolation, and an overall reduction in quality of life can similarly result (Ruscio, Stein, Chiu, & Kessler, 2010; Singh, Wetterneck, Williams, & Knott, 2016). If left untreated, OCD can be chronic, with waxing and waning of symptoms (Ruscio et al., 2010).

OCD overlaps topographically with SAD in several ways. Obsessive fears and separation anxiety are functionally linked to compulsions and separation-prevention behaviors (and avoidance behaviors), respectively, in a negatively reinforcing manner (Gillan et al., 2014; Starcevic et al., 2011). Family accommodation is a symptom maintenance factor common to both (and other anxiety) disorders too (Storch et al., 2007; Strauss, Hale, & Stobie, 2015).

Because the processes of negative reinforcement and family accommodation of symptoms are common to both SAD and OCD, they obscure differential diagnosis, if just attending to behavioral observations. Furthermore, SAD can be diagnosed in adults with nonparental attachment figures (e.g., spouse). Thus, neither the patient's age nor type of attachment figure are useful for differentiating between diagnoses.

Harm OCD Versus SAD

OCD can manifest in several symptom dimensions, such as contamination concerns, harm occurring to the self or others, violent, sexual, or religious/immoral concerns, and symmetry/ordering or "just-right" concerns (Williams, Mugno, Franklin, & Faber, 2013). Particularly, individuals with OCD involving egodystonic concerns about harm occurring to themselves or their loved ones (i.e., harm OCD) can present compulsive harm avoidance behaviors topographically similar to SAD.

In harm OCD, however, there is typically an inflated sense of responsibility for causing harm, accompanied by excessive doubt/uncertainty about harm occurring (McKay et al., 2004), or even distorted beliefs about thoughts increasing the likelihood of harm (i.e., thought-action fusion [TAF]; Berle & Starcevic, 2005; Shafran & Rachman, 2004; for children with OCD, see Barrett & Healy, 2003). In fact, harm avoidance (specifically, the avoidance of feeling responsible for harm) has been shown to be a strong motivational factor for compulsions in OCD (e.g., Ecker & Gönner, 2008; Pietrefesa & Coles, 2009), which is distinct from the core fear of separation and abandonment in SAD (Krain et al., 2002). Individuals with harm OCD engage in compulsive checking behaviors, excessive reassurance-seeking, and other verbal or mental rituals topographically similar to separation-prevention behaviors in SAD. For example, children with harm OCD can also impose rigid and unreasonable rules within the home and demand constant physical proximity to their parents (Wu & Storch, 2016). However, individuals with harm OCD irrationally believe that by performing these rituals, they will prevent harm from happening to themselves and others. Research shows that the greater the level of perceived responsibility for preventing harm, the more time-consuming rituals become (Bucarelli & Purdon, 2016). The main function of harm-prevention compulsions in OCD therefore involves the reduction of anxiety stemming from perceived responsibility for safety (Kobori, Salkovskis, Read, Lounes, & Wong, 2012), even though compulsions in harm OCD tend to backfire by paradoxically reinforcing and increasing doubt about the checking (Woods, Vevea, Chambless, & Bayen, 2002). More importantly, harm OCD does not necessarily stem from fears of abandonment characteristic of SAD. In fact, Cooper-Vince, Emmert-Aronson, Pincus, and Comer (2014) found that separation distress and fear of being alone without major attachment figures (i.e., fear of abandonment) best discriminated children with severe SAD symptoms from those with mild SAD symptoms. However, worry about harm befalling attachment figures was the poorest discriminatory factor. This implies that uncovering the core fears of abandonment versus responsibility for harm might best discriminate between SAD and harm OCD.

When weighing the differential diagnosis between OCD and SAD, it would help for clinicians to consider the following question: "Are there differences in the function(s) and goal(s) of worries and behaviors in SAD and compulsions in OCD?" To improve diagnostic accuracy, clinicians should carefully examine the precise function(s) of behaviors that accompany the client's presenting concerns. In the following, we demonstrate differentiation between harm OCD and SAD with a detailed case example.

Case Example

Finn was a 13-year-old non-Hispanic White male who was referred for therapy with one of the authors in a specialized OCD treatment clinic in the Midwest by his parents for concerns related to anxiety and repetitive behaviors. Finn had no history of neurodevelopmental disorders. Finn was accompanied by his mother for all sessions. According to her report, Finn was anxious throughout childhood and would worry excessively and become frightened when separated from her. His school attendance was consistent until the sixth grade when there was a gradual increase in worries and a sense of urgency to be close to his mother. He would often scream in class, tense his muscles, jerk his body, and spend most of his class time in the school counselor's office, anxiously waiting for his mother to leave work to pick him up. His mother eventually decreased her hours at work and removed Finn from school permanently. His mother reported that he no longer slept in his bedroom at night; instead, he would sleep on a small mattress at the end of his parents' bed to be close to his mother.

Finn's symptoms in sessions included pressured speech, panic-like symptoms, screaming, hyperawareness of his mother's location in the room, unusual body contortion and jerking movements, muscle tensing, and frequent reassurance-seeking behaviors. Eye contact with the therapist was infrequent, as Finn tended to look downward, hide under a blanket, or gaze in his mother's direction. In sessions, Finn would often want to be close to his mother in ways that were developmentally atypical. For example, despite his mother's protests, Finn would sometimes press his forehead against hers, and hold her cheeks in the palms of his hands. He would also sometimes get onto her lap or cover her in his blanket while the therapist was asking questions. In sessions, Finn often looked in his mother's direction to answer questions. Occasionally, Finn elected to discuss fears with his mother in the therapist's presence, but not directly to the therapist. He expressed fears about something bad happening to his mother, and therefore needed to stay with her at all times. Finn would frequently ask his mother if she loves him and for her to promise that they will be safe, telling her that he was scared and wanting reassurance that she would not leave his sight. Despite these frequent reassurances, Finn would ask her to repeat them, becoming more anxious while awaiting each reply. Finn's anxiety and disruptive behaviors (e.g., screaming, flailing on the ground, storming in and out of the therapy room, hiding under couches, blankets, and chairs while calling out for his mother) worsened with repeated assurances over time, more so when his mother, as instructed by the therapist, withheld reassurance about his fears of separation. It became apparent that the function of Finn's disruptive behaviors was to increase the frequency of reassurances by his mother about her safety.

Achieving Differential Diagnosis in Finn's Case

The OCD-SAD differential diagnosis may be challenging in children because they tend to have less well-formed and well-articulated obsessions, making the function of compulsive rituals and avoidance behaviors potentially difficult to decipher (Geller et al., 2001). Indeed, there was significant overlap between OCD and SAD symptoms in Finn's case. On the Separa-

tion Anxiety module of the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1997), Finn endorsed sufficient criteria to screen positive for a diagnosis of SAD. Finn's excessive fear of separation from his mother seemed to fulfill at least three symptoms listed under Criterion A in the DSM-5 for SAD: (1) recurrent excessive distress when anticipating separation from major attachment figures; (2) persistent and excessive worry about harm coming to a major attachment figure; (3) persistent reluctance to go out or to be alone; and (4) reluctance or refusal to sleep without being near a major attachment figure. Finn also met Criteria B (i.e., symptoms of separation fear lasting at least 4 weeks) and C (i.e., clinically significant distress and functional impairment across settings as a result of his symptoms).

