

# *the* Behavior Therapist

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## CLINICAL DIALOGUES

### Pseudoscience in Behavior Therapy: Concurrences, Confusions, and Clarifications—Response to Strosahl

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THE CONCEPT OF PSEUDOSCIENCE, and its boundaries from science, is of considerable importance to clinical psychology writ large, including the fields of behavior therapy and cognitive-behavioral therapy. Nevertheless, this concept continues to arouse considerable controversy among philosophers of science and psychologists (e.g., Bunge, 1991; Herbert, 2003; McNally, 2003; Pigliucci & Boudry, 2013).

A recent special issue of *the Behavior Therapist* (Codd, 2018) explored in depth the scientific and ethical challenges posed by pseudoscience to behavior therapy and allied domains of mental health practice. In response, Strosahl (2018) offered an extensive and at times impassioned critique of the application of the pseudoscience concept to clinical psychology. As we read them, Strosahl's principal arguments concern the (a) overly expansive application of the pseudoscience concept, (b) erroneous implication that resistance to evidence-based practice is tantamount to pseudoscience, and (c) propensity of some academic psychologists to

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

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

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prematurely dismiss novel or untested interventions. In this article, we maintain that although several of Strosahl's arguments are meritorious, many of his contentions are marked by misunderstandings of the pseudoscience concept and its implications for clinical practice. In other cases, Strosahl mischaracterizes the arguments of contributors to the special issue, the first author of this article included. Finally, in still other cases Strosahl overlooks research literature that challenges or contradicts his assertions. Strosahl's misapprehensions are important to consider and address, if for no other reasons that (a) they bear significant implications for how our field should conceptualize new and untested interventions and (b) we suspect that they are held by a number of other thoughtful readers.

### Points of Agreement

In the spirit of Rapoport's (1961) rules of argumentation, we begin with several points of agreement with Strosahl. First, we concur that there are dangers in overextending the pseudoscience concept to the point that it loses its intended meaning, namely, as a construct that refers broadly to disciplines that are pretenders or imposters of science. We also agree with Strosahl that some community practitioners' reluctance to embrace empirically supported therapies (ESTs) should not be equated with an endorsement of pseudoscience on their part. Indeed, in an article that Strosahl cited, co-authored by one of us (Lilienfeld et al., 2013b; see also Lilienfeld et al., 2013a), we were careful to avoid precisely this error. Second, we share Strosahl's view that community practitioners' resistance to evidence-based practice probably stems in part from what he terms the problem of "treatment uptake"; namely, the fact that some ESTs tested under controlled laboratory conditions are not feasibly administered "on the front lines," do not comport with client or therapist preferences, or both (see also Lilienfeld et al., 2013b). Indeed, many of Strosahl's recommendations for enhancing treatment uptake strike us as eminently reasonable. Third, we are inclined to agree with Strosahl that the term "pseudoscience" is unduly negative in connotation, although we are concerned that any new term that would take its place would soon acquire a similarly pejorative reputation. Nevertheless, as we will soon argue, Strosahl's proposal to replace the term "pseudoscience" with "complementary and alternative mental health practices" (CAMHP) would not clarify the

matter but merely compound the existing confusion.

### Conflation of Pseudoscience With Untested Science

As we and others have argued elsewhere (Herbert, 2003; Lilienfeld, Lynn, & Lohr, 2014), the concept of pseudoscience is pedagogically helpful, because it captures a constellation of practices that can be deceptive to practitioners, researchers, and mental health consumers, among others. Like the construct of science itself, pseudoscience is a fuzzy but nonetheless useful concept (Pigliucci & Boudry, 2013). Pseudoscience encompasses research programs characterized by several indicators or "warning signs," which in conjunction suggest that their advocates are professing scientific legitimacy without earning it. Such warning signs include (a) the propensity to advance strong claims in the absence of compelling evidence; (b) an emphasis on confirmation at the expense of disconfirmation; (c) overuse of ad hoc hypotheses as escape hatches or "loopholes" to explain away unresponsive results; (d) reliance on anecdotal and testimonial evidence; (e) failure to engage in self-correction in the face of negative findings; (f) avoidance of peer review; (g) overuse of hypertechnical language that is largely devoid of scientific content (e.g., psychobabble, neurobabble); and (h) lack of connectivity with extant scientific findings (Lilienfeld, Ammirati, & David, 2012). Although the boundaries between science and pseudoscience are murky, disciplines marked by many such warning signs should engender legitimate skepticism. In this way, pseudoscience can be seen as possessing similar utility as other commonly used but fuzzy concepts, such as the distinction between day versus night and male versus female.

It also is important to emphasize what pseudoscience is not. Pseudoscientific claims should not be confused with largely or entirely untested claims—or what Strosahl terms "would-be science"—many of which comprise the lifeblood of vibrant science (Lilienfeld et al., 2014). So long as

proponents of such assertions are explicit about the limited evidentiary warrant for their claims (see McNally, 2003), self-correct in the face of contradictory data, do not attempt to evade independent scientific scrutiny, and the like, they are not engaging in pseudoscience.

