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ORIGINAL RESEARCH | **Preliminary Examination Categories and Career Preparedness**

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ABSTRACT > *Preliminary examinations are an important aspect of APA-accredited Ph.D. programs in clinical psychology. However, there is a lack of consistency across programs regarding how preliminary examinations are administered and scored. Limited research has been conducted regarding the effectiveness of each type of examination. However, articles discussing strengths, limitations, and concerns regarding preliminary examinations have been published. This study sought to evaluate the association between different categories of preliminary examinations in regard to internship match rates and EPPP pass rates. Additionally, personal opinions on career preparedness and program satisfaction were analyzed. Results indicated that having any type of preliminary examination was associated with higher internship match rates and EPPP pass rates, although there was no significant difference between categories of preliminary examinations. Further, results of this study suggested that individuals with outcome-based examinations had higher examination satisfaction and felt more prepared for their careers. It is important to note that results regarding satisfaction and career preparedness may have limited generalizability due to the small sample size (N = 50). However, the results suggest that program administrators may wish to consider modifying the preliminary examination process to include more hands-on examinations to promote student preparedness and satisfaction. Further, programs may wish to consider providing multiple options for preliminary examinations and allowing the student to choose which type they have, given that the category of examination was not as meaningful as having an examination in general.*

PRELIMINARY, COMPREHENSIVE, OR QUALIFYING EXAMINATIONS (referred to as "preliminary exams" from here on) are administered in most doctoral programs. Preliminary exams are often a program requirement for advancement to doctoral candidacy (Mayhew, 1972; Manus et al., 1992). Utilizing preliminary exams to assess competency is a critical component of professional psychology training and a means to ensure that students develop the knowledge and skills to provide efficacious psychological services (Lughead, 1997; Tori, 1989). There is significant variability in how preliminary exams are structured, administered, and assessed (Kaslow et al., 2004; Kaslow et al., 2009), and no standardized guidelines exist on how competency should be evaluated in clinical psychology Ph.D. programs (APA, 2015).

This study focuses specifically on APA-accredited Ph.D. programs in clinical psychology. These programs warrant separate investigation, as they have consistently demonstrated the highest internship match rates since 2020 (APPIC, 2026). Accordingly, isolating Ph.D. programs allows for a more pre-

cise analysis of program-level differences that may be obscured when aggregating across doctoral degree types (e.g., Psy.D., Ed.D.) or across distinct training areas within psychology (e.g., school, counseling, combined programs).

Selected Formats of Preliminary Examinations

A common preliminary exam format is a structured oral examination. A student is asked a series of questions by a panel and assessed based on their responses (Kaslow et al., 2009). Questions assess discipline-specific knowledge as well as the integration and application of knowledge. Oral preliminary exams are generally effective "for investigating … essential elements of a number of specific foundational and functional competencies, and a limited number of overall or broad foundational competency domains" (Kaslow et al., 2009, p. 41). However, limitations include substantial time commitment for administration, extensive training required of faculty, and unclear expectations for how the program maintains quality and fidelity (Kaslow et al., 2009).

Written examinations are also common, whether take-home or conducted in-person. Written or typed preliminary exams may include a variety of formats (essay, multiple choice, etc.; Kaslow et al., 2009). These exams are often used for summative evaluation to assess foundational knowledge. Strengths include inexpensive administration, the capability for multiple students to complete them at the same time, the capacity to assess multiple areas of knowledge, and reliable scoring by trained raters. However, there have been many concerns including the applicability of questions and whether the written examination can adequately assess performance within professional and practice settings (Kaslow et al., 2009).

Practical or skill-based examinations are often utilized to assess students in health service psychology. Practical examinations take various forms, including practicum reviews, live or recorded observations, standardized client interviews, and simulations or role-play exercises (Kaslow et al., 2009). Practical examinations have a focal competency being assessed, are structured for students to be able to demonstrate their skills and are often realistic and have high fidelity (Kaslow et al., 2009). However, they are challenging to administer, require consent, raise concerns for continuity of care, introduce questions regarding generalizability, and include confounds such as patient insight level, which may contribute to difficulty.

More recently, programs have begun to evaluate student-generated outcome documents. These work products, which may include publications, literature reviews, and written articles, can be used individually or as a portfolio to evaluate student competence (Self et al., 2023). These products can be utilized externally (e.g., grant applications, internship essays, publications), as opposed to written, oral, or practical examinations, which are typically archived or discarded after the exam. In their review of preliminary exam types, Self and colleagues (2023) discussed a shift in recent years to preliminary exams that are more individualized, having less focus on traditional exams (e.g., time-limited, in-person).

Historical Concerns and Current Challenges with Preliminary Examinations

Many articles have been published about preliminary exams and the various formats that are often utilized (Kaslow et al., 2004; Kaslow et al., 2009; Self et al., 2023). In 2002, a special meeting was called by the Association of Psychology Postdoctoral and Internship Centers (APPIC) to review concerns with competency evaluation and identify critical components of such evaluations (Kaslow et al., 2004). The competency conference was an important step in helping to organize how preliminary exams were conducted, with key recommendations moving forward. Recommendations included: (1) the field of psychology identify what key areas of competency preliminary exams should measure; (2) training programs focus on all competencies rather than just some; and (3) training programs evaluate skills and attitudes towards intervention and assessment rather than exclusively focusing on knowledge (Kaslow et al., 2004). Several years later, a Competency Assessment Toolkit was published, including tools to aid in the review of the different ways programs can assess competency (Kaslow et al., 2009). The toolkit was designed to showcase the options for evaluating competency at the time and how those options may change moving forward based on each design's strengths and challenges.

The Standards of Accreditation for Health Service Psychology (APA, 2015) discusses the importance of evaluating students in each of the key areas of competency. However, the standards do not include any information about *how* the programs are to assess those areas. The APA created the Commission on Accreditation (APA-CoA), which is tasked with promoting "consistent quality and excellence in education and training in health service psychology" (APA-CoA, 2022, "What We Do" section). However, the APA-CoA (2022) has not published documentation on how to implement these standards or specific guidelines for how to assess competency (APA-CoA, 2022). There is a lack of research regarding outcomes of the effectiveness of preliminary exams. Rather, program faculty and administration often focus on how well they *believe* preliminary exams prepare students for their careers. In fact, programs are often guided by department, college, or university requirements, which can lead to numerous, constantly evolving formats.

Lichtenberg and colleagues (2007) discussed that knowledge, skills, attitudes, and the integration of those three components are to be assessed during preliminary exams. Although programs are often able to assess knowledge in an effective manner (e.g., content-based exams) and skills to a degree (e.g., practical exams), the ability to assess attitudes has not been done in a reliable manner (Lichtenberg et al., 2007). No method has been established to reliably and effectively assess a student's ability to *integrate* knowledge, skills, and attitudes, as specified within the core competencies (Lichtenberg et al., 2007). Further, Lichtenberg and colleagues stress that not only is this difficult to assess, but there is also little available data about the reliability and validity of the current measurements that are being used to assess these concepts.

Another area of concern is regarding accessibility related to disability status or mental health and preliminary exam outcomes. However, no research to date has examined these specific topics. Although not included in this study, few research studies have investigated how preliminary exams

and the Examination for Professional Practice in Psychology (EPPP) are affected by accessibility related to diversity, equity, and inclusion (DEI) factors. Tori (1989) examined racial and ethnic inequities and found that African American and Hispanic students scored significantly worse on their multiple-choice qualifying examination when compared to European American and Asian students. Similarly, Sharpless (2015) found that individuals who identified as belonging to a racial and ethnic minority status were more likely to fail their first time taking the EPPP.

There is little to no research on student satisfaction with the preliminary exam process. Anecdotally, some faculty and trainees have noted that certain program milestones (including preliminary exams) can sometimes be perceived as hurdles to overcome. These requirements may function predominantly as rites of passage rather than evidence-based mechanisms for preparing students for postgraduate training or long-term professional growth. These observations raise important questions about whether all such milestones contribute to competence development or exist primarily due to tradition.

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The Current Study

While preliminary exams are widely used, the specific details of content, format, and effectiveness are not well-documented or researched. This highlights the need for further study to ensure effective assessment of competency of doctoral candidates. Additionally, no research to date has examined the relationship between preliminary exams and internship match rates or EPPP pass rates, or the relationship between preliminary exams and individual perceptions of program satisfaction, internship preparedness, or career preparedness. Program satisfaction and perceived preparedness are critical measures of the student experience and are emphasized increasingly in training program evaluations (APA, 2006; Association of State and Provincial Psychology Boards, n.d.). We hypothesized that programs with outcome-based exams would have higher internship match and EPPP pass rates. We also hypothesized that participants whose program had outcome-based rather than content-based preliminary exams would report higher program satisfaction, internship preparedness, and career preparedness. Finally, we hypothesized that participants whose preliminary exam category was content-based rather than outcome-based would report greater knowledge of students having accessibility issues with the exam format.

Method

Procedures

Institutional Review Board (IRB) approval was obtained by University of Nebraska Kearney prior to the inception of the study. Survey participants were solicited from the Association for Behavioral and Cognitive Therapies (ABCT) listserv forum, social media (Facebook and Instagram), emails to the directors of clinical training (DCTs) for all accredited clinical psychology doctoral programs included in this study, and direct emails to current and former internship supervisors and colleagues. Additionally, participants were gathered through snowball sampling in which individuals were asked to forward the flyer to others they knew who would be eligible to complete the survey. Participants provided consent before the beginning of the survey. At the end of the study, participants were able to enter a raffle to win one of four $25 gift cards.

Survey Participants

Participants were eligible to complete the study if their Ph.D. was conferred on / after September 1, 2024, from an APA-Accredited program in clinical psychology. After removing 7 participants due to incomplete data, a total of 50 participants completed an online survey regarding their preliminary exam and metrics of satisfaction and career preparedness. Data was collected between September and December 2024. Participants were predominantly female, n = 34, 68.00% and White/European American, non-Hispanic, n = 47, 94.00%. The mean age of participants was 40.86 years, SD = 12.81, and participants' Ph.D.s were conferred between 1975 and 2024. Most participants, n = 28, reported working in a clinical setting, and most were licensed psychologists, n = 41. See Table 1 for full sample characteristics.

Measures

Program-Level

Preliminary Examination Type. The authors obtained the information regarding preliminary exams by looking at the website and/or program manuals for each of the 175 APA-accredited Ph.D. clinical psychology programs in the United States in the year 2020 and used descriptions to code program preliminary exam type. Interrater reliability for coding the preliminary exams was established among the three authors. The authors developed a coding document with instructions for scoring. Coding was as follows: 1 = utilized that type of preliminary exam; 0 = did not utilize that type of preliminary exam; and 999 = missing information or not enough information to code. There was a total of 15 specific options for preliminary exam type and three alternative coding classifications (see Table 2 for the full list). Interrater reliability using the Kappa coefficient for each item ranged from 0.640 to 1.000. Interrater reliability above 0.61 has been interpreted as satisfactory by researchers (Belur et al., 2021; Fleiss et al., 2003; Landis & Koch, 1977; Warrens, 2015).

Preliminary Examination Category. Preliminary exam category was then categorized as content based, outcome based, both content and outcome based, the student had multiple choices, no preliminary exam, and other. Content-based preliminary exam included evaluative measures in which the exam could not reasonably be used for an academic product or was otherwise self-

contained. Outcome-based exams included publication(s), teaching, and other academic products or materials that could be used for future program / career milestones (see Table 2 for examination type categorization across programs). If the program had components from content-based *and* outcome-based preliminary exams, they were coded as "combined." Under this schema, the student had multiple choices, no preliminary examination, and "other" remained the same for coding.

Internship Match Rates. Internship match rates were obtained from the websites for each APA-accredited doctoral clinical psychology program included in this study. This information is freely available on every program's website. Information was obtained for the 2021-2022 and 2022-2023 academic years to capture the students who were likely to take the preliminary exam that was coded. The overall match rate (i.e., average match rate of the program over the last 10 years) was also recorded.

EPPP Pass Rates. EPPP pass rates were obtained from the Association of State and Provincial Psychology Boards' annual report (2024). The 2024 report includes the list of doctoral programs in health service psychology and examination pass statistics aggregated from January 1, 2019, through December 31, 2023. For this study, we examined the overall pass rate (which is only provided when 5 or more examinees took the EPPP during the time frame) and the percentage of questions correct across the eight domains (biological, cognitive-affective, social and cultural, lifespan development, assessment, treatment, research, and ethical / legal issues).

Individual-Level

Demographic and Sample Characteristics. Participants completed a brief survey regarding their demographic information, job setting, age, gender, race, and ethnicity. Participants were also asked the following to determine knowledge of accessibility issues: "Did students struggle to complete the examination due to medical, psychological, or accessibility issues?", which was rated as either "yes," "no," or "unsure." Participants also reported in an open-ended response how accessibility issues were typically handled by the program. This was prompted with "If you answered yes to the previous question, how were accessibility issues handled by the program (e.g., modifying the format, extra time accommodation)?" All responses were reviewed and agreed upon by all authors for themes.

Preliminary Examination Type. Participants identified whether their program included any of the following in the preliminary exam: take-home written essay, in-person written essay, examination (not essay-based), oral defense of examination, publication(s), research paper (not necessarily required to be published), teaching, case conceptualization (written or oral), passing the EPPP, dissertation proposal (written or oral), a comprehensive literature review (not necessarily required to be published), internship essays, no examination, or another option (open-ended). Responses were categorized into content-based (essay- and not essay-based examinations), outcome-based (publications, grants, research papers, EPPP, dissertation proposal, literature review, internship essays), or both (coded when a participant identified at least one selection from both categories). Nine participants reported a combination preliminary exam process, 19 content-based, and 22 outcome-

based. See Table 2 for frequency of endorsement of specific types.

Career Preparedness and Program Satisfaction. Participants rated several satisfaction and preparation metrics on a 0 to 100 scale. All questions used the stem, "On a scale from 0 (not at all) to 100 (completely) …"; questions included, "How satisfied are you with your training program?," "How satisfied are you with your preliminary examination experience?," "How well did your preliminary examination prepare you for your internship?," "How well did your preliminary examination prepare you for your career overall?," "How well did your preliminary examination prepare you for clinical work?," "How well did your preliminary examination prepare you for teaching?," and "How well did your preliminary examination prepare you for research?"

Data Analytic Plan

The Statistical Package for Social Sciences (SPSS) version 29 was utilized to analyze the data. To examine the first hypothesis that there would be a difference in internship match rates and EPPP pass rates by program preliminary exam type, we ran a MANOVA with preliminary exam category as the independent variable (content-based, outcome-based, combined, none, other, and student choice) and internship match rates and EPPP pass rates as the dependent variables. To examine the hypothesis that participants whose preliminary exams were outcome-based would report higher satisfaction and preparedness, we ran a MANOVA with preliminary exam category as the independent variable (content-based, outcome-based, combined) and satisfaction and preparedness metrics as the dependent variables. To examine the hypothesis that participants whose programs utilized content-based preliminary exams would have more accessibility issues, we ran a Kruskal-Wallis test with exam category as the independent variable and accessibility issue knowledge as the outcome variable.

Results

Preliminary Results

Statistical assumptions were examined and met for all analyses. Correlations between all outcomes for the satisfaction and preparedness survey were at $r \geq .26$, $p \leq .077$. Correlations between all outcomes for program-level data were at $r \geq 0.03$, $p \leq 0.112$. Of the 175 eligible programs, 147 (84.00%) were coded. There were 28 programs (16.00%) that were unable to be coded due to missing information (e.g., the program did not provide publicly accessible information regarding their preliminary exam) or insufficient data to code (e.g., the program provided one sentence stating it had a preliminary exam). Out of the 147 programs included in analyses, outcome-based preliminary exams were most common with 29.25% (n = 43), followed by content-based with 27.21% (n = 40). Further, 20.41% (n = 30) had multiple options for the student to choose; 10.88% (n = 16) were classified as "other;" 8.16% (n = 12) had combined content- and outcome-based exams; and 4.08% (n = 6) did not have a preliminary exam. See Table 2.

Program Outcomes

A one-way MANOVA revealed that there was not a significant difference in internship match rates for the 2021-2022 academic year by preliminary exam

category, $F(5, 135) = 0.97$, $p = 0.44$ or overall match rates over the last 10 years $F(5, 139) = 0.48$, $p = 0.79$. However, there was a significant difference in internship match rates for the 2022-2023 academic year across preliminary exam category, $F(5, 134) = 4.33$, $p = 0.001$, $\eta^2 = 0.14$. Bonferroni post-hoc analyses indicated that programs without a preliminary exam (M = 74.17, SD = 37.46) had significantly lower match rates than those with outcome-based (M = 97.58, SD = 1.48, $p < 0.001$), content-based (M = 97.74, SD = 6.85, $p = 0.002$), both outcome- and content-based (M = 100.00, SD = 0.00, $p = 0.002$), student choice of preliminary exams (M = 94.96, SD = 19.41, $p = 0.011$), and "other" exam categories (M = 95.73, SD = 6.87, p = 0.016). There were no significant differences between the categories of preliminary exams, $p > 0.05$. These results indicate that having a preliminary exam was associated with students' internship match rates in the 2022-2023 academic year. However, these results were not consistent over time as results demonstrated that having a preliminary exam was not associated with the students' internship match rates when comparing the overall match rates for the past 10 years, so these results should be interpreted with caution.

A one-way MANOVA revealed that there was a significant difference between preliminary exam category and EPPP pass rates overall, $F(5, 137) = 9.82$, $p < 0.001$, $\eta^2 = 0.26$. Further, there was a significant difference between exam category and each area of the EPPP (See Table 3). Bonferroni post-hoc analyses indicated that individuals without a preliminary exam had significantly lower overall pass rates ($p < 0.001$) than individuals who had any type of preliminary exam. Within each section of the EPPP, pass rates varied; however, overall, individuals without a preliminary exam performed significantly poorer than students with one.

Satisfaction and Perceived Career Preparedness

A one-way MANOVA revealed a significant difference among preliminary exam category in satisfaction and preparedness ratings, $F(14, 72) = 3.08$, $p < 0.001$; Wilk's $\Lambda = 0.39$, $\eta_p^2 = 0.37$. Preparedness and satisfaction differed significantly across preliminary exam category for preliminary exam satisfaction, internship preparation, overall career preparation, and research preparation, ps ≤ 0.013, but not training program satisfaction, clinical work preparation, or teaching preparation, ps ≥ 0.084 (See Table 4). Bonferroni post hoc tests revealed that people with outcome-based preliminary exams had higher levels of exam satisfaction, and internship, career, and research preparedness than those with content-based exams, ps < 0.05 (see Table 4 and Figure 1). There was a trend with exam satisfaction, in that participants whose exams included both outcome-based and content-based components, M = 69.86 (SD = 32.66), had slightly higher scores than those with content-based exams, $p = 0.093$, M = 47.94, SD = 26.16.