The therapist considered several pieces of evidence in making the differential diagnosis of OCD, instead of SAD. First, self- and parent-report responses on several intake measures suggest the possibility of OCD as an alternative framework for understanding Finn's presenting symptoms. On the Children's Yale-Brown Obsessive-Compulsive Scale checklist (CY-BOCS; Scahill et al., 1997), Finn endorsed primary obsessions of harm occurring to his mother, accompanied by primary compulsions involving reassurance-seeking from his mother about her safety, and several other repetitive behavioral and mental acts. Finn also reported a CY-BOCS total severity score of 30 ("severe" range). On the parent-report version of the Spence Children's Anxiety Scale (SCAS-P; Nauta et al., 2004), Finn's mother reported that he would "often" or "always" be bothered by "bad thoughts in his head," and "has to do certain things in just the right way to stop bad things from happening." Additionally, on the parent-report version of the Family Accommodation Scale for OCD (FAS-PR; Flessner et al., 2009), Finn's mother endorsed several accommodative behaviors toward Finn's compulsions (e.g., providing reassurance whenever asked, helping him complete his behavioral rituals, modifying family responsibilities around his symptoms, etc.). Although family accommodation is also common in SAD (as discussed above), these responses provided a more comprehensive picture of how Finn's disordered behaviors were negatively reinforced in the family.

With the help of these assessment data, the therapist became cognizant of the topographical overlap in symptoms of OCD and SAD that were highly descriptive of Finn's presentation. As such, the therapist probed deeper into Finn's core underlying fears, which mainly focused on being wholly responsible for his mother's safety (e.g., "What if something bad happens to my mom that I could have stopped?"), as is typical of harm OCD, as opposed to the core fears of abandonment that are more typical of SAD. Upon further inquiry into the functions of Finn's compulsions, the therapist was also able to determine that his compulsive rituals (e.g., making bids for reassurance from his mother; mentally reviewing interactions with her to ensure that no harm has occurred) were performed largely to assuage the distress he feels with an inflated sense of responsibility for his mother's safety in a way typical, again, of harm OCD, instead of SAD. Furthermore, in addition to making sure he slept near his mother at night, and exhibiting disruptive behaviors to obtain his mother's reassurances about her safety, he also engaged in other outward compulsive behaviors such as ritualistic blinking, tensing, jerking movements, rapid breaths, and walking through doorways and hallways in a "just right" manner to neutralize his intrusive thoughts. These behaviors were all functionally bound to his inflated sense of responsibility for his mother's safety, which are different than the separation-prevention behaviors in SAD that are enacted to mitigate separation and abandonment fears. Further assessment revealed avoidance behaviors to temper inflated responsibility for harm, instead of fears of abandonment. The aforementioned information converged on the core fear of inflated responsibility for harm (instead of abandonment), as distinctive of a differential diagnosis of OCD (instead of SAD). Indeed, Finn has received a consistent diagnosis of OCD from five other clinicians (three of whom specialized in OCD treatment) since his original diagnosis from his therapist.

Recognizing OCD as a Differential Diagnosis for SAD

There is consensus that explicitly recognizing OCD as a differential diagnosis for SAD can better guide the assessment process for a wider audience of health care professionals (Baldwin, Gordon, Abelli, & Pini, 2016; Ivarsson, Melin, & Wallin, 2008), although this is not reflected in the current version of the DSM. We recommend that this be rectified in the next update of the DSM. This is pertinent in light of the fact that OCD is frequently misdiagnosed by professionals such as primary care physicians, who are often the first point of contact (Glazier, Swing, & McGinn, 2015; Glazier, Wetterneck, Singh, & Williams, 2015). From our discussion, it appears that the core element of an inflated sense of responsibility for harm, as opposed to fears of separation from and abandonment by attachment figures, is a good differentiating factor for a diagnosis of harm OCD, rather than SAD.

Accurate differentiation between SAD and OCD is important because there can be differences in specific treatment targets, with implications for treatment efficacy, for these two disorders. To maximize treatment efficacy, the correct core fears and primary beliefs should be targeted. Cognitive challenging in harm OCD may aim to reduce inflated responsibility for harm by having the patient recollect instances in which harm did not befall loved ones when compulsions were resisted. On the other hand, cognitive challenging in SAD may target fears or abandonment by asking patients to identify evidence of positive outcomes in instances in which they were separated from their attachment figure. In terms of behavioral targets, rituals in OCD are not limited to simple reassurance-seeking, and may even seem elaborate, bizarre, or not clearly connected to a harm avoidance function in a causal manner (especially in young children; Adelman & Lebowitz, 2012), which might not be expected in SAD. For example, individuals with harm OCD may perform rituals to prevent harm along the lines of "magical thinking" (e.g., Finn walking through doorways and hallways in a "just-right" manner so that his mother "would not die"; Einstein & Menzies, 2004). As such, exposure therapy can also proceed in very different directions for OCD versus SAD. Individuals with harm OCD may be guided in refraining from, or intentionally spoiling, these compulsions to show that harm will not happen to loved ones, while individuals with SAD may be tasked to tolerate distress upon separation to demonstrate that secure attachments would not be disrupted, and that parental abandonment would not occur. Exposure and response prevention (Ex/RP) for harm OCD may involve having the patient risk harming someone (e.g., not locking the door), while resisting urges to engage in safety behaviors and reassurance-seeking/checking. These exercises can also be paired with imaginal scripts depicting the patient being responsible for harm in similar scenarios. On the other hand, exposure therapy for SAD may

have the patient sit with and tolerate actual separation from the attachment figure while resisting urges to engage in reassurance-seeking/checking or behaviors to call or bring back the attachment figure. Imaginal scripts for SAD may depict scenarios of abandonment by the attachment figure.

Existing research has also detailed substantial comorbidity between SAD and OCD (Franz et al., 2015; Shear et al., 2006). As such, clinicians need to carefully assess whether there is incremental, non-OCD-related, and functionally distinct separation fear/anxiety, to determine whether both diagnoses should be given. To arrive at either differential or dual diagnoses, clinicians can still prioritize functional analysis of antecedent triggers of target behaviors, as well as their consequences. A secondary option involves the use of self-report measures to assess the severity of key constructs. The Responsibility for Harm subscale of the Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010) can be administered to measure responsibility for harm concerns. The Separation Anxiety Scale for Children (SASC; Méndez, Espada, Orgilés, Hidalgo, & García-Fernández, 2008) can be used to assess separation distress and fears of abandonment. In fact, full assessment of other OCD manifestations using the Y-BOCS-II (Storch et al., 2010) or CY-BOCS (Scahill et al., 1997) might highlight profound and pervasive OCD beyond harm OCD. However, it is important to note that the aforementioned measures may conflate constructs pertinent to OCD and SAD, and misdiagnosis may occur with simple reliance on these measures. Furthermore, clinicians in primary care might not even have access to these measures. Therefore, we recommend clinicians to focus on conducting detailed functional analysis of patients' symptoms (e.g., by probing deeper into core fears, as tied to the functions of behaviors), much like how Finn's therapist arrived at a differential diagnosis of OCD, instead of SAD.

We hope that these clinical insights about the topographical similarities and underlying differences between OCD and SAD would stimulate more systematic research in the field examining such distinctions with more empirical data. The following guidelines can be helpful in improving recognition of the distinctions between OCD and SAD, whether in clinical practice or research (see also Table 1): "Individuals with OCD, particularly with obsessive concerns about harm, may fear harm befalling attachment figures. They may also compulsively seek reassurance about their safety and knowledge of their whereabouts. However, these behaviors serve the function of reducing inflated responsibility for harm, instead of allaying the fear of separation and abandonment characteristic of SAD. Both diagnoses can be considered only when there is incremental and functionally distinct separation fear/anxiety that is not related to OCD, and which is distressing and impairing to a clinically significant extent."

Table 1. Overlapping Features and Underlying Distinction for SAD and Harm OCD

SAD	Harm OCD
Overlapping Features	
• Worries about harm occurring to the self or loved ones • Distress with actual or anticipated separation from loved ones • Excessive reassurance-seeking/checking (and other separation-prevention behaviors) to reduce separation anxiety	• Obsessions about harm to the self or others (typically, loved ones) that are experienced as distressing • Compulsive reassurance-seeking/checking (and other behavioral and mental compulsions) to reduce distress caused by obsessions
Underlying Distinction	
• Symptoms are linked to the core fear of abandonment by attachment figures	• Symptoms are linked to the core fear of responsibility for harm

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Correspondence to Terence H. W. Ching, Department of Psychological Science, University of Connecticut, 406 Babbidge Rd, Unit 1020, Storrs, CT; 06269; terence.ching@uconn.edu

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Spotlight on a Mentor • Amy Brausch, Ph.D.