In many cases, however, Strosahl (2018) blurs the critical distinction between pseudoscience and promising but largely or entirely untested science. For example, he writes that "there is an important symbiotic relationship between 'pseudoscience,' in its many forms, and paradigmatic, mainstream science" (p. 237). Later, he writes that "the history of science is full of examples in which today's pseudoscience is tomorrow's new science" (p. 239) and that "By then, the pseudoscientific practices of today may have already become mainstream science" (p. 247). These assertions conflate protoscience or prescience (Tuomela, 1987), which is not yet scientific but which may later become so, with pseudoscience, which claims the mantle of scientific status without adequate justification and thereby risks misleading others. By doing so, Strosahl lets many advocates of pseudoscience off the hook by relieving them of the ethical responsibility to qualify their claims in light of limited scientific evidence. It seems unwise to uncritically accept untested techniques merely on the grounds that they will one day receive scientific support.

Strosahl's proposal to rename pseudoscience as CAMHP compounds rather than solves the challenge of demarcating genuine from specious claims. CAMHP, like its sister concept of complementary and alternative medicine (CAM), comprises an enormously heterogeneous class of heterodox techniques, at least a subset of which may ultimately be found to be efficacious in controlled trials.<sup>1</sup> Not all proponents of CAMHP methods proclaim their methods to be beneficial in the absence of convincing evidence, and some are explicit about their provisional or negligible evidentiary basis. Such proponents are not operating pseudoscientifically. The term pseudoscience, or some comparable term,

<sup>1</sup> Strosahl describes certain well-known CAM techniques, such as acupuncture and chiropractic, as "largely untested" (p. 240). This assertion is inaccurate; for example, acupuncture has been examined in thousands of published studies, hundreds of them using randomized controlled designs. Virtually all well-conducted studies indicate that genuine acupuncture does not outperform sham acupuncture manipulations, such as placing the needles in the "wrong" spots (those not corresponding to traditional Chinese acupoints) or inserting narrow tubes in lieu of needles (Colquhoun & Novella, 2013).

is still needed to describe advocates of methods who purport to be operating scientifically but who are not.

### Confusing the Unobservable With the Unmeasurable

Strosahl argues that:

if we are going to get into the practice of rejecting things like energy fields, or vortices, as scientifically implausible and therefore a priori as forms of pseudoscience, consider this: Most everything we deal with in psychotherapy cannot be seen. Thoughts can't be seen; emotions can't be seen; impulses can't be seen ... (p. 246).

Nevertheless, thoughts, emotions, and impulses can be measured, albeit fallibly, using self-report, observer report, interview-based, and laboratory measures, and we can frequently leverage these alternative indicators to triangulate our way into latent variables reflecting these constructs. Moreover, by using structural equation modeling and similar analytic techniques, researchers can often test statistically whether these indicators converge on the same construct. Even radical behaviorists, who traditionally question the meaningfulness of latent entities (constructs), grant that thoughts, emotions, and other unobservables can be the subject of scientific inquiry, regarding them as covert behaviors. For example, Skinner (1974) famously parted ways with metaphysical behaviorists (who believed that thoughts and emotions do not exist) and methodological behaviorists (who acknowledged the existence of thoughts and emotions, but regarded them as outside the boundaries of scientific inquiry) by insisting that thoughts and emotions are legitimate foci of scientific study, although they can be challenging to study given the questionable validity of people's reports of their subjective experiences (see Muller & van Fraassen, 2008, for further discussions of how to conceptualize unobservable phenomena).

There is also a crucial distinction between phenomena that are difficult to measure scientifically versus those that cannot be measured at all because they are premised on supernatural or nonmaterial notions of the world. For example, human energy fields are hypothesized by their proponents to be both invisible and unmeasurable, and no theory within physics or modern biology is remotely consistent with their existence (Gaudiano, Brown, & Miller, 2012; Stenger, 1999). Of course, scientific consensus regarding any phenom-

ena could in principle be overturned. Still, to liken covert but unquestionably genuine psychological phenomena, such as thoughts and emotions, to phenomena whose very existence is in serious question, such as bioenergetic fields that are presently unverifiable, reflects a significant overgeneralization.

### Conflation of the Contexts of Discovery and Justification

Strosahl (2018) is surely correct to express concern about "stifl[ing] the development of creative solutions for the one problem over which we can exercise some control (i.e., the lack of application of empirically supported treatments in everyday clinical practice)" (p. 239). We wholeheartedly agree that many ESTs fail to help substantial numbers of patients, and that there is a pressing need for openness to novel and potentially more effective approaches.

Nevertheless, Strosahl's analysis overlooks the two different modes of the scientific endeavor, the *context of discovery* and the *context of justification* (Reichenbach, 1938). The context of discovery typically refers to hypothesis generation, whereas the context of justification typically refers to hypothesis testing. In the context of discovery, psychotherapists and psychotherapy researchers should be encouraged to develop and in some cases try out novel approaches, so long as such testing is conducted judiciously and with the provision of full informed consent to patients (see "The Burdens of Proof and Informed Consent"). Furthermore, so long as practitioners are explicit to all stakeholders that their interventions are experimental, they are not behaving pseudoscientifically. Clinical experimentation is often the inspiration for scientific discovery. A problem develops only when treatment creators claim prematurely that largely or entirely untested techniques are effective (Meichenbaum & Lilienfeld, 2018), that is, when they erroneously purport to be operating in the context of justification rather than in the context of discovery.