Examination Accessibility

A Kruskal-Wallis H test demonstrated that there was a statistically significant difference in knowledge of accessibility issues across preliminary exam category, χ^2 (2) = 9.25, $p = 0.010$. Dunn's pairwise tests were conducted for the three groups, which yielded a significant difference between combined preliminary exam and content-based categories, $p = 0.021$ and between out-

Table 1
Sample Demographic Characteristics

Characteristics	*N* (%)
Race and ethnicity	
White/European American	48 (96.00)
Asian or Asian American	1 (2.00)
Hispanic/Latino/Latina	1 (2.00)
Prefer to describe	1 (2.00)
Gender	
Female	34 (68.00)
Male	14 (28.00)
Gender fluid	2 (4.00)
Career setting	
Academia	15 (30.00)
Clinical	28 (56.00)
Research	2 (4.00)
Other*	5 (10.00)
Licensure	
Yes	41 (82.00)
No–not yet eligible or in progress	6 (12.00)
No–not planning to obtain licensure	2 (4.00)

Note. One participant selected more than one race/ethnicity. One participant declined to provide licensure information. *Other setting included: academic medical center or combined.

Table 2
Frequency of Preliminary Examination Type Across Programs (N = 147) and Participants (N = 50)

Examination Type/Category	*n* (%)	*n* (%)
No Preliminary Examination	6 (4.08)	0 (0.00)
Student Choice	35 (23.81)	0 (0.00)
Other*	25 (17.01)	4 (8.00)
Outcome-based		
Literature Review for Dissertation	3 (2.04)	0 (0.00)
Grant Application	3 (2.04)	2 (4.00)
First Author Publication (Submitted)	4 (2.72)	9 (18.00)
First Author Publication (Published)	1 (0.68)	5 (10.00)
Dissertation Proposal	9 (6.12)	12 (24.00)
Pass the EPPP	2 (1.36)	1 (2.00)
Teaching a Class	1 (0.68)	1 (2.00)
Writing Internship Essays	1 (0.68)	1 (2.00)
Practical Examination	5 (3.40)	16 (32.00)
Review of Literature with Oral Defense	15 (10.20)	0 (0.00)
Review of Literature without Oral Defense	19 (12.93)	11 (22.00)
Content-based		
Take-Home Essay Examination	10 (6.80)	6 (12.00)
Take-Home Essay Examination with Oral Defense	7 (4.76)	25 (50.00)
Non-Essay Examination	24 (16.33)	3 (6.00)
In-Person Essay Examination	18 (12.24)	22 (44.00)

*Note. Percentages and numbers will be greater than overall sample as some programs included multiple characteristics in their preliminary examination and most participants reported multiple components. Preliminary examinations were first coded into either outcome or content-based. Programs/individuals whose examinations included both content- and outcome-based examination components were coded into the "combined" type. *Other examinations were collapsed into content-based, outcome-based, or combined on a case-by-case basis for individual (not program) data. Other was retained as a distinct category for program-level analyses. "Student choice" and "no preliminary examination" were not collapsed into one of the three categories.*

Table 3
Preliminary Examination Category on EPPP Pass Rates

	F-ratio (5, 141)	*p*	η_p^2	Outcome *M* (*SD*)	Both *M* (*SD*)	Content *M* (*SD*)	Multiple Choices *M* (*SD*)	Other *M* (*SD*)	No Prelim *M* (*SD*)
Biological Bases of Behavior	4.04	0.002	0.13	.79 (.04)	.76 (.04)	.79 (.04)	.79 (.04)	.77 (.05)	.72 (.06)
Cognitive Affective Behavior	3.96	0.002	0.12	.80 (.03)	.76 (.11)	.79 (.04)	.86 (.04)	.80 (.05)	.71 (0.9)
Social and Multicultural Bases of Behavior	3.78	0.003	0.12	.77 (.04)	.74 (.07)	.76 (.04)	.77 (.03)	.76 (.05)	.69 (.06)
Growth and Lifespan Development	4.58	<0.001	0.14	.74 (.04)	.71 (.08)	.72 (.04)	.75 (.04)	.74 (.05)	.66 (.06)
Assessment and Diagnosis	6.84	<0.001	0.20	.78 (.03)	.74 (.07)	.76 (.05)	.78 (.03)	.75 (.07)	.66 (.08)
Treatment, Intervention, and Prevention, and Supervision	4.60	<0.001	0.14	.79 (.04)	.77 (.09)	.77 (.04)	.79 (.04)	.78 (.05)	.70 (.06)
Research Methods and Statistics	7.25	<0.001	0.21	.78 (.06)	.73 (.11)	.74 (.07)	.78 (.05)	.75 (.09)	.62 (.07)
Ethical, Legal, and Professional Issues	2.76	0.021	0.09	.82 (.03)	.81 (.04)	.82 (.03)	.82 (.02)	.82 (.04)	.78 (.04)

Table 4
Preliminary Examination Category on Satisfaction and Preparedness

	F-ratio (2, 42)	*p*	η_p^2	Outcome M (SD)	Both M (SD)	Content M (SD)
Program satisfaction	0.33	.719	.02	83.45 (10.65)	78.43 (22.46)	80.67 (16.37)
Examination satisfaction	17.79	.000	.41	86.85 (11.10)	69.86 (32.66)	47.94 (26.16) a***
Internship preparation	4.81	.013	.19	61.95 (24.95)	46.57 (33.82)	34.22 (27.93) a*
Career preparation	9.23	.000	.31	76.20 (20.23)	55.43 (38.31)	36.61 (31.87) a***
Clinical preparation	2.62	.084	.11	48.50 (35.40)	57.57 (32.16)	29.22 (28.54)
Teaching preparation	1.84	.171	.08	39.65 (22.84)	38.86 (41.36)	22.50 (29.57)
Research preparation	4.92	.012	.19	64.20 (28.78)	50.71 (40.87)	31.22 (32.88) a**

Note. a = a comparison with outcome-based examinations.
*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

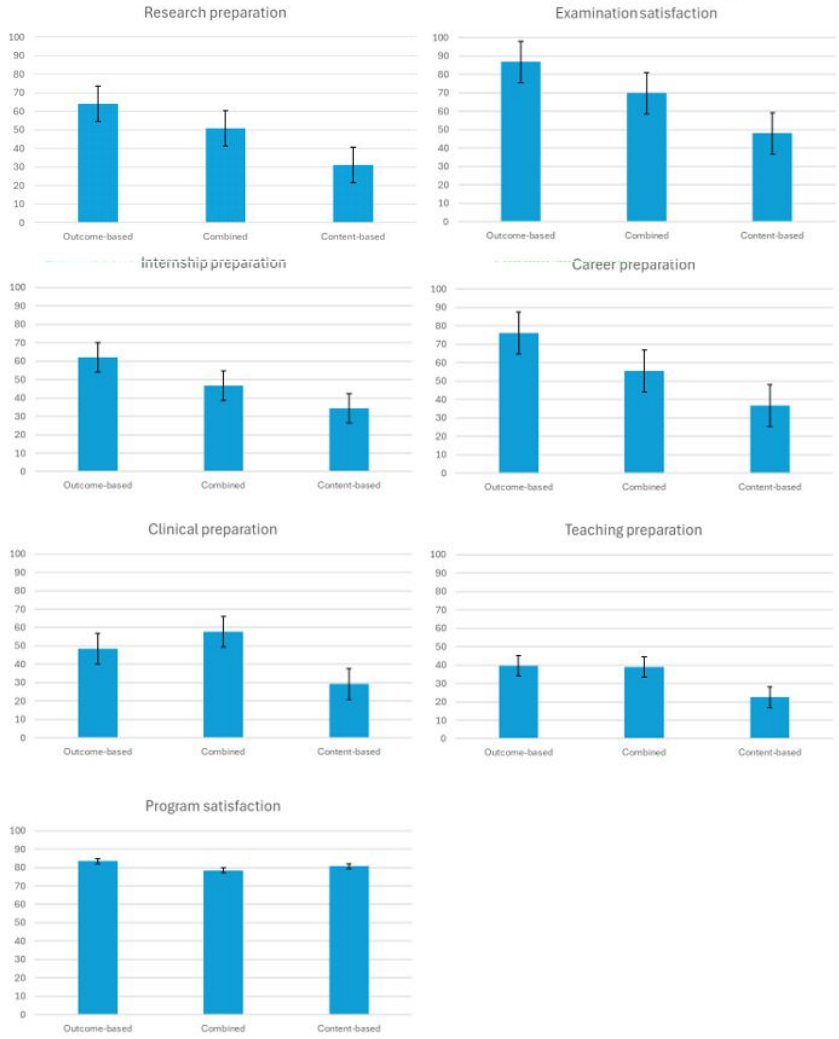
Table 5

Guiding Questions for Faculty Reflection on Qualifying Examinations and Their Alignment with Student Outcomes and Program Milestones

Topic	Questions
Purpose of Prelims	What is the primary purpose of preliminary exams in our program? Is the purpose of the preliminary exam to assess readiness? If so, how is "readiness" operationalized and measured at each level of the doctoral program?
Skills Assessed	Is the preliminary exam intended to assess skill, knowledge, readiness for independent career functioning, all of the above, and/or the integration of them? Does the exam format (e.g., written, oral, take-home) allow students to demonstrate critical thinking skills?
Program Milestones	How does the student's performance on preliminary exams relate to program milestones (e.g., candidacy, dissertation prospectus approval)? Can exam components be structured to produce work that contributes to later program milestones (e.g., first-author manuscript, dissertation literature review, dissertation proposal draft)? How might the exam be redesigned to advance students toward doctoral candidacy effectively?
Future Growth of Students	In what ways do preliminary exams support learning?
Evaluation Practices	Are preliminary exam expectations, evaluation criteria, and administrative processes clearly communicated and accessible to students? How consistent are evaluation practices across review committees or individual faculty reviewers? How often might the doctoral program revise the structure or purpose of the exam based on the most recent research findings?

Figure 1

Satisfaction and Perceived Preparation Metrics Across Preliminary Examination Categories



come-based and content-based categories, $p = 0.049$. Participants whose exams were content-based reported higher knowledge of accessibility concerns (32.61 mean rank) compared to those whose exams were outcome-based or combined, 22.48 and 17.89, respectively. There was no significant difference between combined and outcome-based exams, $p = 1.00$. When asked how the program handled accessibility issues, themes included being given extra time (1 response), repeated examination (1), not handled / no modifications (5), being "ridiculed or dismissed" (1), and people being unaware of how situations were handled (4).

Discussion

The results of this study suggest that people whose preliminary exams are outcome-based as opposed to content-based tend to experience higher satisfaction with their exam, and report higher preparedness for conducting research, completing internship, and their overall careers. Individuals with content-based preliminary exams had greater knowledge of accessibility issues with these exams, which may suggest that traditional exams are more prone to disadvantage specific groups of students. Program-level data suggest that there are no differences in internship match rates or EPPP pass rates between programs whose exams were outcome-based, content-based, or a combination. However, program-level data indicated that programs with any type of preliminary exam relative to programs not requiring preliminary exams had higher internship match rates, higher EPPP pass rates, and higher scores across EPPP domains. These results suggest that the presence of a preliminary exam matters in career milestone achievement and success, but the category of exam only matters in individual perception of career preparedness.

A key takeaway from the program-level data is the importance of the program incorporating some type of preliminary exam into their assessment of student competency.

The examination of program-level metrics was a major strength of this study despite limited significant results. Regarding program-level metrics (i.e., EPPP pass rates and internship match rates), it is possible that these results were not significant in part due to range restriction. A ceiling effect was prevalent across metrics, which is to be expected since programs provide substantial support and training for students to ensure that all students match during the internship process, and programs with consistently poor outcome data are not likely to remain APA-accredited. Additionally, students pursuing licensure are likely to devote ample study time to increase the likelihood of passing the EPPP. Thus, while these results did not identify which category of preliminary exam is best in predicting career outcomes, it is likely that individual differences in students explain these outcomes.

While the category of examination may not predict student success, the preparation that goes into such an exam (e.g., studying diagnostic criteria

and theoretical models, reading seminal research articles and consolidating information, conducting and presenting quality research) may be critical processes. This may be especially important while the EPPP is developing Part II (skills-based portion of the exam; Association of State and Provincial Psychology Boards, n.d.). When this happens, the preparation for preliminary exams may be increasingly influential as programs may encourage their students to take the EPPP Part I (knowledge-based portion of the exam) during their time in the program.

Although previous research has not examined the importance of preliminary exams per se, an array of publications hint at the importance of some type of preliminary exam in health service psychology. This is in support of the findings from the competency conference in which types of preliminary exams were discussed. Kaslow and colleagues (2004) emphasized that when measuring competency, evaluating skills and attitudes should be considered rather than focusing exclusively on knowledge. A key component of a program's APA accreditation is the continual evaluation of student growth and readiness (APA, 2015), for which preliminary exams are often used.

The results of this study are important additions to the growing body of literature regarding preliminary exams. The findings regarding student satisfaction and perceived preparedness suggest that outcome-based preliminary exams may be preferred among students and may help them feel better prepared for their careers. Furthermore, the greater knowledge of accessibility issues regarding disability status and mental health among students whose preliminary exams included more content-based assessments may indicate that students with disabilities may be at a particular disadvantage. These findings are important to consider in conjunction with concerns around interrater reliability and limited scope with traditional exam types (Kaslow et al., 2009), paired with concerns of biased exams in favor of white students (Tori, 1989). Overall, these traditional, content-based exams may be falling out of favor due to their limited utility, historical racial and ethnic bias, and the perception by students that they do not adequately prepare them for their careers in comparison to outcome-based exams.

Limitations and Constraints on Generality

This study has several limitations that must be considered alongside findings. First, the sample for the survey level data was small, with limited gender and racial and ethnic diversity, and was a sample of convenience. The use of snowball sampling, which was deemed necessary by the researchers after poor response from more systematic sampling methods, likely oversampled participants with specific kinds of preliminary exams or those with especially strong feelings regarding their experience. Thus, it is essential that these results be replicated using a larger, more diverse sample.

There were also limitations at the program level. First, the study only included Ph.D. programs, which limits the generalizability to other types of programs. Additionally, only six programs did not have any type of preliminary examination. Programs may have also changed their preliminary exam type in recent years, which is not necessarily captured in the current data. The potential mismatch between knowledge of accessibility issues in preliminary exams and experienced accessibility issues is also a limitation. It is possible

that accessibility issues prevail across exam types and individuals are simply more aware of these issues in more traditional exam formats.

Finally, these data are cross-sectional and retrospective in nature, with many contextual factors influencing the results. It is important to consider the regulations on preliminary exams. For example, preliminary exam format may be dictated by the school/department, college, or university as a whole. Thus, many programs may be "stuck" using certain types of exams. These exam constraints could be especially relevant in program satisfaction, career preparedness, and the ability of a program to recruit students. Furthermore, due to the cross-sectional methods used in this study, the present findings are limited by the absence of longitudinal data. The findings suggest a need for greater clarity about the purpose of preliminary exams and how they might align with meaningful student outcomes. Table 5 presents a series of questions for program faculty to consider the purpose and role of preliminary exams, as well as to reflect on how preliminary exams relate to outcome data and the faculty's potential to support progress toward program milestones.

Future Directions

Future research on the topics of preliminary exams and career outcomes/preparedness should employ longitudinal or experimental methods to determine whether preliminary exams predict outcomes. Continued research will be imperative as preliminary exams continue to change at the program level, as each program continues to learn and grow. A national study, including all APA-accredited programs (e.g., Psy.D., Ed.D., and counseling, school, and combined programs), would be helpful in discerning which categories of preliminary exams are the most helpful in developing positive career preparedness and career outcomes. Further, future research would benefit from investigating the consistency of the type of preliminary exam, as comparing internship match rates over the past 10 years may not accurately reflect the program's preliminary exam type. Finally, future research is needed to evaluate the reliability and validity of each type of preliminary exam. Guidelines on how to administer and score each type could provide valuable information about the consistency across programs and the competencies measured by each preliminary exam.

Conclusion

This study indicates that students with outcome-based preliminary exams tend to feel more prepared for various aspects of their career while not necessarily impacting program-level outcome metrics, such as internship match or licensure pass rates. These results suggest that program administrators may wish to consider modifying the preliminary exam process to include more hands-on exams to promote student preparedness and satisfaction. Alternatively, programs may wish to consider providing multiple options for preliminary exams and allowing the student to choose which type of exam they complete to potentially address concerns with accessibility, bias, and student satisfaction. The results obtained in this study may be useful in advocating for more applied, outcome-driven experiences to evaluate student competency throughout the doctoral programs.

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Integrating Intersectionality into CBT Case Conceptualization

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ABSTRACT > *Cognitive behavioral therapy (CBT) is effective in treating a wide range of mental health concerns. However, CBT historically has focused on how individual thoughts and behaviors impact distress, with minimal focus on how sociopolitical contexts inform thoughts and compensatory strategies that are the targets of interventions. We propose recommendations for how intersectionality theory may inform CBT case conceptualization. We provide a case vignette and a sample of a modified case conceptualization template to illustrate how intersectionality theory can be applied to cognitive case conceptualization to better understand how systemic and sociopolitical factors impact clients.*

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Discriminatory laws and policies, overt and covert discrimination, prejudicial attitudes and beliefs, and stigma are collectively unique stressors that contribute to negative mental health outcomes for historically marginalized communities. Originally conceptualized for lesbian, gay, and bisexual communities (Meyers, 2003), scholars have since called for extensions of this minority stress model to other historically marginalized communities to offer more holistic perspectives on how structural discrimination informs mental and physical health (Frost & Meyer, 2023; Hendricks & Testa, 2012; Rivas-Koehl et al., 2023). We define systemic oppression as structural factors such as laws, policies, and institutions that limit resources and opportunities to some communities, and provide unearned advantages to other communities (e.g. privilege), contributing to physical and mental health inequities (Crenshaw, 1989). Minority stress models conceptualize inequities in mental and physical health outcomes as originating from distal and proximal factors. Distal factors are external discriminatory stressors from other people, the immediate environment, and laws and policies, whereas proximal factors center on internalized beliefs surrounding stigma of identities, concealment, and expectations of rejection that arise from exposure to distal stressors.