Amy Brausch is an Associate Professor in the Department of Psychological Sciences at Western Kentucky University where she has been a faculty member since 2011. She received her Ph.D. in Clinical Psychology from Northern Illinois University in 2008 after completing her internship at the Utah State University Counseling and Psychological Services Center. Her first faculty position was in the Department of Psychology at Eastern Illinois University from 2008–2011. At WKU, Dr. Brausch mentors students in the psychological sciences master's program, as well as undergraduate psychological science majors working in her research lab.

Dr. Brausch's research program focuses on issues of suicide and self-injury in young adults and adolescents. She has published numerous articles and book chapters related to suicide and self-injury in this age group, as well as the overlap between self-harm and issues of body image and disordered eating. She is currently a Senior Consultant with CAMS-Care and provides training and consultation to clinicians across the United States in the Collaborative Assessment and Management of Suicidality treatment framework. Dr. Brausch is currently involved with research projects that utilize CAMS with adolescents, and two NIMH-funded studies: one that evaluates the role of emotion dysregulation in the development of self-injury and suicide behaviors in adolescents, and one examining how features of self-injury facilitate the progression to suicide thoughts and behaviors in young adults. Dr. Brausch has been recognized for her research efforts, receiving the WKU University Research Award in 2017 and the WKU College of Science & Engineering Junior Faculty Research Award in 2015.

For how long have you been a member of ABCT?

I believe I have been a member for fifteen years.

What type of mentor do you aspire to be? Do you have a mentorship philosophy?

I think the best way to capture my mentorship philosophy is in a motto to which I subscribe: "you work hard for me and I work hard for you." I aspire to be really supportive and encouraging, but also challenge my trainees to try new things and step out of their comfort zone. I also attempt to help students get comfortable with setbacks, such as not getting grants and awards, and to view initial failures as part of the process. In a similar light, I try to help students become comfortable with receiving feedback. As an example, I work exclusively with undergraduates and masters-level students and assist them as they decide to pursue doctoral training or enter the workforce. In these discussions, I try to offer unconditional positive regard as much as possible, but I do not sugar-coat things, because I want them to be prepared and realistic expectations.

What practices do you engage in that foster your mentorship style?

A few of the things I do regularly are schedule regular meetings, monitor each student's goals, which vary depending on their professional goals, provide support/cheerleading as needed, try to assess which strategies work best for each student and tailor my approach accordingly, and connect students to opportunities that are a good fit for their goal.

What are your strengths as a mentor?

I am an efficient and organized person and believe that I read students well, which allows me to deliver feedback or intervene at effective times. I also attempt to demonstrate a calm and optimistic presence as well as model work/family balance.

Whom do you perceive to be your most influential mentors? Describe the main lessons that you have learned from your mentors.

I have a few that come to mind. For my undergraduate training, I think of Dr. Bill O'Brien at Bowling Green State University. I first interacted with him because I wanted research experience. Not many faculty worked with undergraduates, but he was willing to do so. I was the only undergraduate in his lab, and I did a master's thesis with him. He was an excellent model of work/family balance and balancing various responsibilities. For my doctoral training, I found Dr. Pete Gutierrez at Northern Illinois University. He taught me to not be afraid to push myself, because opportunities are everywhere. On the other hand, he also taught me to choose to be involved in what matters most to me. He was also another model of self-care, and promoted the importance of remaining healthy and active, two things that are important to me.

What do you tend to look for in potential mentees?

I am looking for a certain level of maturity to know they are ready to work hard, are eager to learn, and are enthusiastic about pursuing their goals. Another characteristic that is important is that they have some idea of what their career aspirations are, because once they have that I can develop a plan to help them meet that goal. I look for trainees that are not afraid to branch out (e.g, move). Lastly, they must care about suicide prevention and be passionate about that so they will be a good fit in the lab.

What advice would you give to other professionals in your field who are starting out as mentors?

I find it is important to determine several things about themselves, such as are they hands off/hands on; do they like mentoring; how available do they want to be; and how can they be available but maintain boundaries. Another area to consider, which is similar to clinical work, is that a mentor-mentee relationship is not really a two-way street. Mentors must be present with mentees but not overly sharing of their personal problems. I see a mentor-mentee relationship as mutually beneficial but not equitable.

What do you enjoy doing for fun/ relaxation?

I really enjoy reading for pleasure, exercise, and spending time with my family.

Spotlight on a Mentor interviews are presented by ABCT's Academic Training and Education Standards Committee. To read about all of our spotlighted mentors, please visit abct.org/Resources. To add your mentorship profile to the ABCT Mentorship Directory, please visit www.abct.org/mentorship/

Considering Psychometrics and Standards When Developing Mechanistic Assessments

Greg J. Siegle and Rebecca B. Price, *University of Pittsburgh School of Medicine*

CALLS FOR PERSONALIZED MEDICINE have been increasingly popular among those researching how to better tune psychological treatments to people who would most benefit from them. Demographic and self-report measures have shown initial support in this regard (e.g., rumination is associated with poor treatment outcome in standard cognitive therapy; Jones, Siegle, & Thase, 2008), possibly suggesting the utility of neurocognitive augmentations (Siegle, Ghinassi, & Thase, 2007)). Yet, the limitations of self-report measures, such as susceptibility to demand characteristics, social desirability biases, memory lapses, and other sources of introspective inaccuracy, are well known (Baer, Rinaldo, & Berry, n.d.). These limitations have led to considerations of using insights from neuroscience to personalize medicine (Gordon 2010) including behavioral, computational, physiological, and neuroimaging measures in understanding mechanisms of individuals' presentations, and in predicting their response to treatment for psychopathology (Kemp et al., 2008). Yet, these methods have rarely found homes in actual clinics (Kilbourne et al., 2012; Weersing, Rozenman, & Gonzalez, 2009). We suggest that attending to psychometrics and standards in these new assessment methodologies may be essential to facilitating clinical adoption of mechanistic assessments.

Psychometrics

A fundamental assumption of mechanistic assessments, particularly in their use as treatment predictors, is that they are measuring a true underlying signal—that is, they have strong psychometric properties. For example, we assume they are stable over time, so what is predictive of response for a given patient today is likely also to be predictive tomorrow, which translates to high test-retest reliability. While evaluating psychometrics is acknowledged as essential when developing self-report instruments, this practice is less consistently applied in other domains. For example, we and others have shown that one of the most widely used reaction-time measures in affective science, the dot-probe test, has very poor psychometric properties when using conventional scoring techniques (Price et al., 2015). And we have recently shown that of all the neuroimaging studies identifying predictive markers for psychotherapy, only one reported on test-retest reliability (Compere, Siegle, & Young, submitted). Across all of these neurocognitive measurement domains, if we are to use probes to make useful clinical predictions—the holy grail of any methodological approach to clinical psychology—there is increasing recognition that we must engage in transparent psychometric assessment, iterative refinement, and optimization of measurement. Guidelines such as the consensus statement from the Banbury Computational Psychiatry meeting at Cold Spring Harbor (February, 2019) on the need for strong psychometrics and Langenecker's discussion of proposed reporting guidelines for neuroprediction in fMRI (Langenecker et al., 2018) could be helpful.

Standards

Neuropsychological assessment, one specific domain of performance-based neurocognitive measure, is useful clinically because these assessments provide scores that are interpretable—that is, they have standards (e.g., for administration and interpretation). For example, large normative banks of how people "generally" behave on these measures, stratified by age and gender (Heaton, Grant, & Matthews 1991), allow assessments to be quickly scored, to understand how "abnormal" a given individual is on salient dimensions. In contrast, acquiring and making data available from large normative samples is not the standard for behavioral and reaction time measures or physiological measures, and presents significant specific challenges for neuroimaging assessments, for which data must be carefully harmonized in order to reduce the significant influence of technical and procedural variability across brain imaging centers. Overcoming this issue seems essential for allowing mechanistic assessments to contribute to our understanding of individual patients, and will require an "all hands on deck" approach to routinely and transparently report on psychometric properties (and make concerted efforts to improve them) and to develop normative corpuses through sharing of original data, consistent with growing calls for an "open science" framework. We have published initial guidelines on developing standards for mechanistic assessments (Hansen & Siegle, 2015) that we hope may provide a useful guide for aspiring researchers to contribute to this essential effort.