### The Joint Burdens of Proof and of Informed Consent

More broadly, Strosahl's (2018) analysis neglects to acknowledge that the onus of proof falls on the developers of new interventions to demonstrate their efficacy and effectiveness, not on skeptics to disprove their efficacy and effectiveness. Although

the burden of proof requirement is philosophically complex (Pigliucci & Boudry, 2014), there is little question that it assumes considerable importance when it comes to real-world psychological interventions, which can cost patients considerable amounts of time, energy, effort, and resources. Although Strosahl rightly maintains that we should be open to untested treatments, he neglects to acknowledge the ethical imperative of demonstrating—rather than merely assuming—therapeutic benefits before disseminating them broadly.

Conjoined with the onus of proof requirement is another crucial ethical imperative, namely, the need for full informed consent. When using largely or entirely untested interventions, practitioners harbor an ethical responsibility to inform their clients that these techniques are experimental (Barden, 2014; Blease, Lilienfeld, & Kelley, 2016; McFall, 1991). Nevertheless, this critical mandate appears to be ignored by many advocates of novel treatments, and Strosahl is similarly silent about it.

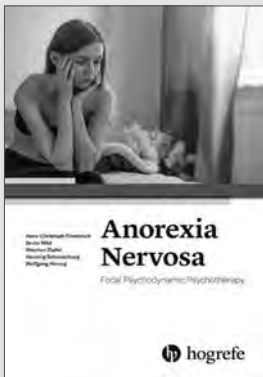
### The Risk of Harm

Strosahl (2018) writes that:

the community therapists who are using untested treatments instead of empirically supported ones are not members of the lunatic fringe ... I doubt that they are inflicting harm on their clients. In fact, they may be using treatments that, when considered as a whole, work as well as, or better than, our empirically supported ones. (p. 239)

There is a good deal to unpack here. First, we agree that some community therapists may be using interventions that are equally or more effective than ESTs, but there is no way to know that without systematic testing. Again, Strosahl overlooks the crucial burden of proof requirement in applied science: The onus falls on practitioners who are electing to deviate from evidence-based practice guidelines to (a) justify their reasons for doing so and (b) inform their clients accordingly.

Second, Strosahl (2018) does not mention burgeoning research that at least some widely administered psychological interventions, such as crisis debriefing, recovered memory techniques, holding therapies, and "get tough" interventions for conduct disordered adolescents, may be iatrogenic for certain clients (Lilienfeld, 2017; Mercer, 2017). He further errs in



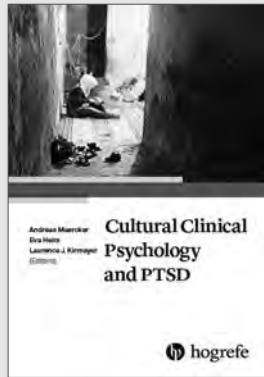
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implying that such harm derives only from “the lunatic fringe” (p. 239) of therapists. For example, survey data from the 1990s indicate that about 25% of Ph.D. clinical psychologists in the U.S. and U.K. use suggestive techniques, such as prompting, cueing, journaling, body work, and hypnosis, to recover purported memories of child sexual abuse (Poole, Lindsay, Memon, & Bull, 1995). Regrettably, more recent data on the prevalence of such practices are unavailable, although a recent large-scale survey of the prevalence of recovered memories in general population (Patihis & Pendergrast, in press) provides grounds for concern. Other survey data reveal that 75% of licensed clinical social workers reported using at least one novel unsupported therapy (Pignotti & Thyer, 2012); for example, between 21% and 27% administered attachment therapies, crisis debriefing, and body-centered psychotherapy (the latter of which typically purports to access somatic memories and somatic emotions as gateways to achieving mental health). Both attachment therapies and crisis debriefing are associated with potential physical and psychological harm, respectively (Lilienfeld, 2017). These statistics strongly suggest that the use of potentially harmful interventions is hardly limited to a lunatic fringe. Furthermore, even interventions that are not directly iatrogenic may generate indirect harm by incurring opportunity costs in patients, depriving them of greatly needed time, energy, and effort that could otherwise be expended on more beneficial treatments.

### Practitioners’ Resistance to Empirically Supported Interventions

As noted earlier, we concur with Strosahl (2018) that some of what has been characterized as “resistance” to evidence-based practice on the part of community practitioners probably originates from legitimate concerns regarding the feasibility and/or desirability of ESTs. Nevertheless, data strongly suggest that Strosahl’s explanation tells only part of the story. Research demonstrates that practitioners who are skeptical of ESTs are significantly more likely than other practitioners to rely on their intuition and to express less interest in science (Gaudiano, Brown, & Miller, 2011a; Seligman et al., 2016). Hence, to address undue resistance to evidence-based practice, we as a field need to do more than make interventions readily deliverable and palatable to clinicians and clients, laudable as these goals are. We also

need to do more to inculcate a scientific mindset in students and to select students with strong interests in science (see also Garb, 1998; Gaudiano, Brown, & Miller, 2011b).