To address the impact of minority stress, professionals have integrated cultural considerations into evidence-based practices such as cognitive behavioral therapy (CBT). While effective, CBT has been criticized for its focus on how thoughts and behaviors impact distress, while insufficiently attending to how distress is impacted by clients' cultural contexts and systemic oppression (Bryant-Davis, 2019; Hays, 2024). We consider clients' cultural contexts to encompass the cultural identities that clients hold, internal sense of their cultural identities, cultural values, and sense of community with others with shared cultural identities (Adames et al., 2018). Focusing on individual thoughts and behaviors inadvertently pathologizes individuals by centering distress as stemming from deficits within the individual rather than among larger systems that privilege white, heterosexual, cisgender, and

ableist norms. Instead, scholars have called for shifting towards an intersectional lens that grounds experiences within historical and sociocultural contexts, and understands people in context of the multiple cultural identities they hold rather than focusing on singular identities (Bucchanan et al., 2020). Intersectionality was first coined by Kimberlé Crenshaw, a Black feminist legal scholar who critiqued how single-axis frameworks of cultural identities preclude considerations of how people are impacted by interlocking systems of privilege and oppression, resulting in different lived experiences based on different cultural identities they simultaneously hold (Crenshaw, 1989). Singular identity frameworks can result in intersectional invisibility (Purdie-Vaughns & Eibach, 2008), where experiences of individuals with multiple marginalized identities are rendered invisible within a community as experiences of privileged identities are considered the norm (e.g. the experiences of women of color overlooked among women).

Scholars have developed intersectionality-informed culturally adapted treatments, frameworks, and guidelines. Within LGBTQ+ health, transdiagnostic affirmative CBT culturally adapted treatments target minority stress in gay and bisexual men with depression, anxiety, trauma-related disorders and co-occurring health risks (Effective Skills to Empower Effective Men [ESTEEM]; Pachankis et al., 2019; Pachankis et al., 2022). ESTEEM heavily emphasizes the impact of the environment on symptomology, rather than blaming the individual, and empowers individuals to identify how stigma may impact their unhelpful thinking and limit self-efficacy. Similarly, culturally-informed adaptations of prolonged exposure for African American and/or Black clients focus on strategies to assess for race-based traumatic experiences, and in vivo exposures regarding advocacy efforts at community and policy levels to foster empowerment to engage in structural change (Williams et al., 2022). Building upon the original ADDRESSING model, Hays (2024) outlined how intersectionality can be infused into CBT by engaging in self-reflection about one's own experiences of privilege and marginalization in context of intersecting identities, educating one's self about intersectional marginalization and oppression, being curious about clients' identity-related oppression through questions eliciting client experiences, and exploring strength and resiliency within clients' and their respective communities.

We build upon past scholars to provide recommendations for how intersectionality can apply to Beck's (2011) CBT case conceptualization to facilitate understanding of how structural discrimination and intersecting cultural contexts impact core beliefs, intermediate beliefs, and compensatory strategies. Case conceptualization is a vital, yet frequently neglected, element of CBT. In the urgency to implement interventions, the process of developing a holistic, comprehensive working hypothesis surrounding perpetuating and maintaining factors of clients' distress can be overlooked. Case conceptualization is crucial in selecting interventions targeting hypothesized mechanisms underlying presenting concerns (Dudley et al., 2011; Persons, 2022). Past work centering cultural contexts in evidence-based practice (EBP) case conceptualization have focused on applying minority stress model to EBPs based in learning theory approaches to understanding how distal and proximal stressors impact thoughts, emotions, and behaviors among sexual minority clients (Pachankis et al., 2023), and integrating cul-

tural considerations into case conceptualization of family-based interventions (McCabe et al., 2020; Sanchez et al., 2026). Drawing upon principles of minority stress and intersectional cultural humility, we provide guidance on how clinicians can (a) assess for the impact of structural discrimination and client experiences of their intersecting cultural identities, and integrate information surrounding sociopolitical and sociocultural contexts to form working hypotheses of (b) perpetuating and maintaining factors that inform the development of presenting concerns, and (c) the development of core beliefs, intermediate beliefs, and compensatory strategies. Our hope is that this article may apply for clients across intersecting identities, and be used as an overarching tool in everyday clinical practice. To this end, this article is not designed to be a prescriptive manual for working with clients across intersecting identities. Instead, this paper is meant to encourage clinicians to critically examine how they integrate considerations of sociopolitical and sociocultural contexts into cognitive case conceptualization with the notion that high-quality case conceptualization enhances patient-centered treatment and effectiveness (Gilboa-Schechtmanm 2024). Clinicians may also consider the assessment questions as an extension of existing tools such as the Cultural Formulation Interview, as applicable (CFI; Lewis-Fernandez et al., 2016). We include guiding questions for clinicians to understand how sociopolitical contexts, sociocultural contexts, relevant history, core and intermediate beliefs, and compensatory strategies are intertwined (Table 1), an adapted version of Beck's (2011) case conceptualization form (Figures 1 and 2), and adapted questions from Hook et al.'s (2013) cultural humility scale and the "Role of Cultural Identities" section of the CFI (Appendix A and B). To illustrate how intersectionality can be integrated into CBT case conceptualization, we introduce a vignette of a client named Alex (he/him), a 22-year-old Black, trans, Haitian man with fibromyalgia who presented with social withdrawal and isolation. Treatment goals involved exploring multiple pathways to gender-affirming medical care, improving interpersonal relationships, and decreasing isolation.

Collecting Relevant History: The Foundation of Case Conceptualization

Case conceptualization necessarily involves thorough understanding of the clients' presenting concerns, precipitating factors that contributed to the onset of the presenting concerns, and maintaining factors that perpetuate distress (Pearsons, 2012). Intersectionality-informed case conceptualization is an ongoing process throughout therapy, and starts with not only assessing client presenting concerns (e.g. symptoms, diagnosis), but also their understanding of how cultural contexts and systemic oppression intersect with precipitating and maintaining factors. Prior to and throughout the process of collecting relevant history, it is important for the clinician to acquire foundational knowledge of the historical contexts of various cultural groups and of inter- and intragroup minority stressors. Such knowledge may be acquired by reading books, learning from internet resources, drawing on research and media resources that feature individuals with lived experience, and seeking consultation and training. Therapists will inevitably encounter cultural and sociopolitical contexts they are unfamiliar with, particularly when taking into account intersecting marginalized identities. Drawing upon Hays (2024),

Figure 1
Case Conceptualization Worksheet

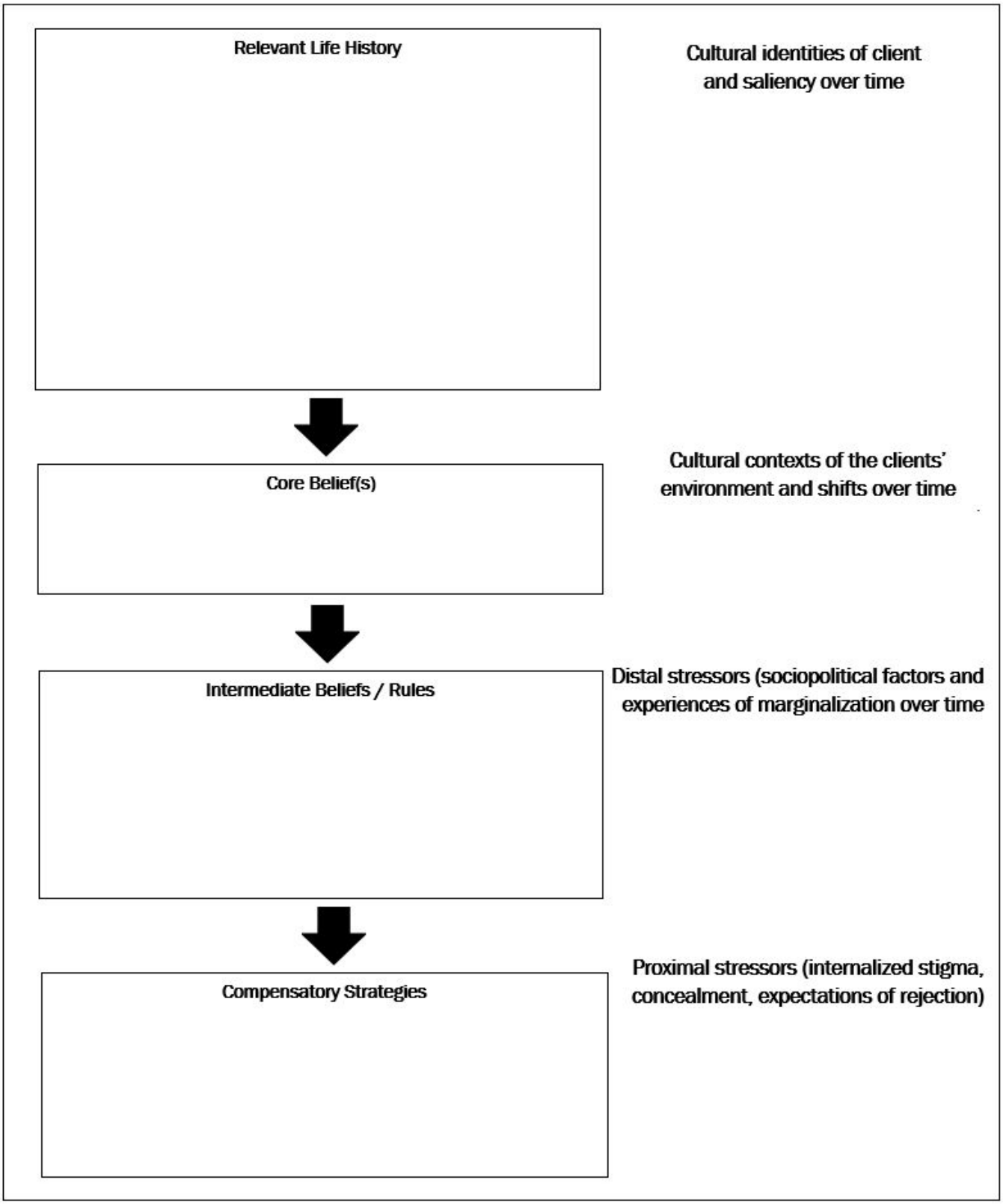
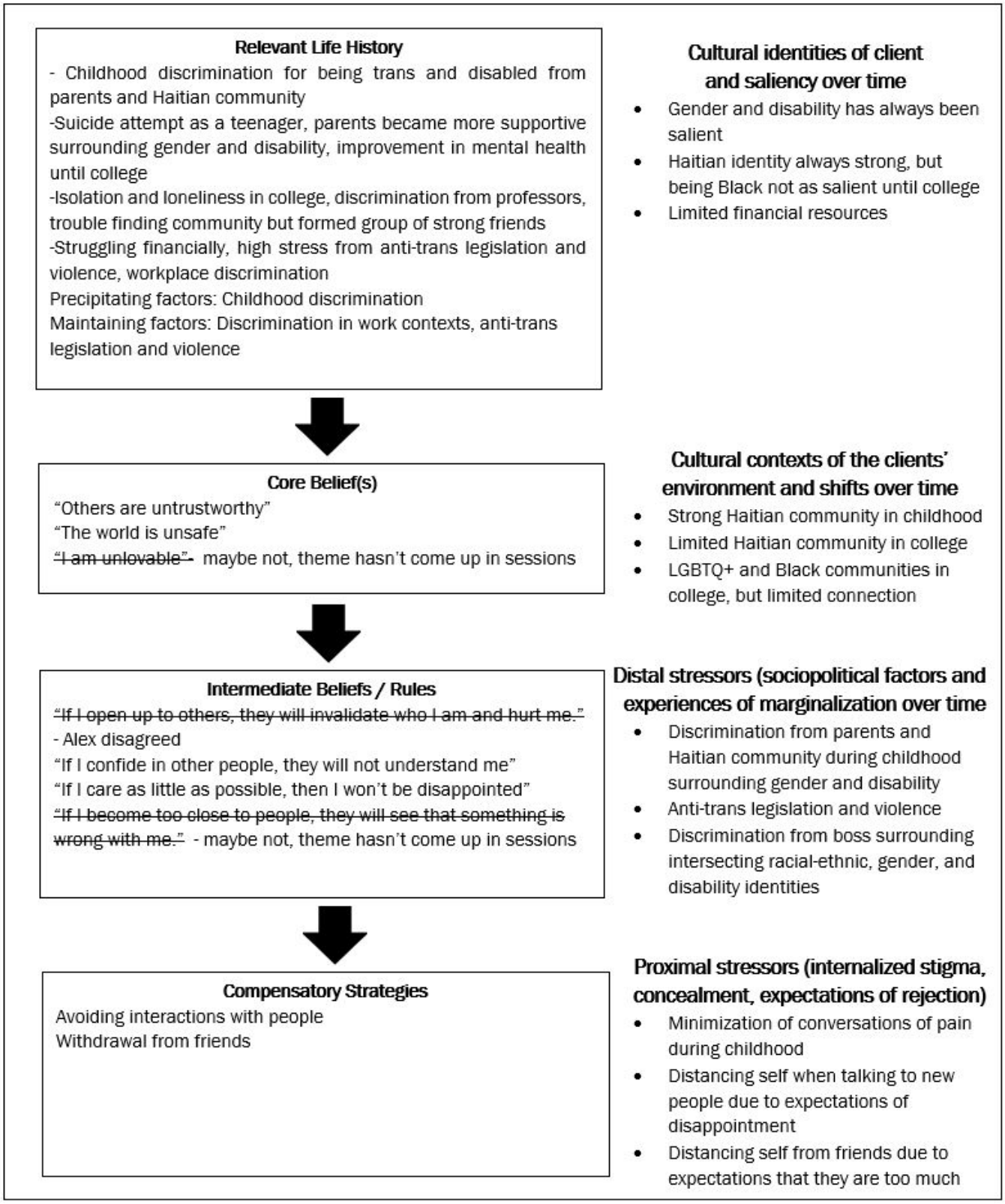


Figure 2
Case Conceptualization Worksheet with Alex



education necessarily involves understanding the diversity of experiences within communities rather than a monocultural lens, and maintaining curiosity of exploring how clients make sense of their lived experiences rather than making assumptions.

In line with minority stress models and the intersectional ADDRESSING framework of Hays (2024), therapists should collect information on client cultural identities, distal, and proximal factors informing distress. Clinicians can start this process in the intake paperwork, and then continue throughout the therapy process. A modified version of Hook et al.'s (2013) questions eliciting cultural identities important to clients (see Appendix A) can be administered to clients to prime therapists to ask questions about cultural contexts connected to cultural identities, saliency of these identities, experiences of discrimination, and their connection to treatment goals. Adapted questions from the CFI (see Appendix B) can be used to facilitate exploration and assessment of distal and proximal factors.

Identity saliency is the subjective importance of specific cultural identities to individuals, and is conceptualized as a spectrum informed by the interaction of a person's internal sense of self surrounding respective cultural identities, and environmental contexts (Yakushko et al., 2009). Considering identity saliency, particularly how clients experience their identities in context of each other, how saliency of cultural identities have shifted over time, and interpersonal and environmental factors that have impacted identity salience, can allow greater understanding for how experiences of marginalization and community resilience together shape client experiences. Identity salience is fluid and impacted by an individuals internal sense of their cultural identities, community environments (e.g., geographical location, neighborhood, work environment), broader sociopolitical climates (e.g. changes in laws, government officials, larger societal messages), and experiences of privilege and oppression (Lekas et al., 2020; Yakushko et al., 2009). This understanding can also provide key information about the behavioral strategies that a client developed to cope with, or stay safe in, past contexts, including those strategies that may be less adaptive in subsequent situations. Exploring identity salience with clients is not only important for informing case conceptualization and selection of interventions, but can also help clients gain awareness and insight into the impact of cultural contexts and systemic oppression that they may have not considered, or been unaware of (Pachankis et al., 2023; Yakushko et al., 2009). Asking clients their understanding of their distress, and exploring how distress, cultural contexts, and distal stressors have shifted over time, can validate how distress is a normal reaction to distal stressors while honoring client perceptions of their identities (McCabe et al., 2020; Pachankis et al., 2023; Sanchez et al., 2026). This perspective may also create space for clients to consider whether their strategies for managing this distress continue to serve them as they are currently being used. Grounding discussions of cultural contexts within identity saliency can also help minimize assumptions of how much clients would like to attend to cultural contexts when addressing presenting concerns, and orient therapists to focus on specific cultural contexts (Anders et al., 2020).

In addition to cultural contexts and distal factors, therapists should note

beliefs surrounding stigma, concealment, and rejection of cultural identities that arise during explorations of identity salience, as they could be important proximal factors that contribute to ongoing distress, and reflect underlying core and intermediate beliefs. Conversely, information surrounding positive community experiences can be important information for conceptualizing core beliefs, intermediate beliefs, and compensatory strategies, and to leverage in interventions.

After gathering information on client cultural identities and contexts, relevant history, and broader sociopolitical contexts, therapists can start hypothesizing how cultural contexts and systemic oppression inform development and maintenance of presenting concerns. When examining potential precipitating and maintaining factors, therapists should consider how distal stressors such as interpersonal experiences of discrimination, laws and policies, and larger messages communicated to the client in their environment may have contributed to, directly caused, or exacerbate the current distress. Shifts in identity salience and environmental contexts coinciding with onset and changes in presenting concerns are important signals to pay attention to, as they could reflect changes in experiences of privilege and oppression that impact navigation of distress (e.g. Dunn & Burcaw, 2013; Hinton et al., 2022; Turan et al., 2019). Negative beliefs centering around cultural identities are proximal factors that could reinforce existing thought patterns and behaviors maintaining distress.

Conceptualizing Core Beliefs, Intermediate Beliefs, and Compensatory Strategies

Once therapists have a working hypothesis surrounding precipitating and maintaining factors, they can begin to hypothesize about (a) how core beliefs developed as a result of information gathered during the intake, (b) intermediate beliefs that arose as a result of core beliefs, and (c) compensatory strategies that clients developed from intermediate beliefs to cope with presenting concerns. Case conceptualizations are fluid and collaborative, and therapists should continue refining case conceptualizations over the course of therapy based on emerging information and client feedback. We encourage therapists to share their conceptualizations for how specific thoughts, emotions, and behaviors are interconnected with cultural contexts and systemic oppression to provide opportunities for clients to correct therapist misconceptions. While case conceptualizations are ultimately hypotheses that guide selection of interventions to guide achievement of client goals, clients are ultimately the experts in their experiences. Sharing case conceptualizations can socialize clients to how cultural processes and structural oppression can inform distress and their reactions to that distress, and facilitate personalized interventions tailored to clients' appraisals and understanding of their experiences (McCabe et al., 2020; Pachankis et al., 2023; Sanchez et al., 2026).