An Invitation

We are appealing for attention to psychometrics and standards in the pages of *tBT* because we fully appreciate that, across the globe, ABCT's students are doing dissertations on novel assessments, our faculty and students are teaching experimental psychopathology courses, our junior faculty are hoping to make a mark on the quickly evolving landscape of clinical interventions, and our clinicians are searching for what next new tools to use in their clinics. All of these constituents may benefit from considering psychometrics and standards as part of their initial thinking in developing, disseminating, and adopting novel assessments for psychopathology. ABCT's Neurocognitive and Translational SIG and our Dissemination and Implementation SIG care deeply about these issues. We will jointly highlight them in a special section on Sunday at this year's ABCT meeting, and hope to see you there.

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Correspondence to Greg Siegle, Ph.D., University of Pittsburgh, 3811 Ohara St., Pittsburgh, PA; gsiegle@pitt.edu

OBITUARY

Jennifer Christine DiMauro, Ph.D.

1988–2019

Jennifer DiMauro was one of those rare individuals who was able to meaningfully connect with a wide variety of people both personally and professionally. She was witty, fiery, compassionate, and a staunch advocate for veterans and survivors of sexual assault. Jennifer entered the clinical psychology program at George Mason University in 2012, after graduating from Vassar College and working for 2 years as a Research Assistant under the supervision of Dr. David Tolin at the Anxiety Disorders Center in Hartford, CT.

Jennifer was a talented clinician. During her time in graduate school, she became a leading assessment expert, serving as a supervisor for beginning students and taking on complicated assessments with veterans. She was also an esteemed teacher, receiving strong evaluations for classes she taught and earning a high level of respect from the externs and interns she supervised. Finally, she was a talented writer who published 16 articles (several of which were first-authored) and gave numerous conference presentations, many of which were at ABCT.

Jennifer completed her internship at the Baltimore VAMC and graduated with her Ph.D. in 2018, and then secured a postdoc position at the Washington DC VAMC in Trauma Services. In the spring of 2019, she passed the EPPP and obtained her licensure in Maryland, and in late July, Jennifer, her husband, and their two cats, Tigger and Winnie, were preparing to move to Boston, where she was going to start her dream job at the Boston VA. Jennifer passed on July 23 after she was struck by a car while walking near her home.

Jennifer was a wonderful friend, colleague, and classmate. She was always one of the first to welcome new students and to celebrate the accomplishments of others. Her classmates described her as an incredible cohort-mate, whose organization and ability to motivate helped all of them make it through the program successfully. Jennifer devoted herself 110% to everything she set her mind to. She recently committed to walking 17,000 steps per day to help her team in a workplace step competition.

Jennifer was an incredibly devoted and loyal wife, daughter, and cat-mom. She was also an avid cat lover, sci-fi geek, true crime enthusiast, and cook. In addition to working incredibly hard, she always took the time to be with her friends and family. She remembered the little details about others' lives, never forgetting to send a card for birthdays, anniversaries, and other important events. Jennifer was a true gem. Despite the tragic loss of her life at such an early age, we take comfort in the knowledge that so many were helped by her while she was with us. We are grateful for the time we had with her and miss her dearly.

Memorial Fund

To honor her memory, Jennifer's parents, husband, and classmates are working to establish a memorial fund that will support free assessments and therapy for veterans at the George Mason University Center for Psychological Services, where she received her own training, trained others, and worked to help veterans as an assessor and therapist. If you would like to make a donation to honor her memory, you can do so by clicking here: https://tinyurl.com/y6rjqsa5 (please specify "Jen DiMauro Memorial Fund" in 'additional comments').

Getting to Know Atlanta: A City of Neighborhoods and a Hub of Civil Rights History

Leah Farrell-Carnahan,
Local Arrangements Chair

ABCT's 2019 Local Arrangements Committee is very excited to welcome you to Atlanta for the 53rd Annual Convention in November. Atlanta is a city of neighborhoods, each with unique character and offerings. It is both cosmopolitan and casual, new and old south. From downtown Atlanta, to the forested neighborhoods, Atlanta has something for everyone. Atlanta is now a progressive city within a largely conservative state. We are particularly proud to share information on the sights focused on civil rights history, especially in light of the recent abortion laws passed in Georgia.

We expect that you will be busy with the convention but be sure to make some time to enjoy our city and venture away from the hotel to explore. Below, we have provided information on activities by neighborhood, including sightseeing, shopping, running/jogging/walking, dining out, and more.

Also, there are so many things that Atlanta has to offer, that we also recommend reviewing https://creativeloafing.com/HomePage close to the convention for up-to-date activity ideas, restaurants, festivals, breweries, music, and more. If you are bringing the kiddos, check out https://www.atlantaparent.com/ for the best scoop on what to do and when with the kids.

Speaking of kids, we are trying something new this year. We are offering childcare on-site during the following hours:

Thursday, Nov. 21 • 8 a.m.–10 p.m.
Friday, Nov. 22 • 8 a.m.–10 p.m.
Saturday, Nov. 23 • 8 a.m.–10 p.m.
Sunday, Nov. 24 • 8 a.m.–10 p.m.

Meeting Room: International A&B, International Level

Parents who require child-care during the convention may make arrangements with Kiddie Corp. Please go to the ABCT registration counter to sign up. The age range offered is between 6 months and 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 or check in advance. Cash can be accepted on-site provided that there is still space available.

Hotel and Immediate Surroundings

The convention is being held at Atlanta Marriott Marquis & Hyatt Regency Atlanta in an area known as Peachtree Center downtown. The hotels are adjacent to each other and connected via a pedestrian bridge.

Atlanta Marriott Marquis
265 Peachtree Center Avenue
Atlanta, GA 30303
404-521-0000

Hyatt Regency Atlanta
265 Peachtree Street NE
Atlanta, GA 30303
404-577-1234

Both hotels feature a fitness center, Wi-Fi in rooms and public spaces in the hotel, ATM, business center, and more. The hotels' websites provide more information on amenities, as well as local attractions and sightseeing ideas. There are quick and leisurely dining options within the hotels. Both hotels have stands where you can grab a quick coffee and a snack. We recommend checking out the Polaris Restaurant on top of the Hyatt, even if you only have time to pop your head up there or grab a drink at the bar. It is a rotating restaurant with a midcentury vibe serving modern Southern fare with views of the city. Also, if it works with your schedule, we recommend leaving the hotel for food, as there are many great options nearby.

Restaurants

Atlanta is now known as a foodie city. We recommend checking these listings for restaurant choices:

- www.atlantamagazine.com/50bestrestaurants/
- www.timeout.com/atlanta/restaurants/best-restaurants-in-atlanta
- atlanta.eater.com/

Also, there are two fun places to explore that are a quick Uber/Lyft away from the hotels: the Ponce City Market and Krog Street Market (both on the Beltline Trail). They are essentially large food halls where you can choose to either sit at a restaurant or take food to go and dine in common areas. Local tip: Ponce City Market can be extremely crowded on Saturday evenings.