### The Plausibility of a Treatment’s Theoretical Rationale

Finally, Strosahl (2018) objects to our (Lilienfeld, Lynn, & Bowden, 2018) contention that the plausibility of a treatment’s theoretical rationale should be weighted in appraisals of its scientific status. He writes that “We, for the most part, have been unable to scientifically validate the mechanisms of change underlying most of our treatments” (p. 246).

Strosahl’s (2018) counterargument overlooks the fact that we were explicit in our special issue article (Lilienfeld et al., 2018) that there is a substantial difference between (a) an intervention whose theoretical rationale is scientifically plausible but not presently well-understood and (b) an intervention whose rationale runs blatantly counter to well-established psychological and physical science. For example, we observed that “interventions with blatantly implausible theoretical rationales are unlikely to be both ‘efficacious and specific’ (Chambless & Hollon, 1998). That is, they are unlikely to display efficacy above and beyond nonspecific ingredients, such as placebo effects, effort justification, or the generalized effects of attention and interpersonal support” (Lilienfeld et al., p. 45).

Again, it is always remotely conceivable that scientific consensus regarding how the physical world works could be overturned tomorrow, and that scientists might, for example, discover the existence of previously unknown human bioenergetic fields that influence psychological adjustment. But scientifically and ethically responsible practice requires us to act on the best available current research evidence, and to be intellectually honest with our patients, colleagues, and ourselves when we are going beyond—in the case of energy meridian therapies, far beyond—this evidence.

### Concluding Thoughts

Reflecting on the ideal mindset of the scientist, astronomer and science writer Carl Sagan (1995) wrote that:

At the heart of science is an essential tension between two seemingly contradictory attitudes—an openness to new ideas, no matter how bizarre or counterintuitive they may be, and the most ruthless skepti-

cal scrutiny of all ideas, old and new. (p. 304)

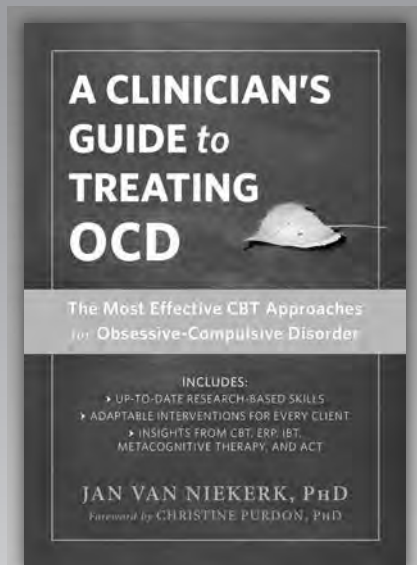
As applied to behavioral and cognitive behavioral therapy, Sagan’s credo reminds us that scientifically informed practitioners must continually seek to avoid the extremes of excessive open-mindedness, on the one hand, and “pathological skepticism,” or cynicism, on the other (Beyerstein, 1995). This delicate epistemic balance represents the kind of cognitive flexibility required of scientists, who should aim to rise above their prejudices by demonstrating a willingness to accept persuasive disconfirming evidence as readily as persuasive confirming evidence. Hence, psychotherapy researchers must be willing to explore novel ideas in the context of discovery, but be equally willing to subject these ideas to searching self-criticism in the context of justification. Strosahl says little about this latter epistemic duty (see O’Donohue & Henderson, 1999). Science demands more than simple agnosticism when it comes to appraising evidence.

Strosahl (2018) concludes his article by recounting his emotions while visiting Sedona: “anytime I’m in the vicinity of Sedona, Arizona, I always make a point of taking a long vortex hike, because I love the feeling of that ancient spiritual energy washing over me” (p. 246). The first author of this article relates to these feelings, as Sedona is perhaps his favorite spot in the United States. He similarly finds the breathtaking beauty of this town nestled among the stunning red rocks of northern Arizona to be profoundly moving. We would hope that Strosahl would agree that such powerful subjective experiences are in no way incompatible with a systematic approach to understanding the world. Indeed, soon after visiting Sedona, which he has done numerous times, the first author feels inspired to conduct better science. Similarly, the fact that we can acknowledge that “there are more things in heaven and earth ... than are dreamt of in your philosophy,” as Shakespeare’s Hamlet told his friend Horatio, should not preclude us from investigating these things rigorously. Nor should it prevent us from striving toward humility in our pretensions to knowledge, and from not promising more than we can deliver.