Core Beliefs

Core beliefs are fundamental beliefs that clients hold about themselves, others, the world, and the future that stem from how they make sense of significant life experiences (Beck, 1976; Beck, 2011). Consequently, core be-

Table 1
Guiding Questions to Inform Conceptualization of Relevant History, Core Beliefs, Intermediate Beliefs, and Compensatory Strategies

Case Conceptualization	Questions to Consider and Ask
Relevant History	• What identities are salient for the client? • How do they experience their identities in context of each other? How has this changed over time? How do environmental (neighborhood, geography) and sociopolitical contexts (laws and policies) impact those changes? • What are their experiences of discrimination and marginalization? How have these shifted over time? How do environmental and sociopolitical contexts inform these? • How have experiences of discrimination and marginalization impacted their mental and physical health? How have they noticed their mental and physical health shifting in context of discrimination/marginalization over time? • How does the client make sense of their presenting concerns in context of their identities, and experiences of discrimination and marginalization? • As the therapist, what aspect of your clients' cultural contexts, and sociopolitical contexts, do you notice yourself being pulled towards exploring? What do you feel uncomfortable exploring? In looking back at your session, what were things you hadn't thought of exploring? How are these connected to your own experiences of privilege and marginalization? Shared and different cultural identities and experiences with your client?
Core Beliefs	• What past experiences inform the clients' core beliefs? How are these beliefs connected to experiences of privilege and oppression that they've experienced? How are they connected to everyday messages and stereotypes they've received? How may they be informed by how their cultural contexts, and saliency of identities, have changed over time? • What are some reactions that you have towards core beliefs that your client holds, and how they have formed? How do your cultural contexts, and experiences of privilege and marginalization, inform how you conceptualize the core belief impacting your client, and how you attend to these core beliefs in session?
Intermediate Beliefs	• How are the "rules" that guide how the client lives their life guided by cultural values within their communities? How are they guided by experiences potential dissonance in values from the different communities they are a part of? How are they guided by messages from their immediate and larger contexts? • How are the "rules" that guide how your client lives their life similar and different from those that guide yours? How are these similarities and differences guided by your cultural contexts, and experiences of privilege and marginalization?
Compensatory Strategies	• Why does a client have a given compensatory strategy? What is the context in which it developed, and the context that is maintaining it? How do experiences of privilege and marginalization shape how these compensatory strategies developed? • How is the compensatory strategy being appraised by you as the therapist, and by other individuals in the clients' life? How do your cultural identities, and experiences of marginalization and privilege, inform your perceptions of the compensatory strategy, and how you feel pulled to address it? How do larger sociopolitical forces impact how these compensatory strategies are perceived? • What are the immediate and larger barriers preventing another compensatory strategy from developing? What are community strengths that clients can tap into that could support alternative compensatory strategies?

liefs also reflect how clients make sense of experiences of privilege and oppression, and are the lens through which clients react to life events. Limited exposure to distal and proximal stressors and subsequent experiences of privilege in day-to-day contexts could contribute to beliefs of "I am in control," "The world is fair," and "People are trustworthy," as formative experiences are grounded in access to resources that minimize distress. Conversely, chronic exposure to distal and proximal stressors and subsequent experiences of marginalization could contribute to beliefs of "I am powerless," "The world is dangerous," and "Others cannot be trusted," because formative experiences are grounded in limited access to resources that result in distress. Attention to intersectionality also allows for consideration of how core beliefs may arise from uniquely intersectional experiences (e.g. a belief of never fitting may be doubly reinforced by being both bisexual and bicultural and navigating rejection in various communities).

It is important to understand the function that core beliefs serve, and how they can be adaptive given an individual's lived experiences, before any consideration of changing these core beliefs with clients.

It is important to understand the function that core beliefs serve, and how they can be adaptive given an individual's lived experiences, before any consideration of changing these core beliefs with clients (Padesky, 1994; Wenzel, 2017). We encourage therapists to validate that core beliefs develop based on a person's life experiences and demonstrate curiosity with their clients about how core beliefs have served them across different contexts (Clark, 2013; Padesky, 1994). Core beliefs surrounding others and the world that have negative valence (e.g. "People can't be trusted," "The world isn't safe," "The future is uncertain") may cause distress but simultaneously be adaptive by protecting the client from future harm, and to avoid or minimize the impact of situations and experiences that hurt them in the past. This is particularly the case for ongoing experiences of discrimination and marginalization within immediate and larger environments. A core belief may motivate adaptive behaviors in some contexts and less so in others. Rather than automatically focusing on changing a core belief that is causing distress, we encourage clinicians to instead explore with clients the impact of these core beliefs on their behaviors in different contexts, and help clients gain different perspectives on how the core belief is helping, or not helping them, meet their needs. Striving for an accurate understanding of core beliefs, including consideration of the client's identities and life experiences that have contributed to those beliefs, helps increase the likelihood that interventions can create new learning experiences.

To attend to how cultural contexts and systemic oppression inform core beliefs, therapists should reflect upon how larger themes in thoughts (par-

ticularly proximal factors) and behaviors that clients expressed during intake are connected to distal stressors. We emphasize here that broader contexts of privilege, oppression, and subsequent messages that people receive, rather than cultural identities themselves, can contribute to core beliefs that inform distress and can shift based on community contexts. In exploring potential core beliefs, therapists may benefit from examining with clients how the impact of specific shifts in identity salience gathered during intake, particularly in multiple marginalization and shifts in exclusion and inclusion over time across different communities, may impact core beliefs. To attend to how cultural contexts and systemic oppression inform core beliefs, therapists may ask clients questions such as,

> *Given past experiences, environmental contexts, and the larger sociopolitical contexts, what are themes in messages that they received that impact how they see themselves, others, the world, or the future? How are these beliefs connected to experiences of privilege and oppression that they've experienced? How have they made sense of their identities over time? Everyday messages and stereotypes they've received? In what ways are these global, deeply held beliefs adaptive or unhelpful across different situations?*

Intermediate Beliefs

Intermediate beliefs are attitudes or rules by which a person functions, and stem from core beliefs (Beck 1976, 2011). Intermediate beliefs guide how people navigate the world, and can also be strongly influenced by cultural norms, what is "acceptable" within systems, and dynamics of privilege and oppression. Intermediate beliefs bridge core beliefs and how clients react to life events, and can reflect internalized stereotypes and norms connected to different cultural identities that inform how they should think, feel, and behave in different situations. Intermediate beliefs can also represent survival mechanisms in the face of discrimination to navigate unsafe environments and cope with distress. These beliefs, when unexamined, may then generalize and guide behavior in ways that are adaptive in some situations but less so in others. Intersectional invisibility in particular may impact intermediate beliefs due to collective experiences of privilege and marginalization among different communities, and navigating different spaces. Proximal stressors such as expectations of rejection and identity concealment identified during the intake session can be reflective of guiding rules that clients developed to minimize feelings of rejection and protect against threats in various spaces.

In identifying potential intermediate beliefs, therapists would benefit from considering, *"How have messages the client received about their behaviors, and their core belief, guide expectations of how they approach their life and cope with distress?"* To inform those answers, questions exploring intermediate beliefs with clients could include, "*What were you encouraged and discouraged to do? How do these expectations intersect with your cultural context? Environment? What was going on in the world?"* Therapists should take a trauma-informed lens in asking questions about how intermediate beliefs are related to potential dissonance in messages from their communities, and immediate and larger contexts, stemming from collective experiences of privilege and marginalization in different communities over time (*"How have your expectations changed? How do the changes intersect*

with your cultural contexts, communities, environment, and what was going on in the world? How have they helped you navigate discrimination?"). Once therapists have identified potential intermediate beliefs and how cultural contexts and systemic oppression intersect with how they formed, therapists should verify with clients how this conceptualization fits with their experiences. Therapists can then explore with clients how these intermediate beliefs meet or not meet their needs in different contexts and environments, and select interventions that help clients gain different perspectives on intermediate beliefs, and test different rules that can allow them to safely navigate their environment.

Compensatory Strategies

Compensatory strategies are behaviors that are enacted in response to the activation of core or intermediate beliefs (Beck 1976, 2011). These behaviors serve to maintain, oppose, or avoid the associated belief. A core aspect of intersectional case conceptualization is exploring with clients the function that compensatory strategies serve, and their adaptiveness across different contexts. Directly addressing compensatory strategies before understanding their function in context of their history and sociopolitical context may be invalidating and misguided, leading to inappropriate interventions and harm. Rather than immediately focusing on changing behaviors, we encourage clinicians to instead understand how compensatory strategies help them meet their needs. Striving for an accurate understanding of compensatory strategies, including consideration of clients' cultural contexts and experiences of systemic oppression, helps increase the likelihood that interventions can create new learning experiences. Clients should ultimately take the lead in deciding how compensatory strategies fit their needs, and whether a new way acting would feel more helpful. Therapists who are having difficulties understanding the function of compensatory strategies should consider looking beyond the immediate environmental context, and explore the impact of larger societal messages.

In conceptualizing the function of compensatory strategies, we highlight

Clients should ultimately take the lead in deciding how compensatory strategies fit their needs, and whether a new way acting would feel more helpful. Therapists who are having difficulties understanding the function of compensatory strategies should consider looking beyond the immediate environmental context, and explore the impact of larger societal messages.

that how compensatory strategies are perceived is impacted by the cultural worldview of others observing the behavior. Therapists should be mindful of (a) how their own experiences with privilege and oppression influence connotations associated with compensatory strategies, and (b) how the positionality of others in their clients' lives affect messages communicated to the client. Therapists also should consider what immediate and systemic bar-

riers may serve as maintaining factors and prevent other compensatory strategies from developing. Collaborative appraisal of the compensatory strategy may depend on evidence from the client's environment, and may require navigation of tensions between their needs and goals, and larger systemic barriers and oppressive norms. Rather than pathologizing compensatory strategies, treatment may focus on empowering clients to make an intentional choice around using these strategies.

In exploring different compensatory strategies that allow clients to meet their needs, we encourage therapists to explore with clients individuals they can lean into, and how they may draw on community strength (McCabe et al., 2020; Pachankis et al., 2023; Sanchez et al., 2026). This not only includes communities of individuals who share the clients' salient cultural identities, but also trusted individuals who the client has relied on in the past. Community connection is important in challenging and coping with distal and proximal stressors, and can provide different perspectives on core and intermediate beliefs that are less adaptive in some contexts. If clients have limited social connections, therapists would benefit from exploring with clients how to connect with communities who share salient cultural identities that can support the client in times of distress, validate their experiences, and highlight their strengths.

Working with Alex: Applications of Intersectionality to CBT Case Conceptualization

Alex was experiencing high stress from financial difficulties, chronic pain, and social isolation. He had limited disposable income and lived month-to-month on his paycheck. He received poor work evaluations at the library from his manager, who disregarded his fibromyalgia and attributed his slower pace to laziness rather than limited accessibility. Alex was worried about being laid off, which contributed to feelings of hopelessness. He was interested in gender-affirming medical interventions, including gender-affirming hormone therapy (GAHT), but was unable to pursue them because of laws limiting insurance coverage, resulting in substantial out-of-pocket costs. Stress surrounding finances and gender-affirming medical interventions resulted in him withdrawing from friends, who were concerned for his well-being. He was worried friends would think he was "too sensitive."

After exploring Alex's concerns, the clinician began to focus on precipitating factors surrounding Alex's hopelessness and patterns of isolation, which were prevalent since childhood. Alex's parents punished expressions of sadness and anger, and his parents and Haitian community did not believe him when his chronic pain started as a teenager, saying he was "too young." These comments decreased after he was diagnosed with fibromyalgia, which was a relief as he could "put a name" to his pain and fatigue. Alex always knew that "something about being a girl didn't fit," but efforts to tell his parents that he was a boy were met with anger. While exploring precipitating factors for Alex's presenting concerns, the clinician more explicitly opened a dialogue about cultural identities. ("*You mentioned on your intake form that being Black, Haitian, trans, and disabled are important parts of yourself. Can we chat more about how you've made sense of these parts of yourself in the past, and how they're coming up for you now, especially with what you want to work on in therapy?")* The clinician first focused on the impact of discrimination on his childhood experiences ("*Tell me more about how it was navigating being trans and disabled within your Haitian community, especially when you were getting a lot of messages that your experiences weren't valid—like your pain wasn't real, or that you were 'going through a phase' with your gender identity.")* Alex stated that it was exhausting "constantly trying to justify" his experiences, and that he eventually stopped trying to confide in his parents and his Haitian community about his

chronic pain and being trans. Sometimes he felt like he was in completely different worlds, as overall his Haitian community was otherwise very loving and supportive, going out of their way to help other community members in need. Having people constantly misgender him and being told he was "lazy" by doing things more slowly due to pain and fatigue, contributed to his depression and ultimately his suicide attempt. Alex felt hopeless that anything could change. After his suicide attempt, his parents tried to better understand him, acknowledging that they grew up in communities where LGBTQ+ identities were highly stigmatized. They started using he / him pronouns and his chosen name, and helped him seek specialized medical providers. Alex's parents also started standing up for Alex when other community members disparaged his gender and fibromyalgia.

The clinician then explored how Alex's salient cultural identities shifted over time, and the impact of discrimination. ("*There was a huge shift with your parents when you were a teenager. Tell me more about how your experiences as a Black, Haitian, trans, disabled person changed over time? Have you had other experiences of discrimination, or been treated differently in various spaces? How has that impacted what you want to work on in therapy?")* Alex noted that being Black, Haitian, trans, and disabled were salient to him in different ways based on the spaces he navigated. While being trans, disabled, and Haitian were always salient for him, being Black was not as salient until adulthood (*"There was a lot of joy I felt when I could just be a boy. When I wore clothes that made me feel good. When I could read books in the library about other kids like me. But I always felt like an 'other' because people didn't understand me being trans and didn't think my fibromyalgia was real. And being Haitian has always been core to who I am—the language, the food, the stories. But I didn't notice being Black in the same way. Everyone I interacted with was Black. It just wasn't really something that stood out"*). Being Black and Haitian became much more salient after he went to college, where there were fewer Black individuals, and almost no Haitian individuals. Alex described confusion at being treated differently in class compared to White peers, and having his Haitian identity "lumped together" with other Black communities. While he found strong LGBTQ+ and Black communities on campus, Alex still felt out of place as a trans Haitian man. Alex could only be himself around his friends, who did not share all of his identities but tried to understand him. Other students were supportive of needs associated with fibromyalgia, like needing more time to travel and leaving social gatherings early due to fatigue, but professors were less understanding. Alex described "every part" of him "feeling in the spotlight" after graduating, with work difficulties and anti-trans laws being passed. He was the only Black, trans, and disabled person working at the library, and he wondered how much his poor job evaluation was due to discrimination. To explore the impact of environmental and sociopolitical contexts on Alex, the clinician asked, *"A lot of anti-trans laws have been passed recently across the country and in this state. How have you been navigating this?"* Alex had increased concerns surrounding safety, because "if those laws are what the people around me want, what do they think of me?" Ongoing discussion about banning gender-affirming care added to urgency, particularly that changes in legislation would spur more anti-trans violence.

The clinician began forming an initial case conceptualization based on information about Alex's cultural contexts, relevant history, and the impact of sociopolitical contexts. The clinician identified childhood experiences of discrimination surrounding Alex's gender and disability identities as precipitating factors for gender dysphoria, major depression, and social withdrawal. The clinician hypothesized that workplace discrimination, ongoing difficulties with finding community support, and anti-trans legislation and discrimination reinforced current distress. The clinician hypothesized that Alex developed a

core belief that "Others are untrustworthy" from his childhood experiences with his family and Haitian community surrounding their invalidation of his gender identity and fibromyalgia. This core belief may have been reinforced by his professors and employer. Alex also may have held a core belief of "The world is dangerous" from anti-trans legislation within his state and nationwide, anti-trans violence, and personal experiences of discrimination. A core belief of "I'm unlovable" may have stemmed from negative messages throughout his childhood, and difficulties finding communities where he could be fully understood. The clinician hypothesized that Alex may have had an intermediate belief of "If I open up to others, they'll invalidate who I am and hurt me," stemming from the core belief "Others are untrustworthy." Similarly, "If I become too close to people, they'll see that something is wrong with me" may have developed from the core belief of "I'm unlovable." These potential intermediate beliefs may have developed in context of childhood experiences of discrimination, but were reinforced at college and work. From the core and intermediate beliefs, Alex may have started withdrawing as a compensatory strategy to protect himself by limiting exposure to experiences of discrimination, and messages that he was "too much."

Alex and the clinician first prioritized exploring different pathways for gender-affirming medical care through collaborative problem solving, but quickly became stuck. The clinician noticed that Alex withdrew after they suggested reaching out to gender-affirming clinics in other states together. The clinician checked in with Alex, who disclosed not feeling understood about his limited financial resources, adding that "people always have a hard time getting what it's like to live paycheck to paycheck." The clinician worked to repair the rupture by first apologizing, thanking Alex for his feedback, and validating his feelings of pain from not being heard. The clinician and Alex processed how patterns of people not understanding challenges from limited access to resources and discrimination have contributed to Alex shutting down and withdrawing (*"I'm tired of always being disappointed. Of people not getting me"*). The clinician validated Alex's sadness, voiced appreciation of his engagement in processing the rupture, and worked with him to explore barriers to accessing gender-affirming care. Alex then became more engaged in treatment and actively participated. The clinician refined their initial case conceptualization to include "If I confide in other people, they will not understand me" as a potential intermediate belief that informed Alex's withdrawal to protect him from pain.

In subsequent sessions, the clinician and Alex also focused on improving interpersonal relationships. They explored situations where Alex had difficulties connecting, and isolated himself. Alex avoided large social gatherings, distanced himself when people tried to befriend him, and sporadically responded to friends. Common thoughts that would arise included, "I'm not going to be able to connect with others," "They'll stop talking to me once they get to know me," and "They're only checking in with me because they're obligated to," which were associated with sadness and frustration. After catching common thoughts associated with isolating, the clinician explored ways in which specific thoughts have served him in different contexts (e.g. "*That thought comes up pretty often. How has it helped you in the past? How was it different before, during, and after college? How was that impacted by you not fitting in within the Haitian, LGBTQ+, and Black communities, and people invalidating your fibromyalgia? When has the thought made it hard for you to get your needs met?*"). Alex noted that the thoughts were "louder" when he was younger, when his family and his Haitian community were very unsupportive of his gender identity and chronic pain. The thoughts minimized pain from others, and "became quieter" after his parents became more supportive of his gender identity and started calling in other community members when they made disparaging comments. The thoughts became "louder"

again during and after college, and were still helpful in decreasing pain from not fully connecting with the broader LGBTQ+ and Black communities in college, but also made it hard for him to reach out to his parents for support, and respond to friends.