Things to Do

The hotels are within walking distance to many of Atlanta's most popular attractions such as:

- Centennial Olympic Park (site of the 1996 summer games)
- Skyview Atlanta
- The Georgia Aquarium
- World of Coca-Cola
- Center for Civil and Human Rights
- College Football Hall of Fame

Also, you can also easily jump in an Uber or Lyft or hop on MARTA (directly linked to the hotel) and enjoy fun excursions in nearby neighborhoods including:

Old 4th Ward

- Experience the restaurants and shops of the Ponce City Market, previously the Sears building and walk/jog/run/e-scoot along the eastside Beltline Trail.
- Atlanta was and is an important place in the Civil Rights Movement. The Martin Luther King National Park is here. You can see Ebenezer Baptist Church (the public is welcome to services on Sundays at 9 a.m. and 11 a.m.), MLK's childhood home, and learn more about his life and the history of racial oppression and protest in the museum. Check out the Carter Museum and Presidential Library by walking about 1 mile on the pedestrian Freedom Trail to its location in Inman Park.

Inman Park

- Stroll along tree-lined streets of the historic district to see bungalows and Victorian mansions, dine in the modern

Inman Quarter or the Krog Street Market food hall and jog/run/walk/e-scoot along the eastside Beltline Trail.
- Tour the Jimmy Carter Presidential Library and Museum. There is a replica of the Oval Office there.

Midtown
- Take in all forms of visual art at the High Museum.
- Bring your sneakers and take a jog or walk through the trails in Piedmont Park.
- Experience the natural beauty of the Atlanta Botanical Garden.

Grant Park
- There is a large Farmer's Market there on Sundays from 9 a.m.-1 p.m. and also Zoo Atlanta.

Little Five Points (not to be confused with Five Points)
- This is an iconic counterculture spot in Atlanta known to attract a diverse crowd with thrift stores, records stores, crystals, and dive bars—think a smaller and Southern version of Haight-Ashbury.

Virginia Highlands
- Explore a collection of restaurants and shops tucked around the treed intersection of Virginia and Highland Avenues.

Buckhead
- Buckhead offers lots of shopping at the Lenox Square Mall, Shops at Phipps Plaza, and The Shops at Buckhead.
- There is also a beautiful city park called Chastain Park where runners and walkers might find a bit of nature.

For Runners, Joggers, and Walkers

Atlanta has a lot of terrain to offer and you can run around the hotels, but ask the front desk or concierge for the best routes nearby. For your own safety, stick to heavily populated areas during daylight hours. If you want to venture away from downtown, we would also suggest exploring the Eastside Beltline Trail (beltline.org/) and The Freedom Park Trail in and around Inman Park and Candler Park. You could either take the MARTA from the Peachtree Center Station to the Inman Park station (confirm with the MARTA website or hotel concierge before going: https://www.itsmarta.com/default.aspx) or hop in a rideshare to the trail. You could also head to Piedmont Park in midtown. Again, for all running/jogging/walking in Atlanta, stay aware and keep it to daytime hours in areas where there are lots of other people around.

Getting to and From the Hotels From the Hartsfield International Airport (ATL)

The Hartsfield International airport is approximately 11 miles, or 10 minutes by car, from the downtown area and convention hotels. There is no hotel shuttle and we recommend using taxi or rideshare to get to and from the hotels. Please understand Atlanta experiences large fluctuations in traffic congestion with commutes during morning and evening rush hours doubling or tripling usual travel time. Plan accordingly. You may wish to estimate your travel time to and from the airport via the WAZE app's "plan a trip" feature.

Taxi

Taxis are available outside baggage claim in the taxi line. Taxis cost approximately $32 from the airport to the hotel.

Rideshare Service

It is also possible to request a rideshare ing service (Uber/Lyft, etc.) at the airport—just follow the signs from baggage claim to the pickup locations.

Getting Around Atlanta

Downtown Atlanta and many of the in-town neighborhoods are very walkable; however, getting between neighborhoods may be easier using rideshares like Uber/Lyft or public transportation called MARTA. MARTA offers subway and bus service in the city (www.itsmarta.com/default.aspx). Be sure to check the schedules as you plan a MARTA ride. The MARTA subway stop near the hotels is called the Peachtree Center station. There are also many e-scooters and bicycles available for rent throughout the city. These are typically scattered around on sidewalks and you can rent them on the spot through a simple app.

Weather

In November, the average high is around 64 degrees Fahrenheit during the day and the low drops to 41 degrees Fahrenheit. Make sure to layer and bring a light jacket and walking shoes.

We Are Excited to See You in November!

Local Arrangements Table

If you need any kind of assistance during the convention, please stop by the Local Arrangements table. We will be able to provide helpful tips on getting around the city, things to do, places to eat, and more. We will also have maps, sign-up sheets for opportunities to Dine with an Atlantan, and information about additional activities throughout the convention.

We will update you all on some exciting activities to enjoy at the convention, including the Fun Run with more details on the ABCT Convention page. We also hope that you will join us for the Saturday Night Dance Party.

If you have any questions about Atlanta, please feel free to email us and we will be glad to assist you (Leah Farrell-Carnahan: **atlantacbt@gmail.com**). Keep checking the ABCT website and list serve for information on Dine with an Atlantan (dinners have been arranged for Friday and Saturday nights). We will have a Local Arrangements table at the convention near the ABCT registration counters, so stop by and let us assist you with where to go and what to do.

Local Arrangements Committee

ABCT Annual Convention
Atlanta

Leah Farrell-Carnahan (*Chair*)
Sheila Rauch
Elana Zimand
Kallio Hunnicutt-Ferguson
Laura E. Watkins
Emily P. Garai
Monika Stojek
Emily Mouilso
Anne Bartolucci

2019 Student Workshop

Open to all attendees, free of charge!

Sunday, November 24 | 8:30 a.m. – 11:30 a.m.
A703, Atrium Level
3 CE Credits

CBT for Depression

JUDITH S. BECK
Ph.D., *President, Beck Institute for Cognitive Behavior Therapy*

To treat depressed clients effectively, you need to start with two essential components of CBT: an evolving cognitive conceptualization of the client and a strong therapeutic alliance.
Then you need to do a number of things:

- Explore clients' values, set goals, and inspire hope
- Structure sessions to efficiently address their specific current problems
- Use your conceptualization to plan treatment
- Use a variety of strategies from various psychotherapeutic modalities to bring about change in cognition, mood, and behavior
- Collaboratively create Action Plans (homework)
- Do relapse prevention

In this interactive workshop, we'll use a cognitive conceptualization diagram to conceptualize clients, identify the most important dysfunctional cognitions and behaviors, and plan treatment in and across sessions. We'll discuss how to develop a strong therapeutic relationship with clients, especially when they're hopeless or resistant. Then we'll cover the activities listed above. Case examples and demonstration role-plays will illustrate how to implement various techniques. Finally, we'll discuss what to do when "standard" CBT is not sufficiently effective.

ticketed sessions

call

54th Annual Convention

November 19–22, 2020 | Philadelphia

for Ticketed Sessions

Conference Theme:

"Better Access, Better Outcomes: Enhancing the Impact of Behavioral and Cognitive Therapies"

Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2020.

Workshops & Mini Workshops

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

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

Institutes

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

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

Master Clinician Seminars

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

For more information or to answer any questions before you submit your abstract, contact the MCS Committee Chair, **masterclinicianseminars@abct.org**

Research and Professional Development

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

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

Submission deadline: ***February 13, 2020***

2019 *Student Research Grant* Winner and Honorable Mention

Each year, ABCT's Research Facilitation Committee awards a research grant to a student member conducting degree-related research. This year, we had a record 54 applications and the committee was extremely impressed with their quality. We asked our 2019 awardee and honorable mention to tell us about their projects and how having ABCT as a professional home has benefitted their research.

✳ 2019 Awardee: Colin M. Bosma, M.A., *University of Maine*

Title*: Ecological Validity of Emotion Regulation* (Dissertation)

Project Description: The Ecological Validity of Emotion Regulation (EVER) study seeks to advance the nomological network of emotion regulation by examining the correlates of subjective, physiological, and digital behavior. The project will utilize digital sensors in smartphones to collect data from individuals in naturalistic settings. Smartphones generate abundant social and behavioral data as a by-product of daily use. The patterns in these data reflect the lived experiences of people in their real-world environment, generating a digital profile of human behavior, or digital phenotype. The project will evaluate whether digital phenotyping can accurately characterize and predict individual differences in emotion regulation implementation in response to a sad mood. This new method of collecting passive ecological data using smartphones may ultimately enhance therapists' ability to accurately identify and respond to fluctuations in emotion regulation associated with mental well-being.