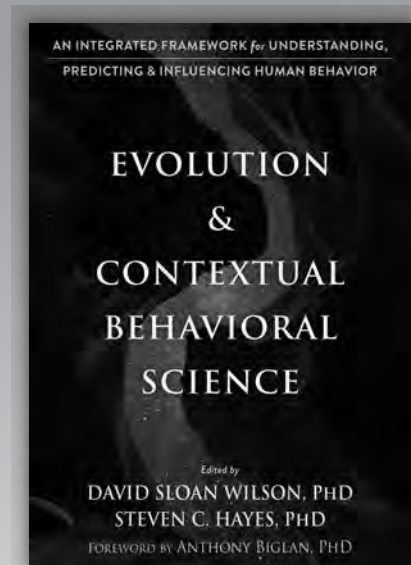
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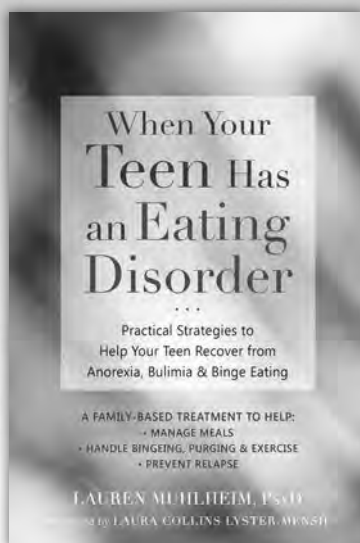
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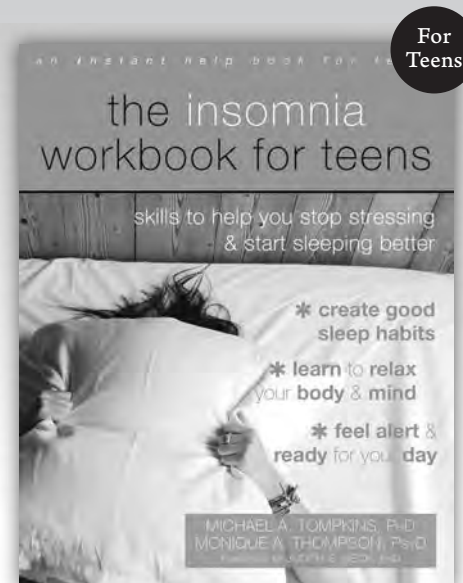
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## Breaking Into Open Science: A Primer on Publicly Available Datasets for Graduate Students in Clinical Science

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IN RECENT YEARS, the open science movement has led to the increased availability of large-scale datasets, which hold promise for researchers aiming to enhance the scope and generalizability of their work (Landhuis, 2017; Milham, 2011; Poldrack & Gorgolewski, 2014). Driven by the “replication crisis” in psychological science, the open science movement aims to direct the field toward transparent and reproducible research practices. By encouraging the open sharing of data, statistical methods, and manuscripts, this movement also strives to increase collaboration across disciplines and institutions. Evidence of replication and sharing of null findings could target the current incentive system that rewards the selective publication of only positive and innovative results (Nosek et al., 2015).

Publicly available datasets can help to reduce barriers of entry into the production of new science and, in turn, encourage researchers to produce and reproduce work in an accessible, collaborative environment. These efforts provide opportunities to creatively examine a wide array of constructs and levels of analysis across disciplines and specialty interests. In addition, the recent movement toward open science has included the development of multiple online infrastructures to systematically share data (e.g., 1000 Functional Connectomes Project, 2018; Neuroimaging Informatics Tools and Resources Clearinghouse, 2006; NIH Blueprint Consortium, 2018; Stanford Center for Reproducible Neuroscience, 2017). However, effective use of open data requires that researchers be able to both recognize quality datasets

and access the resources necessary to execute productive analyses.

In this article, we focus on large, openly available datasets in human neuroimaging and the opportunities they provide graduate students in clinical science. Due to the significant resources necessary to conduct neuroimaging studies (e.g., financial cost, time), it is often not feasible for graduate students to independently conduct these types of projects. Further, graduate students interested in gaining experience with this modality may not necessarily be affiliated with research groups with available neuroimaging data. Openly available neuroimaging datasets may be especially useful in these cases. Of course, these datasets also may be helpful to researchers at a variety of career stages. Open neuroimaging datasets can allow investigators to incorporate brain-based data into existing lines of inquiry by enabling access to large, robust samples without the high costs of independently run studies (Cuthbert & Insel, 2013).

Below, we outline a (nonexhaustive) series of available datasets that are relevant to clinical science, with an emphasis on multimodal projects that integrate demographic, clinical, cognitive, behavioral, and neuroimaging measures. Specifically, these datasets involve large samples (generally  $N > 500$ ) assessed using task-based functional magnetic resonance imaging (fMRI), resting state fMRI, and/or structural MRI. We also describe numerous repositories and online platforms that can be used to search for additional datasets. We provide information on basic knowledge and resources required to get started with data analysis. Last, we discuss various challenges that

researchers may encounter while utilizing open datasets and offer solutions for these potential challenges.

### Key Dimensions of Open Datasets

#### Data Accessibility

The neuroimaging-based datasets listed in Table 1 offer a relative ease of access, diversity of participants, range of constructs, and levels of analysis. Each project involves a mechanism whereby researchers can download precollected data from a large sample, although each dataset has unique requirements for access. For example, obtaining data from some studies, such as the Adolescent Brain Child Development study (ABCD Study, 2018; Casey et al., 2018) and the Philadelphia Neurodevelopmental Cohort (PNC; Satterthwaite et al., 2016; University of Pennsylvania Department of Psychiatry, 2018), requires researchers to attain a certain status for approval to use item-level data. Individuals wishing to access ABCD study data must be sponsored by an NIH-recognized institution with a Federalwide Assurance (ABCD Study, 2018; Calkins et al., 2015; Garavan et al., 2018; University of Pennsylvania Department of Psychiatry, 2018). Other projects, such as the IMAGEN study and the Cambridge Centre for Ageing and Neuroscience (Cam-CAN), require researchers to submit written proposals detailing the ways in which they would like to use the data (Cam-CAN, 2018; IMAGEN, 2018). Still others, such as the ADHD-200 Consortium, require only that researchers cite the source for any publication resulting from the restriction-free data download (INDI, 2011). To assist readers in this access process, the Table 1 column, “Data Access and Restrictions,” contains information regarding specific restrictions and requirements for each dataset.