The clinician next worked with Alex to identify intermediate beliefs by exploring underlying themes in automatic thoughts, positing

> *I wonder if beneath those thoughts there's a theme of 'If I open up to others, they'll invalidate who I am and hurt me,' that makes you feel sad and withdraw?*

Alex mostly agreed with the case conceptualization, but clarified the thought as "If I care as little as possible, then I won't be disappointed." In addition to serving a protective function of minimizing pain from queerphobic statements, Alex's intermediate belief was reinforced by proposed laws banning gender-affirming care. These thoughts minimized disappointment from not getting access to gender-affirming care if it were banned. However, through guided discovery Alex realized that it made it difficult to connect with close friends, and recognize when people were worried for him. The clinician also connected their rupture to posit the additional intermediate belief they hypothesized was contributing to Alex's isolation:

> *When we talked about me not understanding you, you mentioned you were tired of people not getting you. I wonder if there's another theme of 'If I confide in other people, they won't understand me'?*

Alex agreed, stating that that has made it difficult to be vulnerable to friends.

Over the course of therapy, Alex realized that constant invalidation of his Haitian and trans identities, minimization of his fibromyalgia, and broader anti-trans political movements and violence led to deeply held beliefs of "The world is dangerous," and "People can't be trusted." The clinician validated how Alex came to form these core beliefs, and explored the function and impact of these beliefs by asking *"How has this belief helped you? How has it not been so helpful?"* Although his core beliefs made it difficult for him to seek social support, it also motivated behaviors that were protective (e.g. being careful in whom to confide at work surrounding advocacy and accessibility resources). Given safety concerns, the clinician and Alex focused on exploring ideas of community, and how he may build community in context of the sociopolitical dangers. Without pathologizing his core and intermediate beliefs, and compensatory strategies, Alex's clinician fostered curiosity about when avoidance was helpful and unhelpful, and alternative behaviors to try in different contexts to increase cognitive flexibility in trusting others. Alex's clinician worked with him to identify settings in which it felt safe for him to be vulnerable. This approach targeted the invalidation that Alex faced in his life and the lack of rewarding interactions that maintained his depression.

Conclusions

Attending to clients' presenting concerns necessarily involves understanding how they are nested within the larger sociopolitical climate. Practicing through a framework of intersectionality necessarily includes critical reflection on how therapist's values and biases inevitably impact care and stem from structural inequities. Sharing case conceptualizations with clients provides opportunities for correcting therapist misconceptions, ensuring that therapists and clients are aligned in treatment, refining case conceptualizations based on emerging information and client feedback. Case conceptualizations are ultimately hypotheses that guide selection of interventions to achieve client goals, and clients are the experts in their experiences.

Appendix A

Adapted Version of Hook et al.'s (2013) Cultural Humility Scale

There are several different aspects of one's cultural background that may be important to a person, including (but not limited to) race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and size. Some things may be more central to one's identity as a person, whereas other things may be less central.

Please identify the aspects of your cultural background that are most central or important to you. How important is each aspect of your cultural background?

Not at All Important		Somewhat Important		Very important
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Appendix B

Adapted Cultural Formulation Interview Questions for "Role of Cultural Identity" for Assessing Cultural Contexts and Systemic Oppression

Sometimes, how people navigate their background or identity in different environments can make their [PROBLEM] better or worse. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, your disability status, size, socioeconomic status, or your faith or religion. On your intake paperwork, you had listed XXX as important aspects of your background or identity.

1. How has XXX been coming up for you recently?
    a. How has this changed, or not changed over time?
    b. What's impacted shifts over time?
2. Sometimes larger parts of our environment, like laws, policies, or the institutions that we work at or are a part of, can make the problems we're experiencing worse, or can be supportive and relieve stress. How have these larger parts of your environment impacted you over time in context of XXX?
3. Have you ever experienced discrimination against based on XXX?
    a. If yes- How did these experiences affect you? How do they inform what you want to work on in therapy?
4. How connected are you to XXX communities? How has that community connection, or disconnection, impacted you?

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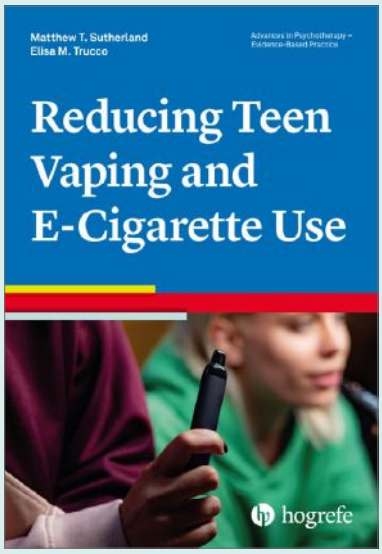

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Matthew T. Sutherland / Elisa M. Trucco

Reducing Teen Vaping and E-Cigarette Use

This evidence-based resource presents developmental, scientific, and clinical strategies to prevent and treat teen vaping. It offers practical, youth-focused tools that help adults support healthier decision-making and address vaping with clarity and effectiveness.

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STUDENT FORUM | # Developing a Student Organization to Mentor Future Mental Health Clinicians and Counselors: Insights and Lessons Learned

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ABSTRACT > *There is increasing demand for mental health services in the United States. Many psychology majors are interested in mental health careers, but navigating information on graduate program types and diverse application processes can be daunting for students. Master's and doctoral programs that lead to licensure are highly competitive and require carefully tailored application materials. Undergraduate psychology departments have struggled to adequately prepare students for this career step. In this paper, we discuss barriers for students who wish to enter this field and describe a novel approach to preparing these students to apply to programs and facilitating their access to the field. We developed a unique student organization focused on professional development and mentorship specifically for mental health career paths. The organization provides workshops and resources to educate students about graduate training and career opportunities. We describe our mentorship approach and efforts to help students network with others in the field. Our organization has made substantial progress over 3 years. We discuss challenges and offer suggestions for faculty who wish to try developing a similar organization.*

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career issues, graduate admissions, professional development, mentoring

THE NEED AND DEMAND FOR MENTAL HEALTH SERVICES in the United States (U.S.) has escalated over time due to both long-standing stressors (e.g., poverty, discrimination) and novel ones (e.g., COVID-19; Wang et al., 2023). In 2019, U.S. spending on mental health care reached $225 billion, which represents a 52% increase since 2009 (National Alliance on Mental Illness, 2021). In addition to the economic toll imposed by mental health problems, clinical organizations often experience high turnover, and clinicians frequently struggle with burnout (Poon et al., 2020). At the same time, psychology remains one of the most popular undergraduate majors, ranking fifth overall according to the National Center for Education Statistics (2024; although this is an underestimate, as some of the more popular categories are grouped, such as "social sciences and history"). Many undergraduates express an interest in attaining an advanced degree and entering the mental health field; in one study, 42.7% of psychology majors expressed an interest in working as a licensed mental health practitioner (Mian & Glutting, 2020). Additionally, a graduate degree is required for almost any position that would involve providing psychotherapy or mental health treatment. Clinical and counseling psychology doctoral programs attract many applications despite being highly competitive, with acceptance rates ranging from 10–12% in a recent survey (Michalski et al., 2019). Related mental health fields also show consistent enrollment growth; social work programs, for instance, reported increases of 1.3% at the baccalaureate level and 1.7% at the master's level between 2019 and 2020, even as overall higher education enrollment declined (Council on Social Work Education, 2020). It is important for faculty to help students develop their applications and prepare to enter

the field, particularly given growing concerns about the value and marketability of a college degree (Halonen & Dunn, 2018; Vespia, 2020) and mounting undergraduate and graduate student debt (Doran et al., 2016). In the present paper, we discuss an innovative approach to offering group-level mentorship that is specific to mental health graduate training and career paths: the formation of a student organization. In the following sections, we outline the structure of our organization, discuss the challenges we have faced, and offer suggestions for faculty who may be interested in developing a similar initiative.

Graduate Applicant Barriers

While interest in mental health careers continues to be strong, students face a variety of barriers to pursuing their career goals, the most prominent of which are financial (Mian & Glutting, 2022). Once a student makes the decision to pursue a career as a mental health clinician, they must choose from a wide variety of similar fields that require a master's or doctoral degree. The decision to pursue either type of degree has significant and lasting financial implications (Doran et al., 2016; Wilcox et al., 2021). Master's programs (including online programs) have proliferated, with some programs becoming less challenging to gain entry and others becoming increasingly more challenging. The most competitive graduate training options continue to be doctorates, particularly clinical and counseling PhD and PsyD programs accredited by the American Psychological Association (APA). Furthermore, recent data suggest that many U.S. universities have reduced the number of available openings for their 2026 classes due to recent cuts to federal funding that has traditionally supported the training of graduate students (Abrams, 2025). Students wishing to enter these programs will likely require significant self- and faculty-directed guidance to navigate this landscape and make themselves competitive.

Graduate programs place much importance on applicants' grades, their letters of recommendation, and their articulation of their goals (Littleford et al., 2018; Michalski et al., 2019). Doctoral programs vary in the value placed on having a master's degree before entering, as well as their relative emphasis on research or clinical skills (Littleford et al., 2018). Students need to tailor their preparation to match the program type, which often involves planning ahead and seeking out experiences that are consistent with their career goals. Unfortunately, many students are unaware of the nuances in this process and may not even know where to seek help.

Current Approaches to Career Preparation

It is increasingly clear that undergraduate departments should provide guidance and support related to graduate education and relevant career paths (Conroy et al., 2022; Landrum, 2018). Yet institutions have struggled to respond to this challenge, with 47.9% acknowledging in one study that they did not have an established method for instruction regarding graduate school (Schatz & Ansburg, 2020). Attempts to address this issue are largely experimental and anecdotal, and most departments do not formally assess their efficacy (Schatz & Ansburg, 2020). Graduate school information may be shared in meetings with faculty advisors, research mentors, and internship

supervisors, but this will only benefit students who seek them out. The availability of information may vary widely based on the type of school, primary student population (graduate vs. undergraduate), and number of faculty who are clinically trained. Broader approaches include offering departmental career services or directing students to the university career services office. These services can play a vital role in supporting faculty who may not have the prerequisite experience to effectively mentor students in fundamental skills like writing a resume or preparing for a job interview. However, students will often require more field-specific direction and support, due to the myriad of options available to psychology majors and frequent misalignment between career realities and students' expectations (Landrum, 2018).

To address these challenges, psychology departments have developed different methods to help prepare students for mental health careers. One common approach is the creation of courses focused on psychology careers (Schatz & Ansburg, 2020). These courses, which generally include content regarding career options, vocational identity, and making career choices, were offered in 39% of bachelor's-level institutions according to a recent study by Pfund et al. (2021). Notably, at this time, only 66% of programs required the course (Pfund et al., 2021). Careers courses can take many different forms, with variation in rigor (from one to four credits) and timing (ranging from targeting freshman to seniors; Pfund et al., 2021). Further, courses can be offered in different formats (online, face-to-face, or hybrid). One such online course, which included videos of guest speakers from a variety of psychology-related disciplines (including psychology faculty with a range of experiences and advanced undergraduate students involved in research projects), was well-received by students (Brinthaupt, 2010). For further examples of course content, the Society for the Teaching of Psychology provides examples of syllabi across a range of course topics, including careers: https://teachpsych.org/ProjectSyllabus.

Most psychology department chairs agree that their programs are obligated to accomplish the APA guidelines for professional development (Pfund et al., 2021). Those goals (Version 3.0) include: exhibiting effective self-regulation, refining project management skills, displaying effective judgment in professional interactions, cultivating workforce collaboration skills, demonstrating appropriate workforce technological skills, and developing direction for life after graduation (APA, 2023). One study conducted under the previous version (2.0) suggested that programs with a careers course had better scores for student preparation for these goals compared to those that did not offer a careers course (Pfund et al., 2021).

Mentorship Supply and Demand: How a Student Organization Can Help

Context and the Need

The growing inclusion of careers courses and other career supports in psychology curricula represents important progress, and engagement in careers courses improves graduation rates and the development of a vocational identity (Spencer, 2021). However, students interested specifically in clinical careers, particularly those with doctoral aspirations, often require more spe-

cialized guidance than can be offered in a typical major-wide careers course or module. This need is especially pronounced given the rising interest in clinical and counseling psychology, and related fields such as social work (Council on Social Work Education, 2022). Students may be assigned advisors from varied specialties within psychology, many of whom lack direct clinical experience and must manage a large number of advisees. This limits the availability of tailored mentorship (Spencer, 2021). These students would benefit from additional support provided by clinical professionals who understand the complexities of graduate training and career pathways in these competitive fields. To assist them, we took an innovative approach—the creation of a student organization—to provide career preparation, professional development resources, and mentorship specifically for psychology majors pursuing clinical and counseling-related careers.

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Challenges and Development of the Solution

Our initial idea was to develop a formal academic minor for students interested in mental health-focused careers. However, at the time, the department had only four clinically trained faculty members, covering just two of the five campuses that comprise our institution. This limited staffing made it impractical to develop and sustain a minor while also covering required courses and electives. We also discussed the possibility of creating a certificate or dedicated course about clinical and counseling preparation. However, the department already offered an introductory course that briefly introduced a range of psychology careers, including clinical career paths, alongside other topics such as ethics, research skills, and introductory statistics. We felt that a clinically specific careers course might be redundant with this broader course, and that having both courses could be confusing for students when registering for classes. In addition, this course would take up a slot in an instructor's courseload, which would reduce their availability to teach required (e.g., Psychopathology, Research Methods) and elective classes across the curriculum. In our department, it is necessary for tenure-track and tenured faculty to teach a range of courses in order to allow psychology majors and minors to enroll in required classes and satisfy graduation requirements. Furthermore, a single course would have limited the number of students who could access this specialized information. Unfortunately, challenges like these are fairly common across institutions of higher education.

The Practical Solution

Given these limitations, a group advising structure emerged as the most practical approach, allowing a broader reach than one-on-one advising without the resource demands of a formal course or minor. This ultimately led to the creation of Clinicians, Counselors, and Company (CC&Co), a student organization designed to deliver specialized mentorship, professional development, and graduate school preparation for students interested in mental health careers (primarily psychology majors and minors, though membership is not restricted). Student organizations have been shown to foster engagement, leadership skills, and peer support in ways that complement faculty advising (Astin, 1993; Kuh, 1995), and they also have access to nondepartmental funding through offices that support student life and extracurricular programs. Importantly, we make it clear to all CC&Co members that the purpose of the organization is career planning and mentorship rather than personal support in coping with mental health issues.

In CC&Co, we facilitate students' access to specialized educational materials and provide insider information, allowing them to receive more targeted guidance on their career options. CC&Co helps students explore diverse roles such as psychologists (clinical, counseling, school), counselors with various emphases, social workers, marriage and family therapists, art and music therapists, and many others, with faculty co-advisors offering specialized expertise as clinicians in the field. Notably, the faculty mentors discuss differences in the time and steps it took for them to earn their PhDs, highlighting the diverse roads to these career outcomes that students may experience, and recruit speakers and panelists from a wide variety of backgrounds (e.g., counseling, social work, school psychology) and experience levels to discuss their paths and highlight differences in career tracks. This distributed mentoring model addresses documented challenges related to limited faculty availability and the complexity of training across multiple campuses (Duffy & Sedlacek, 2007). CC&Co offers a variety of informational events and workshops designed to support students in their career exploration and development. These workshops cover topics such as making the most of the psychology major, finding a mental health career path, and how to craft a competitive CV and application portfolio (see Table 1 for a more detailed list). Experiences like these enhance students' confidence about taking the next step, and research suggests that being able to actively explore different pathways improves eventual career satisfaction and fulfillment (Strapp et al., 2025). As mentioned above, we additionally hold Q&A sessions with graduate students (including alumni from our program) who have successfully navigated the application process, as well as licensed and trained professionals in the field. This helps expand the expertise available to students beyond the faculty mentors and into related fields, which would be very helpful for departments with few clinical faculty. The training director of our institution's master's-level counseling program has participated in some sessions, which helps students explore the feasibility and fit of a popular program selection for our undergraduates (of note, it may be beneficial for faculty who work directly with graduate students to invite them into this process as advanced peer mentors). Even after graduating, alumni can elect

Table 1
CC&Co Workshops and Events

Event Name	Description
Mental Health Pathways	Informational workshop about career paths in mental health including clinical psychology, counseling psychology, school psychology, school counseling, master's level counseling, marriage and family therapy, and clinical social work.
Building a Professional Portfolio	Informational workshop that describes components of graduate applications (e.g., CV, personal statement, letters of recommendation) and how to start gathering and creating these components.
Curriculum Vita (CV) Workshop	Interactive workshop in which students bring their draft CVs (or a laptop on which to start one) and work on them as a group with faculty and student leaders answering questions.
Panel Discussions	Interactive sessions in which graduate students or licensed clinical professionals answer questions.
Internships & Entry-Level Jobs	Informational workshop about how to get an internship through our department and some entry-level clinical jobs, including a discussion of post-baccalaureate opportunities and their value.
Elevating Your Major	Informational workshop about opportunities available in our department such as undergraduate research, internships, certifications (e.g., Mental Health First Aid), courses/minors and student clubs.
Organizing the Chaos	Interactive workshop about setting up a spreadsheet to organize graduate program information and application materials. Includes a demonstration of how to find key information on program websites.
How to Present Yourself	Informational workshop about strategies for writing effective personal statements and cover letters as well as participating in graduate interviews.
Q&A Session	Interactive session in which faculty mentors take miscellaneous questions about the major, clinical work or training, or other topics related to CC&Co.
Student Leader Mini-Workshops	These are student-driven and have included informational working and Q&A sessions about the application process and its components, along with "therapist self-care" sessions designed to promote wellness (typically scheduled during final exams).

to continue receiving communications about CC&Co events, graduate school information sessions, job opportunities (including postbaccalaureates), and other resources. Alumni frequently require additional training, certifications, or experiences to advance their careers (Strapp et al., 2025), and affiliation with CC&Co helps them access resources for accomplishing their goals. We have even worked with local alumni and community members to help recruit student employees and interns to their workplaces.