How has ABCT contributed to your development as a researcher and clinician? Attending the ABCT annual conventions and being a member of the association has helped me develop as a researcher and clinician in a number of ways. I met one of our lab's collaborators at the first convention I attended in 2015, which has led to an opportunity for me to work with randomized control trial data. The intervention workshops offered by ABCT have contributed to my competencies for delivering evidence-based practice. The symposia have both provided inspiration for my research as well as provide valuable information for developing my career as a psychologist, such as tips for the internship application process and postdoctoral training. This year, I look forward to attending the Internship Training Meet & Greet.

What do you find most rewarding about your research? One aspect of psychology that has inspired my interest in research is the challenge of accurately assessing psychological phenomena. In fact, this challenge is what initially motivated me to pursue a career in psychology. It is rewarding to know that my line of research will contribute to our understanding of how to measure emotion regulation. Further, it is exciting to develop knowledge about psychological processes that play such important roles in psychopathology.

Who has inspired your research or clinical practice the most at this point in your career? My advisor, Dr. Emily Haigh, has been a major inspiration for my career. She is incredibly impressive in how she embodies what it means to be a scientist-practitioner. As my career progresses, I aspire to similarly integrate my research and clinical work as she does.

✳ Honorable Mention: Shirley Wang, *Harvard University*

Title: *Computational Modeling of Decision-Making Biases Associated With Restrictive Eating* (Dissertation)

Project Description: The goal of this project is to examine performance of participants with extreme restrictive eating (e.g., those with anorexia nervosa) on a novel reinforcement learning task examining decisions to escape or avoid an aversive stimulus via an active ("go") or passive ("no-go") response. I will use a cognitive computational model to isolate decision-making biases in learning active versus passive responses to escape the aversive stimulus. Given that restrictive eating is defined by the withholding of a typical behavior in response to cues (e.g., eating in response to hunger), I will test whether individuals with extreme restrictive eating exhibit an elevated computationally defined bias for learning passive responses to escape aversive situations compared with both non-restricting psychiatric controls and healthy controls. This study can provide novel information about decision-making processes that underlie extreme restrictive eating.

How has ABCT contributed to your development as a researcher and clinician? I started attending ABCT as a junior in college, when I presented my first-ever poster with my undergraduate mentor, Dr. Ashley Borders! I have attended every ABCT conference since then, and have had incredible experiences presenting my work, learning about cutting-edge research in the field, and networking and catching up with friends and colleagues.

What kind of impact are you hoping a project like yours might have? Anorexia nervosa (AN) is a serious mental disorder characterized by low weight, disturbance in body image, and persistent engagement in restrictive eating. Despite decades of clinical and theoretical hypotheses that individuals with AN restrict their food intake to escape negative emotions, no prior research has examined the decision-making processes underlying escaping aversive states in this population. I hope that this study can improve our etiological understanding of AN by identifying whether this persistent reduction and withholding of food intake is driven by an inhibitory escape bias, which could provide insight into why some people consider, select, and maintain restrictive eating as an option to escape difficult emotions.

What led you to pursue this line of research? How did you come up with this idea? Alex Millner, a research associate in my research group (Nock Lab at Harvard University), developed this novel go/no-go behavioral task and applied a computational cognitive model to assess decision-making biases associated with suicidal thoughts and behaviors (STBs). I came up with the current study after talking to Alex and learning more about his findings that STBs are associated with an elevated computationally defined active-escape bias (Millner et al., 2019). Given that clinical and theoretical accounts suggest STBs are efforts to escape psychological pain, the increased active-escape bias may represent a basic decision-making bias that influences people to imagine or act to achieve a state (i.e., death) where they have escaped their pain. I'm interested in eating disorders, self-injury, and suicide, and found it fascinating that theoretical accounts of AN also argue that restrictive eating functions as an escape from aversive situations, but in an opposite manner. Rather than "doing something" to escape, as is the case with STBs, restrictive eating involves behaviors that withhold food intake. I'm so grateful to Alex Millner and Matt Nock, as well as my mentors in the eating disorders field (including Jenny Thomas and Kamryn Eddy at Massachusetts General Hospital, and Annie Haynos at the University of Minnesota) for helping and supporting me with this idea. I'm lucky to work with many brilliant people!

AWARDS & RECOGNITION

Lifetime Achievement Award
Philip C. Kendall, Ph.D., ABPP, *Temple University*

Outstanding Clinician
Cory F. Newman, Ph.D., *University of Pennsylvania, Center for Cognitive Therapy*

Outstanding Training Program
Jesse R. Cougle, Ph.D., *Director, Florida State University's Clinical Psychology Ph.D. Program*

Outstanding Service to ABCT
Carmen McLean, Ph.D., *National Center for PTSD*

Distinguished Friend to the Behavioral and Cognitive Therapies
- Rod Holland, D.Clin.Psych., *WCCBT and EABCT*
- Philip Tata, D.Clin.Psych., *WCCBT and EABCT*

President's New Researcher
Jessica L. Schleider, Ph.D., *Stony Brook University*

Anne Marie Albano Early Career Award for the Integration of Science and Practice
Jami M. Furr, Ph.D., *Center for Children and Families, Florida International University*

Virginia A. Roswell Dissertation Award
Amy R. Sewart, M.A., *UCLA*

Leonard Krasner Dissertation Award
Michael Best, M.Sc., *Queen's University*

John R. Z. Abela Dissertation Award
Natalie Rodriguez-Quintana, M.P.H., *Indiana University*

Student Research Grant
Colin M. Bosma, M.A., *University of Maine*
HONORABLE MENTION: Shirley Wang, B.A., *Harvard University*

Student Travel Award
Poppy Brown, *University of Oxford*
"Beliefs About the Self and Others in Paranoia"

Elsie Ramos Memorial Student Poster Awards
- Abel Mathew, *University of Wisconsin-Milwaukee,* "Evaluating the Role of the Approach Avoidance Training on Action Tendencies in Individuals With Skin Picking Disorder"
- John McKenna, *Suffolk University,* "Sexual Assertiveness as a Predictor of Consent Attitudes and Beliefs Among LGBTQ+/Non-Binary Young Adults"
- Oliver G. Johnston, *University of Connecticut,* "Identifying Intervention Targets for Oppositional Defiant Disorder Symptoms in College Students"

Spotlight on Mentors
- Elise M. Clerkin, Ph.D., *Miami University*
- Genelle K. Sawyer, Ph.D., *The Citadel*
- Norman B. Schmidt, Ph.D., *Florida State University*

ADAA Travel Awards
- Christal Badour, Ph.D., *University of Kentucky*
- Nicholas Jacobson, M.S., *Massachusetts General Hospital/Harvard Medical School*

Congratulations to ABCT's 2019 Award Winners

Associate
Annie Garner
Cristin Runfola
Yuiri Sakamoto

Full Members
Saulena Antanavi
Michael Atkinson
Amy Borg-Glickman
Teri Bourdeau
Dana Brendza
Barbara Calvert
Andrew Carr
Chelsea Cawood
Amber Chan
Amber Childs
Vicki DiLillo
Maureen Dymek-Valentine
Melissa Eisenmenger
Leah Farrell-Carnahan
Devika Fiorillo
Monica Fitzgerald
Natalie Friedrich
Susan Furman
Lenka Glassman
Chelsea Grefe
Nastassia Hajal
Charlotte Haley
Erin Haugen
Christen Herrick
Kristi Hofstadter-Duke
Keith Horvath
Megan Hosey
Laura Huser
Joanne Hutt
Leonard Jason
Sony Khemlani-Patel
Jolene Kinley
Peris Kipyab
David Kolko
Reva Kraus
Heidi La Bash
Tonya Lambert Delp
Wendi Lev
Debra Levine
Nicole Mahrer
Marie Nebel-Schwalm
Richard Nobles
Amanda Nzi
Deborah Osgood-Hynes
Nicholas Peiper
Tony Rousmaniere
Mi-Young Ryee
Chris Sexton
Carla Shaffer
Sarah Shearer
Marc Slavin
Rebecca Sripada
Christopher Staples
Ann Steffen
Joanna Stern
Lindsey Stone
Eric Storch
Yoreidy Tavarez
Kerrie Toole
Benjamin Tucker
Sarah Valentine
Elisha Van Harte
Anneke Vandenbroek
Kristine Weidner
Jason Wemmers
Cheryl Wietz
Kymberly Young