#### Sample Size and Composition

These datasets also span a range of sample compositions. Some datasets focus on clinical populations (Autism Brain Imaging Data Exchange, 2017), whereas others emphasize healthy populations (Alexander, et al., 2017). Although most of the datasets presented in this article recruit child and adolescent participants at baseline, many of the projects follow participants longitudinally across multiple time points and therefore capture data across the lifespan. Details of the samples can be found in the Table 1 column, “Sample Composition.”

\*These authors contributed equally to this work.

Table 1. Datasets

Name	Collection	Sample Size	Sample Composition	Data Specifics	Data Access and Restrictions
<i>Datasets that Include Task-based fMRI</i>					
Adolescent Brain Cognitive Development (ABCD) Study abcdstudy.org Garavan et al. (2018)	2017 – Present	<i>Current:</i> n = 4,500 <i>Projected:</i> n = 11,500 (n = 1,720 twins)	Age: 9-10 years at baseline, followed for 10 years <b>Gender/Race/Ethnicity:</b> ~50% female; racial/ethnic composition follows U.S. population <b>Clinical Relevance:</b> ~50% show early externalizing or internalizing symptoms	<b>Imaging Data:</b> Structural and diffusion MRI; task-based and resting state fMRI. fMRI tasks include: Monetary Incentive Delay (MID), Stop Signal Task (SST), n-back <b>Additional Data:</b> E.g.: Demographics; mental/physical health; substance use; culture/environment; neurocognition	<b>Access:</b> Monthly releases of demographics and raw neuroimaging data. Data shared through ABCD Data Repository. <b>Restrictions:</b> All can view summary information. Researchers with NDA account can access item-level data
Cambridge Centre for Ageing and Neuroscience (Cam-CAN) cam-can.org Taylor et al. (2017) Shafiq et al. (2014)	2010 – Present	<i>Current:</i> Stage 1 n = 2,681; Stage 2 n = 700; Stage 3 n = 280	Age: 18-88 years <b>Gender/Race/Ethnicity:</b> ~50% female; racial/ethnic composition follows U.K. population <b>Clinical Relevance:</b> Non-clinical sample	<b>Imaging Data:</b> Structural MRI, task-based (sensorimotor task, audio-visual task) and resting state fMRI, and task-based and resting state magnetoencephalography (MEG) <b>Additional Data:</b> E.g.: Demographics; health; and cognitive, affective, and motor tasks	<b>Access:</b> Must submit research proposal <b>Restrictions:</b> Not accessible to undergraduates or for educational purposes. Publications must use Cam-CAN description in Methods section and cite dataset
Enhancing Neuroimaging Genetics through Meta-Analysis (ENIGMA) enigma.ini.usc.edu/ENIGMA-Consortium (2018)	2009 – Present	<i>Current:</i> 20,000 brain images from 30+ groups	Age: N/A* <b>Gender/Race/Ethnicity:</b> N/A* *Differs by working group, specific information not available for overall consortium	<b>Imaging Data/Additional Data:</b> N/A* *Differs by working group (each completes research at institution and submits results for meta-analysis). Data varies (e.g., structural MRI, DTI, EEG)	<b>Access:</b> Users must apply to join consortium and working group. <b>Restrictions:</b> Users with approval from study PI/consortium liaison to access neuroimaging data
Human Connectome Project (HCP) humconnectomeproject.org Connectome Coordination Facility (2017)	2010 – 2017 <i>Other HCP projects are</i>	<i>Projected:</i> n = 1,200 (168 MZ twin pairs; 103 DZ twin pairs)	Age: 22-35 years at baseline <b>Gender/Race/Ethnicity:</b> ~50% female; race/ethnicity follows U.S. population <b>Clinical Relevance:</b> Non-clinical	<b>Imaging Data:</b> DTI, resting-state and task-based fMRI, structural MRI <b>Additional Data:</b> E.g.: EEG, genetic, and behavioral assessments (e.g., cognitive, emotional, motor, sensory, vision)	<b>Access:</b> Users must first apply to access data; once approved can access through LONI Pipeline <b>Restrictions:</b> Application includes a Data Use Agreement and users must include citation when publishing
IMAGEN imagen-europe.com	2010 – Present	<i>Current:</i> n = 2,000	Age: 14 years at baseline, followed at 15-16 years, 18-20 years, 22 years <b>Gender/Race/Ethnicity:</b> 51% female; 95% white <b>Clinical Relevance:</b> Non-clinical sample (~4% emotional/behavioral difficulties)	<b>Imaging Data:</b> Structural MRI, resting state and task-based fMRI. fMRI tasks include: MID, Face task, SST. <b>Additional Data:</b> E.g.: Clinical assessment (DAWBA), substance use, personality, human biospecimens	<b>Access:</b> Users must create 200-word research proposal for each variable requested. <b>Restrictions:</b> The proposal must indicate specific collaborator within consortium who will act as liaison
Multimodal Resource for Studying Information Processing in the Developing Brain (MIPDB) fcon_1000.projects.nitrc.org/ind i/cmi_eeg Langer et al. (2017)	Completed 2017	<i>Final:</i> n = 126	Age: 6-44 years at baseline <b>Gender/Race/Ethnicity:</b> 45.2% female; 45.2% African-American, 32.7% White, 0.04% Asian, 17.3% other <b>Clinical Relevance:</b> ~20% DSM-IV diagnosis	<b>Imaging Data:</b> Battery of novel EEG-based paradigms that focus on multiple domains of cognitive functioning <b>Additional Data:</b> E.g.: Demographics, EEG, self- and parent-report questionnaires, cognitive testing (WASI, WIAT), eye-tracking	<b>Access:</b> EEG data publicly available. Some phenotypic data protected. <b>Restrictions:</b> Protected data (e.g., socioeconomic, demographic) requires Data Usage Agreement