We are also developing peer-to-peer mentorship through the student leaders. Faculty co-advisors select undergraduate student leaders annually based on their interest, communication skills, and enthusiasm to serve as peer mentors, ensuring that they can meaningfully support CC&Co members. As an incentive, leaders receive additional training and mentorship (e.g., small group discussions about application progress, feedback on CV and personal statement drafts) in developing their own graduate school applications, which enhances their confidence when applying as well as their ability to assist peers. The leaders help recruit new members, advertise events,

offer advice to peers, and help bridge communication gaps between students and faculty; this provides an avenue for students who are reluctant to approach faculty and ask necessary questions (Huss et al., 2002). Peer leadership and mentoring play a crucial role in professional development, providing accessible guidance and fostering a supportive learning environment (Crisp & Cruz, 2009). Peer leaders also inspire junior students by showing them that the process can be navigated successfully (Spencer, 2021). This model helps address the lack of structured career support found in most psychology programs (Schatz & Ansburg, 2020) and supports a flexible approach to professional development. It also helps reduce the demand for one-on-one advising in departments with overtaxed faculty (Duffy & Sedlacek, 2007).

We also utilize the institution's learning management system (LMS) to host an online resource repository. This repository includes a variety of articles and videos about graduate programs and career paths, recommended application timelines, opportunities for professional growth within the department, samples and templates to facilitate the creation of application materials, slides and other materials from past workshops, suggestions for taking a gap year, and crossposting of entry-level jobs in the field. It is continuously updated by faculty mentors and freely available to all members. Because we chose to host it on the LMS, it is also conveniently located alongside students' course shells. We solicit recommendations for new content from colleagues, CC&Co members and student leaders, and we also refer to the page during our in-person events to remind students that it remains available as a supportive tool. This repository is a key resource for students who are unable to attend our events due to scheduling conflicts or need to access resources later when they are ready to start applying to programs and jobs. This is one way in which CC&Co facilitates equitable access to career support and mentoring opportunities, which has been a noteworthy problem in graduate admissions for some time.

Because CC&Co works with students across all years, it is essential to think strategically about long-term planning to be impactful for both beginning students and those on the verge of entering the application process. One way this is achieved is through scaffolding long-term projects, such as the CV, which is introduced as a living document (consistent with recommendations from prior literature; Spencer, 2021). Students are encouraged to begin working on their CV in their second year, gradually refining and expanding it throughout their undergraduate years. This process not only helps students develop a competitive CV but also helps them learn about the high-impact and experiential activities available in the department that can enhance their application portfolios. Some examples include engaging in faculty-led research, participating in internships or service learning, joining other campus organizations, and completing certifications and trainings available to undergraduate students. Engagement in experiential learning predicts high levels of purpose at work and is also attractive to employers (Spencer, 2021). Notably, we have worked with other organizations on campus (such as our Psi Chi chapter) to cofacilitate workshops and thus serve students who have nonclinical career goals but still plan to attend graduate school or eventually work in the field of psychology.

Current Challenges and Future Directions

CC&Co has operated successfully for 3 years, and in that time we have built a database of over 200 student members for efficient communication across campuses. Our work responds to a recent call for more innovative career mentoring approaches that can be assessed for their long-term effectiveness (Strapp et al., 2025). Student leaders have been recruited with varied interests and levels of experience. Students continue to join, with some regularly attending workshops. Future recruitment efforts will focus more on attracting first-year students, given that to date the organization has engaged primarily with students in major-specific courses. Another focus of the organization has been on developing soft skills, as advocated by Burns (2018) and Lent (2025), by creating a safe environment, fostering faculty-student and peer-to-peer relationships, and encouraging students to actively solve problems. Evaluating the effectiveness of student retention and their application of materials is necessary, and we are currently developing additional research questions and tools to assess these outcomes. Connecting students with professionals who can serve as additional mentors, along with providing enhanced training for emerging leaders, could be valuable next steps in growing and sustaining our organization. We note here that we come from a public, predominantly undergraduate institution where there is an intense focus on teaching and mentorship of students. Faculty at more research-focused schools or those who work with graduate students may have different opportunities and limitations around their ability to scaffold career advising and offer support of this nature to their students. Working with others who can serve as mentors, including advanced peers, could be very helpful for faculty who do not have the resources to provide this level of mentorship on their own.

CC&Co has faced several challenges that have impeded its success. First, the wide range of relevant topics has made it difficult for faculty co-advisors to determine which areas to prioritize during meetings and workshops. Program selection and application processes are complex and include individualized elements, and students often need to hear the information multiple times in different ways in order to understand and apply it confidently. Additionally, students are sometimes resistant to changing graduate schools and wary of career plans that turn out not to be a good fit (Strapp et al., 2025). We strive to meet the needs of most student attendees across varied levels of experience, interests, and time in school, and decisions about which topics to cover and when must be made with these considerations in mind. When appropriate, we discourage students from asking to meet with us individually, assuring them that they can get the necessary information more efficiently by joining CC&Co and attending our events. Disseminating information to the group is also beneficial because students can learn from questions asked by peers, which multiple students often share. Of course, we also direct students to work with their assigned faculty advisors for class planning and to seek out one-on-one mentorship as needed.

Another complication is that some members reportedly associate the online resource repository with their other classes and grades (due to its placement on the LMS), giving it a negative or stressful connotation. While we

initially chose this placement to maximize student convenience, we may need to relocate the repository to an external site if this connotation persists and becomes a significant acceptability hurdle. Simultaneously, we acknowledge that career planning is a stressful process for many students, so it is unclear whether these negative feelings are entirely avoidable. A third barrier is that, as mentioned above, clinically trained faculty comprise only about 12% of the department, which includes 34 full-time faculty and lecturers across five campuses. Furthermore, only two of the four clinically trained faculty have chosen to take an active role and serve as mentors and resource providers within CC&Co. Because of these limitations, disseminating information effectively to students across all five campuses has been an ongoing challenge.

We offer some suggestions to address these issues and assist those who may be interested in starting an organization like ours. First, it is important to recruit advocates to spread the word about the group and the events and resources offered. Along with student leaders, this can include other faculty, department admins, alumni, community clinicians, and even student counseling staff. Students who hear repeatedly about the value of joining the group will be more interested and engaged. Soliciting regular feedback, whether formally through periodic surveys or informally via communication with student leaders, will guide the selection of topics and events while keeping the commitment manageable. External resources, such as journals and professional organizations, can help faculty advisors keep up to date on training issues in the field (e.g., changes in licensure or accreditation processes). We also encourage taking advantage of how students already communicate to share information and advertise events. For example, in CC&Co we have recently increased our presence on social media and worked with our student leaders to engage with members in videos that capitalize on lighthearted trends. This facilitates peer-to-peer communication and makes the process feel more approachable. Finally, due to the work involved at this level of mentorship, we encourage the use of stipends, course releases, or opportunities for scholarship to incentivize faculty interested in starting a similar organization. We offer these sessions unpaid, with our work being counted toward the service expectations associated with our tenured faculty positions, but some faculty may find that running an overload course for pay would be a preferable way to incorporate the ideas we've discussed.

The student needs that inspired us to create CC&Co, the opportunities we've discovered, and the challenges we've faced are pervasive across undergraduate psychology departments. Psychology faculty must continue to support students in clarifying and taking steps toward their career paths; novel approaches will be needed to adequately respond to ongoing hardships in the professional and academic worlds. As part of these efforts, we are using the Context, Input, Process, and Product (CIPP) model as a comprehensive framework for continuous assessment and program evaluation (Stufflebeam & Zhang, 2017). This approach allows us to systematically examine how well the organization aligns with student needs, the effectiveness of its structure and resources, the fidelity of implementation, and its impact on student development and graduate preparation. We also plan to collect demographic information (e.g., first-generation status, cultural background)

to assess which students engage with CC&Co and identify gaps in participation, with the goal of ensuring that career development resources are available to all students. Embedding this framework within CC&Co supports continuous program improvement and provides a structured approach that can be adapted by other programs seeking to develop similar mentoring and career development initiatives. Taken together, this work offers a practical and adaptive approach to enhancing mentorship and career preparation within undergraduate psychology programs, and we hope that readers benefit from the experiences we've shared.

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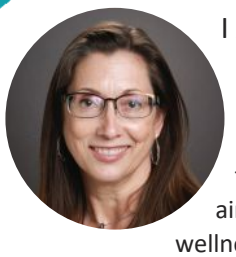
ABCT Presidential Column

ABCT and Oxford University Press Partner to Reduce the Translation Gap



I AM EXCITED TO USE THIS COLUMN TO ANNOUNCE A NEW INITIATIVE being launched in partnership with Oxford University Press (OUP). As all of you know, ABCT members have collectively devoted decades of effort to reducing both the research practice gap and the treatment gap, with the aim of decreasing the burden of mental illness and enhancing wellness. We have been at the forefront in creating and testing the CBT interventions that anchor so much of evidence-based psychotherapy, developing strategies to improve dissemination and implementation of CBT, adapting CBT for novel populations and via new delivery mechanisms, and providing CBT on a day-to-day basis. This work doesn't happen in a vacuum, and as such we have developed a wide range of collaborators in these endeavors. One key partner in this work has been OUP, which publishes several important series that advance implementation of evidence-based psychotherapy. These series include the *Treatments That Work* series, the *Programs That Work* series, and the *ABCT Clinical Practice* series. It is hard to overestimate the importance of the past joint work between ABCT members and OUP. For example, *Treatments That Work* has been invaluable in providing generations of therapists with critical materials needed to learn and deliver CBT for a wide range of problems.

Over the past few years, however, leaders in both organizations have become increasingly aware of another gap that limits our members' ability to advance implementation of CBT, particularly in the Global South and with underserved communities. The translation gap refers to the wide gulf between the need for non-English evidence-based psychotherapy materials (e.g., manuals, worksheets, and workbooks) and the actual availability of such materials for both research and clinical practice. The aim of this new ABCT-OUP partnership is to begin to address the translation gap so that both ABCT and OUP can better support our members' work and the efforts of many members of the World Confederation of Cognitive and Behavioural Therapies (WCCBT).

Before I delve into the ABCT-OUP Translation Project in greater detail, I need to acknowledge a number of people who played a role in getting us to this point. First and foremost, I want to thank Dr. David Barlow, the longstanding (and founding) Editor-in-Chief of the *Treatments That Work* series, for his leadership; frankly, without Dr. Barlow's support, this project would have stalled and died at a very early stage. I also want to thank the 30+ OUP authors, including the late Dr. Edna Foa, who also backed this project. This early-stage author buy-in was critical. Additional thanks goes to the recent and current ABCT Board members and our CEO, Dr. Courtney White, for their support and contributions to moving this project forward. Last, and definitely not least, I want to share my most sincere gratitude to our OUP liaison, Sarah Harrington, and the many staff people at OUP who worked to figure out how to take this novel idea and turn it into reality. Sarah deserves particular mention; like Dr. Barlow, she was critically

important during this entire process.

The ABCT-OUP Translation Project is an ambitious, long-term, multipronged endeavor to address the translation gap. Although many details still need to be worked out, we have established some overarching principles.

1. The project will focus particularly on languages that are currently underserved by existing formal language translation programs. The project will also start by focusing exclusively on books in the *Treatments That Work*, *Programs That Work* and *ABCT Clinical Practice* series.
2. ABCT will create a Translation Task Force charged with identifying and vetting new and existing unpublished translations that may be included in this initiative. This Task Force will also help establish protocols for new translations.
3. All translations will be posted on Oxford's online platform on an Open Access basis, but ABCT members will have 6 months of exclusive access prior to the general publication as a member benefit.
4. OUP approval will be mandatory for inclusion of any and all translations in this collection.
5. All OUP authors will retain the right to approve or disapprove translations of their work, on a case-by-case basis, from being included in the Translation Project.
6. This is a philanthropic endeavor. Therefore, OUP, ABCT, and authors will *not* earn royalties on translations. ABCT will engage in fundraising to support anticipated ABCT expenses related to this project (e.g., honorarium for translators).

As noted above, this is a very ambitious project that we expect will take several years to fully launch, and there are many questions and details that remain to be addressed. However, if you are interested in becoming involved in the ABCT-OUP Translation Project, please feel free to contact me directly at cbecker@trinity.edu.

I want to end with a second thank you to all who have been involved thus far, and an anticipatory thank you to all who will be involved. *You*, our members, identified the translation gap as a barrier to your work. I am excited to be a part of this project because I believe that with OUP's help, we can come together to reduce this barrier and better serve the communities we want to serve.

I look forward to seeing many of you at the upcoming WCCBT Congress in San Franscisco this June. If you are not already planning on attending and have some space in your summer plans, please check out the exciting program at https://wccbt2026.org/ and encourage your fellow CBT practitioners to join us.

Sincerely,

Carolyn Becker, PhD, ABPP
President, ABCT

ABCT fellows
ASSOCIATION for BEHAVIORAL and COGNITIVE THERAPIES

Spotlight on a Fellow
Joel Becker

To spotlight the extraordinary work of our ABCT membership, we are highlighting the work of recently admitted ABCT Fellows. Fellow status is the highest level of membership in ABCT, and we hope that many members aspire to demonstrate their outstanding and sustained accomplishments in at least one of the areas of eligibility: clinical practice; education and training; advocacy / policy / public education; dissemination and implementation; research; and diversity, equity and inclusion. Below is an interview conducted with Dr. Joel Becker, Clinical Director of the Cognitive Behavior Associates in Beverly Hills and the Founder of the Cognitive Behavior Therapy Institute as well as Clinical Professor at the University of California, Los Angeles. He became a Fellow within ABCT in 2025.

Can you tell us about what made you apply for Fellow status at ABCT?

There were two reasons I chose to apply for Fellow status at this time. First, it has historically been difficult for individuals who did not pursue a research career to demonstrate their contributions to cognitive behavior therapy and ABCT. I am grateful that the work of clinicians and educators can be recognized in this way.

Second, I sought recognition for my contributions to advancing diversity within ABCT. Efforts like these remain deeply important. Having ABCT acknowledge contributions to increasing diversity within our organization reflects its commitment to these values—especially during these regressive times.

Becoming a Fellow means that you have distinguished yourself in a variety of areas that can include dissemination, clinical service, research, training, program development, policy/advocacy and advancing diversity, equity and inclusion. If you had to identify three professional accomplishments of which you are most proud, what would they be?

The professional accomplishment that I am most proud of is founding the Sexual and Gender Minority Special Interest Group in 1984. It was an important milestone in my career and something that continues to feel meaningful to me. This Special Interest Group has served as a welcoming space at the annual ABCT convention. This space was especially important in 1984 when many people were closeted and created a way to connect, which was an important social aspect to attending the convention. In addition, the SIG has always taken important positions on affirmative therapies as well as conversion therapies.

I am also proud of having had the opportunity to teach in several countries throughout my career. This allowed me to disseminate CBT internationally while also living abroad, learning about different cultures, and understanding how psychology is practiced in other parts of the world. The countries in which I have taught courses are France, Italy, and Mexico.

Another source of pride has been my long-standing academic affiliations. I began my career supervising students at Harvard Medical School. After moving to California, I supervised and taught at USC, and I have now been at UCLA for 36 years. Maintaining these affiliations has been deeply enriching.

In addition, early in my career I founded the continuing education arm of our practice (the Cognitive Behavior Therapy Institute), which is now more than 40 years old. It has been accredited by the American Psychological Association throughout that time. This program has added an invaluable dimension to our clinical work and has allowed us to contribute meaningfully to professional development in the field.

I have also been involved with the Academy of Cognitive Therapy, which is a credentialing organization that has created a way for the consumer to know that their therapist has acquired a certain level of expertise. I have always been con-

cerned about who calls themselves a cognitive behavior therapist, and this organization and its associated credential helps public awareness. Having been on the Board has given me an opportunity to be a part of what makes up that credential and stay current about the variables affecting CBT practice.

Can you tell us a bit about your pathways to becoming a professional—who were your greatest influences during your training and in the early stages of your career?

Attending the University of Georgia for my PhD—one of the first fully behavioral graduate programs in the country—was probably the most influential factor in shaping my professional identity. I began as a behavior therapist. I then completed my internship at the Massachusetts Mental Health Center, which was strongly psychodynamic. That experience broadened my perspective and opened my eyes to additional factors essential to becoming a well-rounded clinician. I think there was a lack of consideration about the subtleties of the relationship between the therapist and the client in my behavioral training that learning about psychodynamic therapies contributed to being more aware of the therapeutic relationship as a variable for change.

Early in my career as a cognitive behavior therapist, I also had the privilege of interacting with pioneers such as Dr. B.F. Skinner and Dr. Aaron Beck, among others, which was truly formative.

What advice would you give to someone who may be considering a similar career trajectory to your own?

The advice I would give to any young cognitive behavior therapist is to remain academically affiliated. Doing so keeps you current with the literature and allows you to learn from the exceptionally bright students in PhD programs. I would also strongly encourage active involvement in ABCT. ABCT has always been my professional home. It has been the place where I stayed up to date with the latest developments and connected with the pioneers and researchers responsible for many of the advances in our field.

Hindsight being 20/20, are there things that you would do differently during your career if you had the opportunity for a "do over"?

In hindsight, the one thing I might change would be finding a way to integrate research more directly into my clinical practice. Bridging research and practice is challenging, and although I have always stayed current by reading journals, I regret not being more actively involved in research itself. ABCT helped me stay current by attending the annual convention and reading the great journals that we produce.

What advice would you have for someone considering applying for Fellowship status with ABCT?

For anyone considering applying for Fellow status, I would say that it is a tremendous honor to be recognized by your professional association. Being acknowledged by your peers is both meaningful and affirming.

Finally, as an esteemed Fellow, we would welcome your opinions about ABCT.

I have been a member of ABCT for more than 40 years. The organization has helped me professionally by providing a consistent place to stay engaged with the field and to interact with colleagues both academically and socially. I especially value the Listserv, which I consider one of ABCT's most useful features.

My hope for the future is that ABCT continues to evolve and perhaps develops a stronger therapist-focused feature to further support practicing clinicians. ■

Obituaries

It is with great sadness that we announce the passing of two notable ABCT members within this issue: Edna Foa and Robert K. Klepac. Their contributions to our field are graciously recognized here by two of their peers.