New Professional 1
Samantha Bellinger
Ashleigh Blovsky
Jeffrey Cohen
Katherine Cullum
Joseph DiLaurenzio
N. Simay Gokbayrak
Jeremy Grove
Rachael Hodge
Sean Inderbitzen
Robert Kaiser
Shahanshah Manzoor
Lauer Maria
Jill Morris
Kimmy Ramotar
Eric Rodgers
Nermin Saleh
Gabriel Shapiro
Abbey Simmermacher
Lynsey Smith
Chaoran Sun
Addam Wawrzonek

New Professional 2
Diana Arntz
Chase Aycock
Ashley Brauer
Allen Garcia
Caroline Harvey
Phoebe Manchester
Racheli Miller
Laura Mlynarski
Veronica O`Brien
Kerry Pecho
Jennifer Richards
Abigail Wright

Postbaccalaureate
Syed Aajmain
Isaac Ahuvia
Danielle Apple
Jorge Arciniegas
Macey Arnold
Mackenzie Brown
Adora Choquette
Emily Cruz
Wisteria Deng
Sarah Dolan
Melissa Dreier
Julia Fassler
Abigail Findley
Nevita George
Maddi Gervasio
Rebecca Handsman
Bethany Harris
Elizabeth Hinckley
Kayce Hopper
Elyse Hutcheson
Katrina Kerrigan
Kathleen Kubicki
Emily Kutok
Dong Kwon
Eliot Lev
Trevor Long
Kelsey Lowman
Matthew McCall
Laurel Meyer
Madeleine Miller
Rebecca Mirhashem
Shireen Motivala
Alexandra Mottola
Keara Neuman
Kaitlin Owen
Hyun Seon Park
Nikita Parulkar
Alex Perrone
Megan Pinaire
Julian Ruiz
Elena Schiavone
Anna Schwartzberg
Manuela Sinisterra
Jiyoung Song
Amber Song
Sara Stahl
Emily Starratt
Alison Sweet
Nadine Taghian
Isabelle Tully
Meredith Ward
Rachel Wesley
April Yeager

Student
Cristina Abarno
Huda Abu-Suwa
Ann Taylor Adams
Monica Allen
Zahra Amer
Sarah Anderson
Jacy Anyanwu
Pallavi Babu
Lucas Baker
Elizabeth Ballinger-Dix
Megan Baumgardner
Kerri-Anne Bell
Yash Bhambhani
Amanda Bianco
Elena Bilevicius
Megan Blanton
Madison Bogard
John Boisi
Valerie Bradley
Katherine Braund
Alexis Brewe
Aurora Brinkman
Jamey Brumbaugh
Michelle Buffie
Samantha Burton
Samuel Cares
Kevin Carroll
Margaret Caruso
Nicole Caulfield
Simone Chad-Friedman
Joshua Chen
Alicia Chunta
Vanessa Cleary
Haley Conroy
Chelsea Cooley
Anna Cooper
Geoffrey Corner
Rebecca Crochiere
Kelly Cromer
Eric Crosby
Bibiana Cutilletta
Diane Dallal
Sariah Daouk
Emily Devlin
Jennifer Duchschere
Mary Duffy
Delaney Dunn
Jacqueline Duong
Brenda Echeverri-Alvarado
Madison Edwards
Donovan Ellis
Lexis Ely
Sarah Ernst
Noh Eunjung
Gabrielle Fabrikant-Abzug
James Fayne
Jesse Finkelstein
Vincent Fitch
Claire Foster
Anne Fraiman
Megan Gardner
Millie Gargurevich
Vael Gates
Rachel Geyer
Joseph Giacomantonio
Jamie Giglio
Alexandra Gilbert
Renee Gilbert
Josh Golt
Danielle Goodmann
Jessica Granieri
Megan Granski
Linda Guzman
Gabriella Guzman
Leora Haller
Rebecca Hammonds
Jake Hanes
Madison Hannapel
Emily Harrington
Lauren Hauck
Rachel Haupt
Megan Hennessy
Sarah Herr
Emily Hichborn
Nathan Hollinsaid
Sarah Hopkins
Sarah Horne
Samantha Hubachek
Grant Jones
Ellen Jopling
Sarah Kaden
Marin Kautz
Makayla Kelley
Jamie Kennedy
Arnold Rex Kintanar
Mackenzie Kirkman
Corinna Klein
Hayoung Ko
Richard Koch
Steffi Kong
Hannah Krall
Ryleigh Krier
Sara Kuhn
Jennifer Kuo
Jennifer Kurian
Ilana Ladis
Nicole LaPlena
Lisa LaRowe
Brenna Lash

Margaret Lawlace
Roselee Ledesma
Hana Lee
Stephanie Lin
Sarah Lipinski
Elizabeth Lomas
Cheryl Lopez
Alicia Lopez
Meeka Maier
Mary Marchetti
Emily Marks
Monica Martinez
Onkar Marway
Rachel Maskin
Saba Masood
Julie Matsen
Laura Mayorga Sanchez
Cara McClain
Nicolas Meade
Brianna Meddaoui
Juan Mesa
Emily Munoz
Meghan Murphy
Kellyann Navarre
Jordan Newburg
Adrienne Nguyen
Tara Ohrt
Anneke Olson
Marin Olson
Patricia Orozco
Sarah Palmer
Ashley Pate
Anisha Patel
Paige Patterson
Joanna Paz
Holly Poore
Madeline Rech
Emily Redler
Alexandra Rich
Fallon Richie
David Rivera
Talia Rosen
Julia Rossi
Rebecca Roth
Emily Rowe
Valerie Ruberto
Angelina Ruiz
Jessica Ruiz
William Russell
Ksenia Ryckman
Estefany Saez Clarke
Celeste Sangiorgio
Daniel Saravia
Jamie Scharoff
Christopher Senior
Monica Shah
Gabrielle Sharbin
Mollie Shin
Nellie Shippen
Hannah Simon
Jonathan Singer
Rebecca Skahan
Jessica Smith
Samantha Sorid
sarah spina
Amelia Stanton
Lauren Stone
Margaret Sullivan
Stephani Synn
Kristen Torres
Thomas Tsai
Kelechi Uzoegwu
Viviane Valdes
Janelle Wee
Julia Weisman
Shayla Wieser
Emma Wilkinson
Marina Wilson
Joyce Wong
Lauren Yang

ABCT Leadership and Elections, 2020

The Leadership and Elections Committee is pleased to announce **the slate of candidates for the 2020 elections**:

President Elect

Laura D. Seligman, Ph.D.
Gregory J. Siegle, Ph.D.

Representative-at-Large

Carolyn Black Becker, Ph.D.
Stephen M. Schueller, Ph.D.

The actual election will be held November 1–30, 2019, in an effort to encourage more participation by the membership in electing the leadership of ABCT. Those elected will begin their term of service at the November 2020 Annual Meeting of Members but will begin their orientation to ABCT governance prior to taking office. We will have each candidate's biographical sketch, position statement, photograph, and any bylaws changes, posted on the ABCT website by October 15, 2019. You will also be asked to vote on one Bylaws change for consistency.