[Table 1 continued]

<p>The National Consortium on Alcohol and NeuroDevelopment in Adolescence (2014) (NCANDA) <a href="http://ncanda.org">ncanda.org</a> Brown et al. (2015)</p>	<p>2012 – 2015</p>	<p>Final: n = 831</p>	<p>Age: 12-21 years at baseline Gender/Race/Ethnicity: ~50% female; 64% White, 12% African-American, 11% Hispanic/Latino, 8% Asian, 1% Pacific Islander, 1% Native American Clinical Relevance: &gt;50% at least one risk factor for heavy drinking</p>	<p>Imaging Data: Structural, DTI, task-based fMRI (resting state and anti-saccade or Stroop task) Additional Data: E.g.: Biological development, family background, psychiatric symptomatology, neuropsychological functioning</p>	<p>Access: Users may gain access through the NCANDA consortium, subject to approval by NIAAA Restrictions: Users must complete application, Data Distribution Agreement with signatures of PI and authorized representative</p>
<p>Philadelphia Neurodevelopmental Cohort (PNC) <a href="http://med.upenn.edu/bbl/philadelphia_neurodevelopmentalcohort.html">med.upenn.edu/bbl/philadelphia_neurodevelopmentalcohort.html</a> Calkins et al. (2016)</p>	<p>2006 – Present</p>	<p>Current: n = 9,498</p>	<p>Age: 8-21 years at baseline Gender/Race/Ethnicity: 52% female; 55.8% European-American, 32.9% African-American, 11.4% other Clinical Relevance: Some clinical</p>	<p>Imaging Data: Structural MRI, diffusion MRI, resting state fMRI, task-based fMRI Additional Data: E.g.: Medical, psychopathology history, neurocognition, genomics</p>	<p>Access: Annual releases on database of Genotypes and Phenotypes (dbGaP) Restrictions: Users must have PI credentials or have PI representative submit Data Access Request and Research Use Statement</p>
<p>Datasets that Emphasize Resting State and/or Structural MRI</p>					
<p>ADHD-200 Consortium <a href="http://fcon_1000.projects.nitrc.org/ind/i/adhd200/index.html">fcon_1000.projects.nitrc.org/ind/i/adhd200/index.html</a> Brown et al. (2012)</p>	<p>2011</p>	<p>Training: n = 776 Holdout: n = 973</p>	<p>Age: 7-21 years at baseline Gender/Race/Ethnicity: ~38% female; race/ethnicity not provided Clinical Relevance: Typically developing youth and youth with ADHD</p>	<p>Imaging Data: Preprocessed structural MRI, resting state fMRI Additional Data: E.g.: Phenotypic data includes diagnoses, dimensional ADHD symptoms</p>	<p>Access: Any individual who registers for free NITRC account can download data Restrictions: Users must cite consortium, processing pipelines used, funding sources received</p>
<p>Autism Brain Imaging Data Exchange (ABIDE) <a href="http://fcon_1000.projects.nitrc.org/ind/i/abide/">fcon_1000.projects.nitrc.org/ind/i/abide/</a> Martino et al. (2017)</p>	<p>ABIDE I: 2012 ABIDE II: 2016</p>	<p>ABIDE I: n = 1112 ABIDE II: n = 1114</p>	<p>Age: 5-64 years Gender/Race/Ethnicity: 15% female ASD set; 31% female control set (25% sites excluded females); race/ethnicity not provided Clinical Relevance: ~50% with ASD</p>	<p>Imaging Data: Structural MRI and resting state fMRI Additional Data: Phenotypic data. Two datasets (ABIDE I and ABIDE II); preprocessed data from ABIDE I available</p>	<p>Access: Users create accounts with 1000 Functional Connectomes Project, NITRC, or other platforms (e.g., COINS) Restrictions: Must cite Cameron et al. (2013) when publishing</p>
<p>Child Mind Institute: Healthy Brain Network (HBN) <a href="http://fcon_1000.projects.nitrc.org/ind/i/cmi_healthy_brain_network/index.html">fcon_1000.projects.nitrc.org/ind/i/cmi_healthy_brain_network/index.html</a> Alexander et al. (2017)</p>	<p>2016 - Present</p>	<p>Current: n = 1,135 Projected: n = 10,000</p>	<p>Age: 5-21 years at baseline Gender/Race/Ethnicity: 39.39% female; race/ethnicity not yet available Clinical Relevance: 78.59% have 1+ DSM-5 diagnosis</p>	<p>Imaging Data: Structural MRI, resting state fMRI, DTI Additional Data: E.g.: Demographics, EEG, biospecimens, mood, family factors, stress, substance use, cognition</p>	<p>Access: Users create account on NITRC, COINS, or Longitudinal Online Research and Imaging System (LORIS) Restrictions: Data Usage Agreement required and must cite HBN when publishing data</p>
<p>Dallas Lifespan Brain Study <a href="http://fcon_1000.projects.nitrc.org/ind/i/retro/dlbs.html">fcon_1000.projects.nitrc.org/ind/i/retro/dlbs.html</a> Lu et al. (2011)</p>	<p>2010 - Present</p>	<p>Current: n = 425 (MRI imaging = 315; PET = 142)</p>	<p>Age: 20-89 years at baseline Gender/Race/Ethnicity: ~62% female; 84% White, 4.4% Asian American/Pacific Islander, 4.1% Black/African American, 3.2% Other, 2.2% Multiracial, and 1.6% American Indian/Alaskan Native Clinical Relevance: Non-clinical sample</p>	<p>Imaging Data: Structural MRI, DTI, amyloid PET scans Additional Data: E.g.: Demographics, Mini-Mental State Examination (MMSE), genetics, cognitive tasks from Cambridge Neuropsychological Test Automated Battery (CANTAB)</p>	<p>Access: Users can download data freely from website Restrictions: Users must cite DLBS in any publications</p>
<p>Pediatric Imaging, Neurocognition, and Genetics (PING) <a href="http://pingstudy.ucsd.edu">pingstudy.ucsd.edu</a> Jernigan et al. (2016)</p>	<p>2009 - 2011</p>	<p>Final: n = 1,493</p>	<p>Age Range: 3-21 years at baseline Gender/Race/Ethnicity: 47.8% female; race/ethnicity not provided Clinical Relevance: Non-clinical; learning disabilities or ADHD not excluded</p>	<p>Imaging Data: Raw and preprocessed structural MRI, resting state fMRI, DTI Additional Data: E.g.: Neurodevelopmental histories, whole genome genotyping, behavioral neurocognitive assessments</p>	<p>Access: Users must comply with data sharing/use agreement, provide data use description, create PING account Restrictions: Users must hold a position in a research institution and be least postdoctoral level</p>