In Memoriam
Edna Foa (1937– 2026)

Jonathan D. Huppert, The Hebrew University of Jerusalem, Israel

Edna Foa, a world-renowned psychologist who developed treatments for trauma and anxiety, passed away on March 24, 2026. She was 88 years old. She had been acknowledged as one of the 100 most influential people in the world by *Time Magazine* in 2010 and the APA Distinguished Scientific Contributions Award in 2015. According to Google Scholar, she has been cited over 160,000 times, has a May 2026 h-index of 198 and i-10 index of 657. I am sure these numbers will continue to increase in the next few years, even after her passing.

Edna Foa was born and grew up in Israel. She lost her brother in the Arab-Israeli War in 1948, and four years later lost her father. She studied psychology at Bar Ilan University, where she met her husband. They moved to the US, where Edna studied for her master's at the University of Illinois and her PhD at the University of Missouri. She went on to work with Joseph Wolpe at Temple University, where she was at the forefront of behavior therapy and treatment of anxiety. This initiation to exposure therapy began a lifelong passion to improve and better understand these treatments, later working also to make them more accessible. As she became more independent, she took on mentoring and supervising hundreds of individuals while collaborating with hundreds more. She mentored Jon Abramowitz, Nadir Amir, Dianne Chambless, Norah Feeney, Marty Franklin, Jon Grayson, Carmen McLean, Rich McNally, Nitza Nakasch, Jackie Persons, Alan Peterson, Sheila Rauch, Simon Rego, David Riggs, Barbara Rothbaum, Gail Steketee, and Lori Zoellner, just to name a few. She leaves behind an enormous academic family along with her children and friends.

From the outset, Edna worked passionately to understand the nature of the treatment of anxiety and worked to systematically improve it: she did some of the first studies of imaginal exposure, the impact of distraction on exposure. Early on, her work focused on developing and improving exposure for OCD and anxiety disorders. She liked to tell the story that in the early 1980s, she took a sabbatical and met with Jack Rachman. She was looking how to expand her work, and he handed her a file with two articles on trauma and rape. He suggested she pursue this. And did she ever. She courageously studied, treated, and developed exposure treatment for PTSD, encouraging individuals to safely expose themselves to situations and memories of the traumatic event. She methodically developed Prolonged Exposure for PTSD (PE): a first-line treatment for PTSD according to most every guideline (e.g., Eberle & Kontogeorgou, 2026), and likely the most studied treatment for PTSD in the world. But this was not sufficient for Edna. She immediately took to working on disseminating PE locally (Foa et al., 2005) and then throughout the VA system and the world beyond. She kept studying PE as she did so, wanting to get it right. She strongly believed that centers of excellence were the best ways to disseminate PE, allowing for both intensive and standard PE.

At the same time, she worked with Michael Kozak to develop Emotional Processing Theory (EPT; Foa & Kozak, 1986), which was a groundbreaking theory at the time. There were many important aspects of EPT that made it a seminal work. First, it was clinically relevant and rich—it was not an abstract theory that

was just meant for academics, but rather a useful theory meant for academics and clinicians alike to help them understand and test what was supposed to happen in exposure. Second, it was elegant: emotional processing meant that individuals would confront their fears, activating them. Activation was followed by fear reduction within the session (for which they used a shorthand of habituation), which was followed by fear reduction between sessions. Third, it was revolutionary for the time: it suggested that exposure was not simply a behavioral, stimulus-response process, but rather that anxiety was composed of a propositional network (a fear structure; how prescient even 40 years later), that included stimuli, responses, and meaning. These additions were ways of having behavior therapy join the cognitive revolution. Edna continued to refine EPT over the years with various colleagues, suggesting that these fear networks might not be modified, but rather inhibited (Foa & McNally, 1996), and that information processing biases and cognitions could be indicators of change in addition to physiology and self-report (Foa, Huppert, & Cahill, 2006).

Once she had developed EPT and PE, she continued developing an understanding of how to best achieve optimal results for treatments of anxiety, PTSD, and OCD, conducting and collaborating on some of the most influential RCTs in the field (e.g., Davidson et al., 2004; Foa et al., 1991; Foa et al., 1999; Foa et al., 2013; Foa, Hembree et al., 2005; Foa, Liebowitz et al., 2005; Foa et al., 2022; Franklin et al., 2011; POTS, 2004; Schnurr et al., 2007; Schnurr et al., 2022; Simpson et al., 2008; Simpson et al., 2013). Throughout this time, she developed multiple measures to be able to empirically assess targets of treatment, and was involved in influencing diagnosis through her part in the DSM process. However, her passion was always to understand the mechanisms underlying the treatments, along with their efficacy and effectiveness.

Edna Foa was a giant. Her influence on psychology, psychotherapy, methodology, treatment development, exposure theory, implementation and CBT will be her lasting legacy. In my recent conversations with her, she was aware that PE had taken off to the point that it was no longer hers: it was the world's.

She worked until the end. She spent the last few years traveling back and forth between Israel and the US, saying it was fine because she could work from Zoom anywhere. Only recently she complained to me that she was frustrated: she had so much time that people weren't taking enough advantage of. But then, she was asked to consult and train for some grants in Europe and to do some more supervisions in Israel.

Just a month before she passed, I took my PhD students to visit and discuss our work and consult with her on some theoretical and methodological issues. She was sharp, funny, and warm. It is true that she did not suffer fools easily. But she also respected being challenged. She had a huge heart and intellect. She became more open over the years, with her view being that any treatment that works (according to studies) is important, as it allows more people to relieve their suffering. Her life was dedicated to this mission, to the benefit of us all.

May her memory be a blessing.

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In Memoriam

Robert K. Klepac (1943–2026)

Alan L. Peterson, The University of Texas at San Antonio

Robert K. Klepac, a national leader of the science of clinical psychology and a former President of ABCT (2010–2011), died in San Antonio, Texas, on February 24, 2026.

Bob considered ABCT to be his academic home. For more than 50 years (1973–2026), Bob was a member of ABCT—a member even under its previous identity as the Association for Advancement of Behavior Therapy (AABT). He dedicated his career to the advancement of the scientist-practitioner training model for psychology. The culmination of this was in 2002, when under his leadership the psychology internship and postdoctoral fellowship programs at the Air Force's Wilford Hall Medical Center in San Antonio, Texas, was selected as the ABCT Outstanding Training Program.

Bob's campaign slogan when running for the ABCT President was "What about Bob?" Printed on campaign buttons worn by many ABCT members during the 2009 ABCT Convention in New York City, it was an homage to the movie by the same name in which Bob (played by Bill Murray) was an annoying psychiatric patient who intruded on his psychiatrist (played by Richard Dreyfuss) and his family as they vacationed in New Hampshire. "What about Bob? … for ABCT President" was a catchy slogan, and one that worked for him.

Bob received a Bachelor of Social Science in 1965 from John Carroll University in Cleveland, Ohio. He then received a master's degree (1968) and PhD (1969) in Clinical Psychology from Kent State University. His first academic appointment (1969–1972) was as an Assistant Professor of Psychology at Western Washington University in Bellingham, Washington.

He then served for a decade (1972–1982) in the Department of Psychology at North Dakota State University in Fargo, North Dakota. He was the founder and first coordinator of the programs in Health and Behavior. He served as an Assistant Professor from 1972–1975 and as an Associate Professor from 1975–1982. He served as the Chair of the Department of Psychology from 1972–1981. He was promoted to Professor in 1982.

Perhaps to escape the brutal winters in Cleveland, Bellingham, and Fargo, Bob accepted a position as an Associate Professor and the Director of Clinical Training in the Department of Psychology (1982–1985) at Florida State University in Tallahassee, Florida. He continued to reside in the warmth of the south, accepting a position as the Director of Psychology Training at Wilford Hall Medical Center at Lackland Air Force Base in San Antonio, Texas, where he stayed for the remainder of his professional career (1985–2007). During this time, he also served as the National Coordinator of Air Force Psychology Training. This position was an appointment by the Surgeon General of the Air Force and included providing national leadership to all three of the Air Force psychology internship programs. At the time of his death, Bob was the Psychology Training Director Emeritus at Wilford Hall Ambulatory Surgical Center in San Antonio.

For most of his career, Bob was an active member of many professional organizations, often serving in leadership positions. These organizations included, but were not limited to, the American Psychological Association (APA), Division 12 (Clinical Psychology) of the APA, the Association of Psychology Postdoctoral and Internship Centers, and the National Register of Health Service Psychologists.

Bob's last scientific manuscript may have been his most important. It was published in *Behavior Therapy* (Klepac et al., 2012) and summarized much of his lifelong academic passion. The paper was titled "Guidelines for Cognitive Behavioral Training Within Doctoral Psychology Programs in the United States: Report of the Inter-Organizational Task Force on Cognitive and Behavioral Psychology Doctoral Education." ABCT initiated this task force under Bob's leadership, and it was composed of 15 members (see Klepac et al., 2012) who were world leaders in

education and training within cognitive behavioral therapy. The group represented 16 professional associations, tasked with developing guidelines for the integration of education and training in cognitive and behavioral psychology at the doctoral level in the United States. Under Bob's leadership and guidance, the task force developed a consensus document on the optimal doctoral education and training in cognitive and behavioral psychology. The recommendations in this consensus paper assume a solid foundational training in what is typically included in APA-accredited doctoral programs in clinical and counseling psychology. This paper remains a gold standard for the integration of education and training in cognitive and behavioral psychology at the doctoral level in the United States.

Bob was also one of the early pioneers in the field of behavioral dentistry. This included several scientific manuscripts on the origins and characteristics of the fear of dentistry (Kleinknecht et al., 1973; Klepac, 1980, 1985, 1986; Klepac et al., 1982). He also published several manuscripts outlining the important role of dental pain as a contributor to fear of dentistry (Klepac, 1980; Klepac et al., 1980). After outlining the origins and characteristics of the fear of dentistry and the role of dental pain, Bob published several manuscripts on the treatment of dental fear (Kleinknecht et al., 1976; Klepac, 1975; Klepac, 1988) and the treatment of bruxism (Klepac, 1978).

Bob is survived by his wife, Rosalie, and two daughters. His daughter Lisa Lochart, PhD, is also a psychologist, and an Associate Professor in the Deportment of Psychology at the University of the Incarnate Word in San Antonio. Laura followed her father's footsteps and obtained a BS in psychology from John Carroll University (1992), an M.A. (1992) and PhD (1995) in Experimental Psychology - Social Psychology from Kent State University.

Linda Sobell, former ABCT president from 1993-1994, remembered Bob as "a good friend and colleague who will long be missed. While he was happily retired he continued to serve his profession and his country."

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Results for the 2026 ABCT Board of Directors Leadership Election

Dear ABCT Members:

We are happy to announce that the Leadership and Elections (L&E) committee, in conjunction with the Central Office staff, has completed its review of all votes submitted by the general membership for the two (2) open Board positions for the upcoming 2026-2027 term. After careful consideration, we are pleased to present to you the results of the election for ABCT leadership:

President-Elect
Debra Kaysen, Ph.D.

Representative-at-Large
Donte Bernard, Ph.D.

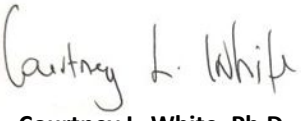
Please help us to congratulate Dr. Kaysen and Dr. Bernard, who have both accepted these positions! The winners will begin their term of office in November 2026, at the conclusion of the Annual Convention in Baltimore. A hearty thank-you as well to Drs. Brown, Steinman, and Yoman for participating in the process and putting their hats in the ring as candidates.
This cycle's nomination submission period ended on February 2, 2026. Voting for the candidates opened on April 1 and closed on April 30. Final votes were tabulated and independently verified by three separate vote counters at ABCT Central Office and the results were shared with the Leadership and Elections committee.

We are also happy to announce that the *two referendum questions* on the ballot, regarding expansion of the Board, were overwhelmingly passed with an 89.1% affirmative vote. This means that the Board will be expanded from 7 to 11 voting members as well as two 1-year appointed nonvoting members each year, for a total of 13 members. The Coordinators' role will be eliminated. Additionally, an Executive Committee (EC) of the Board will be formed (President / President Elect / Immediate Past President + the Secretary / Treasurer).

As part of the transition plan to reach the expanded Board size—and to create an effective stagger—the former coordinators will be invited to join the Board as interim voting members in the new term in November and will complete the remainder of their former coordinator terms as voting Board members. Thereafter, all voting members of the Board will be fully elected by the membership.

We would like to extend our thanks to all the candidates, as well as to all the ABCT members who voted in this process. If you have any feedback, please forward your comments to the Leadership and Election Committee chair at michelle.e.roley@gmail.com or the Chief Executive Officer at executiveoffice@abct.org.

Michelle Roley-Roberts, Ph.D.
Chair, Leadership and Elections Committee
(On behalf of the L&E Committee)



Courtney L. White, Ph.D., CAE
CEO, ABCT

Volunteer Me | abct.org

Volunteer Me is a year-round portal that allows members to indicate interest in serving on an ABCT committee. ABCT members looking to volunteer within the organization should consider joining one or more of our very active and vibrant committees. Learn more about each committee.*

Visit the Volunteer Me portal here!

** Please note that your indication of interest does not automatically add you to a committee.*

- Academic Training and Education Standards Committee
- AMASS Committee
- Awards and Recognition Committee
- Behavioral Health Equity Committee
- Clinical Directory & Referral Committee
- Continuing Education Committee
- Dissemination, Implementation, and Community Engagement Committee
- Fellows Committee
- Fundraising and Development Committee
- History Council
- Institutes Committee
- International Associates Committee
- Leadership & Elections Committee
- Local Arrangements Committee
- Master Clinician Seminar Committee
- Membership Committee
- Program Committee
- Public Education and Media Dissemination Committee
- Publications Committee
- Research & Professional Development Committee
- Research Facilitation Committee
- Self-Help Book Recommendations Committee
- SIG Committee
- Social Networking Media Committee
- Student Membership Committee
- Technology Committee
- Web Committee
- Workshops Committee
- World Congress Scientific Program Committee

A Selection of Clinical Resources

available on abct.org

ABCT's Academic Training & Education Standards Committee has curated the following materials and resources, to highlight the ABCT website's expansive collection available online!

VIDEO DEMONSTRATIONS

Behavioral Activation:

www.abct.org/for-professionals/clinical-demonstrations-and-resources

Dr. Christopher Martell demonstrates components of treatment:

- Case conceptualization
- Assigning homework
- roubleshooting barriers to behavioral activation

Exposure Therapy:

www.abct.org/for-professionals/exposure-therapy-teaching-resources

A collection of exposure videos, from OCD to selective mutism to panic to social phobia

HANDOUTS, WORKSHEETS, SYLLABI, & ASSIGNMENTS

Cognitive Restructuring:

www.abct.org/for-professionals/cognitive-restructuring-teaching-resources

Handouts and worksheets on working with cognitive coping, negative thoughts, automatic thoughts, cognitive distortions.

Course Syllabi:

www.abct.org/for-professionals/teaching-resources/syllabi

Catalogue of psychology course syllabi in various curriculum areas: adult intervention, adult psychology & psychopathology, assessment & measurement, child & adolescent psychotherapy, developmental psychology, ethics, health psychology & behavioral medicine, medical education, multicultural/diversity, practice, research methodology, supervision

Course Exercises, Demonstrations, and Assignments:

www.abct.org/for-professionals/teaching-resources/cbt-teaching-exercises-demonstrations-and-assignments

Catalogue of psychology course exercises, demonstrations, and assignments related to the teaching of CBT.

Career Center

Featured Jobs

ABCT JOB BANK is the premier electronic recruitment resource for the industry. Here, employers and recruiters can access the most qualified talent pool with relevant work experience to fulfill staffing needs.

Whether an employer or a job-seeker, we'll help find the connection that's right for you, quickly and easily!

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Child and Adolescent Psychologist, Private Practice
Foothills CBT · BOULDER, Colorado (Hybrid)
Position Opening for a Licensed Psychologist, Qualified Postdoctoral Fellows will also be considered Child and Adolescent Psychologist Opportunity: Foothills CBT Psychology Group, a doctoral-level gro...
Posted - May 27, 2026 · Apply Now · Save job

Inaugural MUSC Florence Psychiatry Residency Program Director
MUSC Health · Florence, South Carolina
The Medical University of South Carolina (MUSC) and MUSC Health Florence are seeking an outstanding candidate for the role of Residency Program Director, to lead and grow a new Community Psychiatry Re...
Posted - May 20, 2026 · Apply Now · Save job

Behavioral Medicine and Clinical Psychology - Research - Associate/Full Professor - JR213387
Cincinnati Children's · Cincinnati, Ohio
The Division of Behavioral Medicine and Clinical Psychology at Cincinnati Children's Hospital Medical Center (CCHMC) is seeking applicants for a Research Associate/Full Professor position. As a leader...
Posted - May 14, 2026 · Apply Now · Save job

Professional Development in Research

Selected tBT Articles Related to Professional Development in Research.

Research Method Spotlights

A curated collection of resources on different research methods relevant to the ABCT community.

Statistical Software & Resources

A list of third party statistical tools and applications for those doing CBT research.

Data Collection Tools

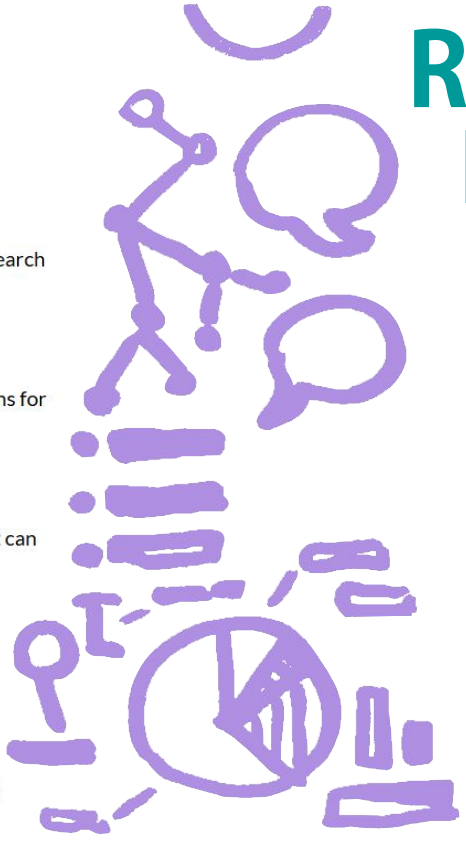
A list of data collection tools and applications that can be helpful for those doing CBT research.

Government Funding Agencies

Links to Government Funding Agencies

Grant Resources

The process of grant writing can be daunting for a professional at any stage of their career.