As we have done in the past, the election will be held electronically with access for all full, fellow, and new member professionals to vote. If we do not have an email address, you will be sent a paper ballot that must be postmarked by November 30, 2019. To vote, you must be an ABCT member in good standing and renew your membership for 2020. You can renew on-line or you can renew at the ABCT registration area during the November 21-24 Annual Convention in Atlanta. This year, to cast light on the election process, we will have "I Voted" stickers available for your convention badge in the registration area in the ribbon board. Please be sure to pick one up!

Results of the election will be posted on the ABCT website, the list serve, and our Facebook page in early December.

We appreciate your active interest and participation in the ABCT election process. I think you will agree that we have 4 outstanding and capable members to serve you and your professional home.

—Patricia DiBartolo, Ph.D., *Leadership and Elections Committee Chair*
L. Kevin Chapman, Ph.D., & Kristen P. Lindgren, Ph.D.,
Leadership and Elections Committee Members

2020

Call *for* Award Nominations

to be presented at the 54th Annual Convention in Philadelphia, PA

The ABCT Awards and Recognition Committee, chaired by Cassidy Gutner, Ph.D., of Boston University School of Medicine, is pleased to announce the 2020 awards program. Nominations are requested in all categories listed below. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.

Career/Lifetime Achievement Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell, and Mark B. Sobell. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Career/Lifetime Achievement" in the subject line. ***Nomination deadline***: March 2, 2020

Sobell Innovative Addictions Research Award The Sobell Innovative Addictions Research Award is awarded in alternate years. If no suitable candidate emerges in a given year, the call for applications will be repeated until an acceptable submission is received. The recipient receives $1,500 and a plaque. *Nature of the Award*: The award is given to an individual who, through the performance of one or more research studies, has developed a novel and very innovative (1) program of research or (2) assessment or analytic tool or method that advances the understanding and/or treatment of addictions. The emphasis is on behavioral and/or cognitive research or research methods that have yielded exceptional breakthroughs in knowledge. *Eligibility Criteria*: All career stages—the emphasis is on innovation that advances the field regardless of career stage; Candidates must be current members of ABCT; Self-nomination or nomination by others who need not be members of ABCT; Submissions should include the nominee's curriculum vitae, a statement describing the addictions research contribution and why it is novel and advances the field (maximum 3 pages), two letters of support, and copies of publications, web materials, or other documents supporting the innovation and impact described in the nomination.

Evaluation Process: The awardee will be chosen by a committee of three senior researchers with distinguished research records who are members of the ABCT Addictions Special Interest Group. Committee members will forward their recommendation and justification for selecting the awardee to the Awards and Recognition Committee Chair at least 2 weeks prior to the Awards and Recognition Committee April meeting. The Awards Chair will verify that all materials are completed and that the committee agrees with the recommendation. The Awards Chair will forward the materials to the ABCT Board for their approval. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Sobell Research Award" in the subject line. ***Nomination deadline***: March 2, 2020

Outstanding Mentor Eligible candidates for this award are members of ABCT in good standing who have encouraged the clinical and/or academic and professional excellence of psychology graduate students, interns, postdocs, and/or residents. Outstanding mentors are considered those who have provided exceptional guidance to students through leadership, advisement, and activities aimed at providing opportunities for professional development, networking, and future growth. Appropriate nominators are current or past students of the mentor. Previous recipients of this award are Richard Heimberg, G. Terence Wilson, Richard J. McNally, Mitchell J. Prinstein, Bethany Teachman, Evan Forman, and Ricardo Munoz. Please complete the nomination form found online at www.abct.org. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Mentor" in your subject heading. ***Nomination deadline***: March 2, 2020

Outstanding Contribution by an Individual for Education/Training Awarded to members of ABCT in good standing who have provided significant contributions toward educating and training cognitive and behavioral practitioners. Past recipients of this award include Gerald Davison, Leo Reyna, Harold Leitenberg, Marvin Goldfried, Philip Kendall, Patricia Resick, and Christine Maguth Nezu. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Educator/Trainer" in your subject heading. ***Nomination deadline***: March 2, 2020

Distinguished Friend to Behavior Therapy Eligible candidates for this award should NOT be members of ABCT but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Recent recipients of this award include, Vikram Patel, Benedict Carey, Patrick J. Kennedy, Joel Sherrill, Rod Holland, and Philip Tata. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Distinguished Friend to BT" in the subject line. ***Nomination deadline***: March 2, 2020

Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. This award includes a cash prize of $1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 5 years of receiving his or her doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applicants should submit: nominating cover letter, CV, personal statement up to three pages (statements exceeding 3 pages will not be reviewed), and 2 to 3 supporting letters. Application materials should be emailed as one pdf document to 2020ABCTAwards@abct.org. Include candidate's last name and "Albano Award" in the subject line. ***Nomination deadline***: March 2, 2020

Student Dissertation Awards

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

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2018. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted, or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to 2020ABCTAwards@abct.org. Include candidate's last name and "Student Dissertation Award" in the subject line. ***Nomination deadline***: March 2, 2020

President's New Researcher Award ABCT's 2019-20 President, Martin M. Antony, PhD, invites submissions for the 42nd Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of $500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field. Requirements: must have had terminal degree (PhD, MD, etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2015); must submit an article for which they are the first author (in press, or published during or after 2018); 2 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline**: March 2, 2020

Nominations for the following award are solicited from members of the ABCT governance:

Outstanding Service to ABCT Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Service" in the subject line. ***Nomination deadline***: March 2, 2020

Editor of BEHAVIOR THERAPY

Candidates are sought for Editor-Elect of *Behavior Therapy*, volumes 53–56. The official term for the Editor is January 1, 2022, to December 31, 2025, but the Editor-Elect should be prepared to begin handling manuscripts at least 1 year prior.

Candidates should send a letter of intent and a copy of their CV to Michelle Newman, Publications Coordinator, ABCT, 305 Seventh Avenue, 16th Floor, New York, NY 10001-6008, or via email to teisler@abct.org

Candidates will be asked to prepare a vision letter in support of their candidacy. David Teisler, ABCT's Director of Communications, will provide you with more details at the appropriate time. Letters of support or recommendation are discouraged. However, candidates should have secured the support of their institution.

Questions about the responsibilities and duties of the Editor or about the selection process can be directed to David Teisler at the above email address or, by phone, at (212) 647.1890.

- *Letters of intent MUST BE RECEIVED BY October 15, 2019.*
- *Vision letters will be required by October 31, 2019.*
- *The Editor will be selected at ABCT's Board of Directors meeting in November.*

Impact factors for ABCT's journals:

***Behavior Therapy**:* 3.243
4.221 (5 year)
23/129

Cognitive and Behavioral Practice: 1.932
2.627 (5 year)
65/129

Spotlight on a Researcher

ABCT's Research Facilitation Committee is pleased to highlight innovative work being conducted by our membership through our Spotlight on a Researcher feature. Indeed, ABCT's Spotlight on a Researcher seeks to enhance understanding of the process of research involvement among ABCT members by sharing the perspectives of established researchers. Our hope is that members who are building careers that involve research can benefit from experiences, insights, and advice shared by these researchers. Our Spotlight seeks to highlight the diversity of research being conducted by ABCT members by including perspectives across varied backgrounds, settings, paradigms, and populations.

To view previous spotlights, see our selection criteria, and to nominate a researcher, *please visit*: http://www.abct.org/Resources
and select SPOTLIGHT ON RESEARCHERS

Past Spotlighted Researchers

Laurel Sarfan
Ken Weingardt
Shawn C.T. Jones

ABCT *Annual Meeting of Members*

NOTICE TO MEMBERS:
This year the **Annual Meeting of Members** is scheduled for **Saturday, November 23, from 12:30 – 1:30 p.m**. in L504-505, Lobby Level of the Marriott Marquis Atlanta.

53rd Annual Convention
November 21–124, 2019

www.abct.org/conv2019

the Behavior Therapist
Association for Behavioral
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ABCT VOTING 2020

VOTE for the future President and Representative-at-Large of ABCT during the month of November. Let your voice be heard!

< Be on the lookout for the electronic link in your email >