Resources for Researchers

ABCT is constantly evaluating how to best serve the research community.

Please take advantage of the growing number of helpful resources for researchers available at:

abct.org/for-professionals/research-resources

ELEVENTH WORLD CONFEDERATION OF COGNITIVE AND BEHAVIOURAL THERAPIES CONGRESS

MARRIOTT MARQUIS SAN FRANCISCO | 25TH - 28TH JUNE 2026

Information is available on the website (www.wccbt2026.org) including the electronic submission procedures and extensions, Congress tracks and examples of different presentation formats.

Information on Invited Address speakers as well as Congress Workshops is now available. The full final program will be available prior to the Congress on the website. The program of In-Congress workshops will also be available in advance of the Congress so that delegates are able to pre-book these when registering for the Congress online. **Some workshops will be held on Sunday, June 28.**

Scientific Program - June 25–28, 2026

The World Confederation of Cognitive and Behavioural Therapies (WCCBT) is a global multidisciplinary organization dedicated to the promotion of evidence-based cognitive behavioral strategies designed to evaluate, prevent, and treat mental conditions and illnesses. ABCT is a member of WCCBT. **The WCCBT 2026 Congress will take place in San Francisco, California, from Thursday, June 25 to Saturday, June 27. Post-Congress workshops will be held on Sunday, June 28**. San Francisco has a rich history of innovative psychological research in areas including CBT, neuroscience, mental health disparities, and health services for underserved populations. **The theme of the 2026 Congress is "Health for All: Affirming, Equitable, and Sustainable CBT."** This theme emphasizes WCCBT's aim to promote mental and physical health for individuals worldwide through cognitivebehavioral approaches that affirm personal agency, resilience, and identities; meet individual needs while also reducing health disparities at the population level; and are sustainable in their intended settings. The Scientific Committee will especially encourage submissions that target the 2026 Congress theme.

The Congress will cover, among many others, the following topics and sessions:

- Aging and lifespan psychology
- Anxiety disorders
- Artificial intelligence and technology-based interventions
- Basic processes and experimental psychopathology
- Behavioral medicine, chronic illness, and integrated primary care
- Child and adolescent mental health
- Conflict, disasters, and trauma- and stressor-related disorders
- Dissemination and implementation science
- Family- and caregiver-based interventions
- Feeding and eating disorders
- Interventions and care delivery models in the context of resource limitations
- LGBTQIA+
- Mood disorders and suicidality
- Neurodevelopmental and autism spectrum disorders
- Obsessive-compulsive and related disorders
- Personality disorders
- Positive psychology and resilience
- Promoting diversity, equity, inclusion and reducing stigma
- Psychedelic-assisted interventions
- Schizophrenia spectrum and other psychotic disorders
- School-based interventions
- Sexual wellbeing and / or partnership concerns
- Sports and performance-related interventions
- Substance use
- Training, supervision, and credentialing
- Transdiagnostic and therapeutic processes

Ticketed Sessions

The Friendship Bench: Lessons From A Thousand Grandmothers | Dixon Chibanda, London School of Hygiene and Tropical Medicine & University of Zimbabwe

The Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents: Clinical Lessons from Global Successes in Modification and Implementation | Jill Ehrenreich-May, University of Miami

Existential Concerns and Cognitive-Behavioral Procedures: Managing Death, Isolation, Identity, Freedom and the Search for Meaning | Ross Menzies, University of Technology Sydney

CBT for ADHD in Adults – Basics and Beyond | Steve Safren, University of Miami

Cognitive-Behavioural Approaches for People with Complex Presentations of Psychosis | Gillian Haddock, University of Manchester

OCD Unlocked: Evidence-Based CBT Strategies for Immediate Impact | Lata McGinn, Yeshiva University

Context Matters: Cognitive and Behavioral Intervention with At-Risk Populations in the Global South | Silvia Helena Koller, Universidade Federal do Rio Grande

Exposure Therapy for Eating and Weight Disorders: Evidence, Practice, and Challenges | Anita Jansen, Maastricht University

Evidence Based Management of Intimate Partner Violence Against Women | Marta Rondon, Universidad San Martin de Porres and Instituto Nacional Materno Perinatal

Designing Real-Time Research: Practical Approaches to Ecological Momentary Assessment | Kirsty Clark, Vanderbilt University

An Evidence-Based Approach to Treating Fears of Recurrence and Disease Progression In Chronic Physical Conditions | Louise Sharpe, The University of Sydney

Using the Implementation Research Logic Model (IRLM) to Effectively Implement EBTs in Your Organization | Justin Smith, University of Utah

Positive Affect Treatment for Depression, Anxiety and Anhedonia | Michelle Craske, University of California, Los Angeles

Understanding and Treating Addiction | John Kelly, Harvard Medical School

A 4-Stage Model of Socratic Dialogue to Improve Therapy Effectiveness | Christine Padesky, Center for Cognitive Therapy – Huntington Beach

Parent-Child Interaction Therapy (PCIT): An Empirically Supported Approach for Young Children and Their Caregivers | Melanie Nelson, PCIT International Association

The Case Formulation Approach to Cognitive Behavior Therapy | Jacqueline Persons, Oakland Cognitive Behavior Therapy Center and University of California, Berkeley

A Process-Based Approach to Evidence-Based Practice | Steven Hayes, University of Nevada, Reno

The Single-Session Consultation: An Introductory Clinical Workshop | Jessica Schleider, Northwestern University

Gain Without Pain: Practical CBT Skills for Perfectionism | Roz Shafran, University College London

Body Project Eating Disorder Prevention Program: Evidence-Base, Intervention Theory, and Implementation | Eric Stice, Stanford University

CBT Perspective on Grief Counseling: Assessment and Intervention | Jianping Wang, Beijing Normal University

Master Clinicians Sessions

ACT Skills for Perfectionism: A Process-based, Compassionate, and Flexible Approach for High-Achieving, Perfectionistic, and Striving Behaviors | Patricia Zurita Ona

Comparative Psychopathology: A New Framework for Understanding Psychological Disorders and Strengthening Cognitive-Behavioral Therapy Through Broader Behavioral Science | Daniel Marston

Less Avoiding, More Doing: An Acceptance and Commitment Therapy Workshop for Chronic "Later-ers" | Patricia Zurita Ona

Positive Affect Treatment for Depression and Anxiety | Alicia Meuret

Preventive Cognitive Therapy for Depression: An Evidence-based Approach to Reduce Relapse Risk: Why and How | Claudi Bockting

Why Your Patients Really Don't Get Better | Jeffrey Lazarus

In-Congress Workshops

Adapting and Expanding Your CBT Skills for Working with Misophonia | M. Zachary Rosenthal, Marta Siepsiak, Jane Gregory, Grace Heppes

CBT Adaptations for Affirming Care for Transgender and Gender Diverse Clients | Debra Hope, Nathan Woodruff, Melissa Hunt

Cognitive Behavioral Therapy for Nightmares | Kristi Pruiksma, Kelsi Gerwell

Cognitive Behavioral Therapy of Repetitive Negative Thinking | Kadir Ozdel, Ercan Altinoz, Mehmet Hakan Turkcapar

Cognitive-Behavior Therapy for Adult ADHD: An Implementation-Focused Approach | Russell Ramsay

Cognitive-Behavioral Therapy to Help Suicidal Patients Choose to Live (With an Extra Spotlight on Vulnerable Populations, Including Refugees, Sexual Minorities) | Cory Newman

Culturally Adapting CBT for Asian Heritage Populations: An Evidence-based Approach | Wei-Chin Hwang

Dialectical Behavior Therapy (DBT)-Informed Treatment for Psychosis | Maggie Mullen

Empirically-supported Assessment and Treatment of Functional Impairments in Executive Function and Organizational Skills in ADHD and Related Disorders in Children and Teens | Richard Gallagher, Jenelle Nissley-Tsiopinis

Extending Access to Care for Youth with Selective Mutism: Helping All Children Find Their Voice | Jami Furr, Aileen Herrera

Failing Better. Encouraging Adoption of CBT by Non-psychologist Professionals Through a Competency-focused Approach | James Hambrick

How to Think Like Socrates: From Socratic Questioning to Stoicism to Modern CBT | Scott Waltman

Integrating Mindfulness with Clinical Precision: Strategic Practice Selection in CBT | Noga Zerubavel, Terri Messman

Mapping Change: A Workshop on Precision Therapy Through Transtheoretical Case Conceptualization and Treatment Planning | Connor Adams, Natasha Hansen, Rachel Weiler

Metacognitive Therapy for Health Anxiety | Robin Bailey

Mindfulness Intervention for Emotional Distress | Xinghua Liu, Yanjuan Li

Personalising CBT Interventions Using Modular Approaches | Sophie Bennett, Roz Shafran

Providing Evidence-based Assessment and Treatment of Patients with Severe Obesity Across Settings | Larissa McGarrity, Hannah Farnsworth

Quality CBT Without Borders: Implementing WCCBT's Global Training Standards | Mehmet Sungur, Jacquie Cohen, Andrea Ashbaugh, Firdaus Mukhtar

Representation in CBT: A Framework for Clinical and Systemic Practice | Faithful Odusote

Resilience for Trauma-Informed Professionals: Protecting Clinicians and Researchers from the Effects of Exposure to Secondary Traumatic Stress | Patricia Kerig

Respond with CARE™ (Child-Adult Relationship Enhancement) After Disasters: The Agents of Change in Reducing Risk and Promoting Resilience in Youth | Robin Gurwitch, Jami Furr

Stepping up Our Game: Improving Use of Exposure Therapy for Eating Disorders | Carolyn Becker, Glenn Waller

Supervision Essentials for Cognitive-behavioral Therapy: Training Clinicians to Excel in CBT Conceptualization, Interventions, and Therapeutic Relationship Skills | Cory Newman

Task-sharing Lay Health Worker Training and Supervision of Cognitive and Behavioural Therapies in Africa. Lessons from Zimbabwe | Melanie Abas, Concilia Tarisai Bere, Conall O'Cleirigh, Elizabeth Powers, Amelia Stanton, Jane Fusire, Sheila Marezva, Oline Chivere

TEAM-CBT for Shame and Anxiety: A Blueprint for Helping Your Patients Heal | Jill Levitt, David Burns

Upskilling CBT Skills to Work with Older Adults: Key Differences from Standard Practice | Viviana Wuthrich

Join us for the . . .

11TH WCCBT WORLD CONGRESS

SIGNATURE EVENT & DINNER

featuring

Steady Eddy AND THE SHAKERS

SAN FRANCISCO MARRIOTT MARQUIS HOTEL
GOLDEN GATE C2, B2 LEVEL

FRIDAY NIGHT, JUNE 26
7:00 P.M.– 10:00 P.M.

Tickets: $150

This Motown Mashup Band will play all your favorite Motown and Funk hits, mashed up with vocals and melodies from other classic and contemporary songs.

Funk! Motown!

ABCT fellows
ASSOCIATION for BEHAVIORAL and COGNITIVE THERAPIES

Call for Applications: Fellows

Fellows Status for 2026

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

Multiple Routes to ABCT Fellow Status

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

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

Potential Fellow applicants, as well as their letter writers, must describe the applicant's specific contributions that are outstanding and sustained.

To aid in writing these letters, the Fellows committee prepared Guidelines for Applicants and Letter Writers for how to write fellow status contributions, available here: www.abct.org/Members/?m=mMembers&fa=Fellow. While these guidelines provide examples of what the Fellows committee considers outstanding, sustained contributions, they are far from exhaustive.

Deadline for Fellow Status Applications: July 1, 2026, is the deadline for both applicants and letter writers to submit their materials. Applicants will be notified of the decision on their application by mid-October 2026. For more information, please visit the Fellowship application page here: www.abct.org/Members/?m=mMembers&fa=Fellow

Application deadline: July 1, 2026

ABCT Fellows Committee

Matthew Skinta, Ph.D., ABPP, Chair
Deborah Dobson. Ph.D.
Jeff Goodie, Ph.D., ABPP
Meghan McDevitt-Murphy, Ph.D.
Art Nezu, Ph.D., ABPP
David Moscovitch, Ph.D.
Gail Steketee, Ph.D.

Call for Web Editor

ABCT is seeking its next Web Editor for a 3-year term (starting in January 2027).

The position is funded with an honorarium. The role principally involves developing content for the website, encouraging user engagement and interest, and reviewing the site and navigational structure to ensure it remains best suited to our audiences.

Technological knowledge is less essential, and the Web Editor is not expected to post to the site or otherwise take on the function of a web master.

Web Page Mission Statement

The website serves a central function as the public face of ABCT. As such, it has core functions linked to the mission and goals of the organization: facilitating the appropriate utilization and growth of CBT and serving as a resource and information source for matters related to CBT.

Information and resources are directed toward three groups:

- Members
- Nonmember Professionals
- Consumers

In striving to ensure this platform continues to be a trusted foundational resource for all of our constituents, the Web Editor may liaise with associate editors, journal editors, committees, and SIGs for content, which may include:

- Recent research findings
- CBT in the news
- Diagnosis-specific information
- Efficacy information
- Training
- The “feel” of cognitive-behavioral treatment
- Resources for professionals, students, help-seeking public, media
- CBT curricula

How to Apply:

A vision statement is due by June 12, 2026.

Please contact Stephanie Schwartz, Director of Publications (sschwartz@abct.org), for more information and for the vision statement guidelines.

We look forward to receiving your inquiries!

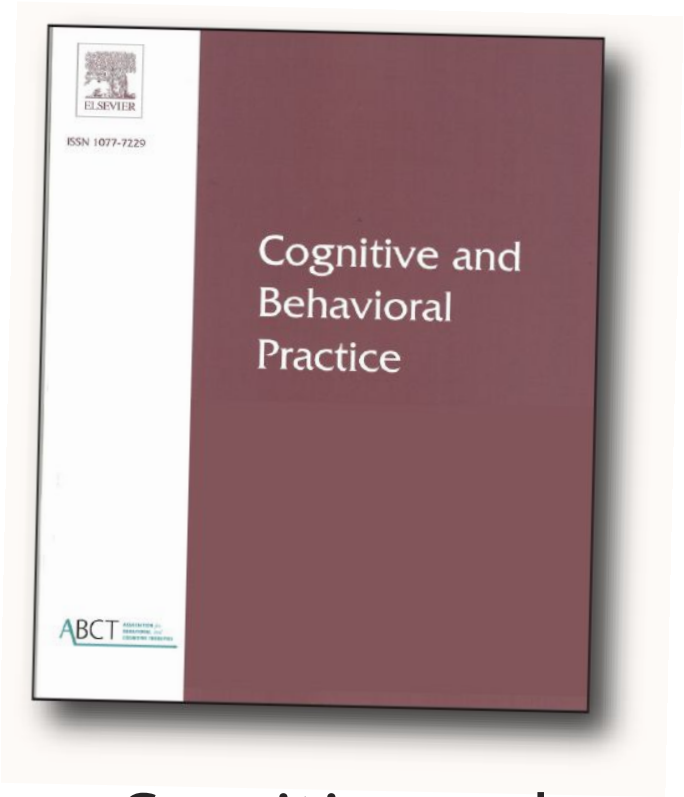
Volunteer

To Review for *Cognitive and Behavioral Practice*

We are looking to expand our reviewer pool for our journal.

Please click the link below to access the volunteer form!

Here is a chance to **give back** to the field, **be involved** in our community of editors, **engage with authors** about topics on which you are an expert, and help to **maintain the integrity of science and advance the field!**



Cognitive and Behavioral Practice

(click here)

Update Your Clinical Directory Profile!

Let potential clients and your ABCT colleagues reach you.
A complete and accurate Clinical Directory profile listing will help ensure robust connections among you, the help-seeking public, and colleagues seeking referrals.

The best—and only—way is to ***update your Clinical Directory listing*** now, in ***4 easy steps***:

1. Log in at services.abct.org/i4a/ams/profile
2. Click "Edit Your Profile"
3. Click "Contact Info" to update important details of your listing[SS1]
4. Navigate to the "Addresses" section and click the "Clinical Directory 1" tab, then input your address. Even if your address is the same as your mailing address, it still needs to be entered with the Clinical Directory 1 type.

Tips to maximize your listing:

- Add demographics/population served: Listing demographics of the population you work with helps define your practice and prevents having to redirect potential clients.
- Add specialties/languages: Pinpoint the distinctive features of what your practice offers.
- Practice Philosophy: Use clear, jargon-free language that resonates with clients.
- Add your photo (for expanded listings only—see below): Foster a sense of interest and connection.

For an annual fee of $50, you can ***enhance your Find a Therapist Directory listing***. With this expanded option, not only will your name come first in any searches that capture your listing, but it will include these features:

- Expanded Clinical Directory features:
- Your listing appears first in searches
- Your headshot appears with your listing
- Multiple practice locations can be included
- Potential clients can view the insurance(s) you accept
- Your listing includes a link to your website

Questions about updating your listing?
Contact membership@abct.org

Need a more in-depth explanation?
Follow our expanded step-by-step guide, linked here!

Webinars

elearning.abct.org

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

upcoming

Keep an eye on the ABCT website for upcoming summer webinars!

recorded

Farooq Naeem | Cultural Adaptation of Cognitive Therapy

Jessica Peters | A Practical Introduction to Assessment and Treatment of Premenstrual Mood Disorders

Wendy Wild | Using the CTRS-R in CBT Training and Supervision

Jessica Peters | A Practical Introduction to Assessment and Treatment of Premenstrual Mood Disorders

Kate McHugh | Treating Co-Occurring Anxiety and Opioid Misuse

Anne Marie Albano | Anxiety, Adolescents, and Parents on the Pathway to Adulthood

Jonathan Huppert | Challenges and Opportunities in Disseminating Evidence-based Treatments in the Face of Mass Trauma: Israel as a Case Example

Jeffrey Cohen | Doing Affirmative Cognitive Behavior Therapy with LGBTQ+ Young People

Ken Carswell | An Introduction to WHO's Psychological Interventions Implementation Manual

+ more!

Visit ABCT's eLearning web pages for many more recorded, CE and non-CE, webinars.

www.elearning.abct.org

SPOTLIGHT ON A RESEARCHER

PRESENTED BY ABCT'S
RESEARCH FACILITATION COMMITEE

Every Spring we look for an ...

Outstanding Researcher Focused on Health Disparities and/or Marginalized Groups

- **Any career stage**
- **Current ABCT Member**
- **Doing Work Reflecting ABCT Values/Mission**

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

Nominate yourself or someone else!

Submissions Due

https://forms.gle/FBfyfQHq7iQ88tnh8