### **Constructs, Levels of Analysis, and Other Data Specifics**

Further, large-scale human neuroimaging datasets vary in the type of data collected. Some of the specific types of neuroimaging data include structural MRI, fMRI, Diffusion Weighted Imaging (DWI), and Diffusion Tensor Imaging (DTI). Structural MRI assesses brain structure. fMRI involves measuring brain activity (blood flow to different parts of the brain) while participants are engaged in a task or at rest (National Institute of Biomedical Imaging and Engineering, 2017; UC San Diego Center for Functional MRI, 2018). DWI uses the diffusion of water molecules in the brain to generate images, which are then condensed and analyzed using DTI (Elster, 2018). DTI provides information about structural connectivity along white matter tracts (Hagmann et al., 2006; Le Bihan et al., 2001). Table 1 is divided into two subcategories, “Datasets that Include Task-Based fMRI” and “Datasets that Emphasize Resting State and/or Structural MRI.” The former includes studies in which participants complete specific tasks in the scanner, so that brain function can be evaluated in relation to behavioral data. The latter consists of studies in which participants are not actively completing tasks in the scanner.

Some datasets offer raw MRI data downloads (e.g., ABCD Study, 2018), whereas others include both raw and preprocessed MRI data (e.g., Cam-CAN, 2018), meaning that users do not need to take as many steps to prepare the data for analysis. The types of additional data available vary as a function of the projects’ aims. For example, the IMAGEN study (2018) chose its measures, in part, because they needed to be validated across three languages. Key details are provided in the Table 1 column, “Data Specifics.”

### **Examples of Open Datasets**

Here, we describe selected datasets in greater detail in order to illustrate the utility of open datasets. However, each dataset listed in Table 1 offers insight into a unique set of research questions tailored to the sample composition and types of data acquired.

#### **Datasets that Include Task-Based fMRI**

*Adolescent Brain Cognitive Development (ABCD) study.* Initiated in 2017, the ABCD study aims to cultivate a better understanding of psychological and neurobiological development from adolescence

to young adulthood (ABCD Study, 2018; Garavan et al., 2018). Through collaboration across 21 sites, the study is recruiting a representative sample of 11,500 youth between the ages of 9–10 years at baseline, who will then be followed longitudinally for 10 years. Throughout this period, participants complete numerous assessments of physical, mental, and socioemotional health, provide biological specimens (e.g., blood and saliva samples, baby teeth), and complete biannual MRI scans (Garavan et al.). These scans include structural MRI, DTI, resting state fMRI, and multiple fMRI tasks that measure reward processing, cognitive flexibility, emotion regulation, and memory (Casey et al., 2018). The goal is to create a large, multimodal dataset with strong statistical power that sheds light upon numerous facets of cognitive, social, emotional, and physical development during adolescence (Casey et al.; Garavan et al.).

Curated data are released annually, and the first such release in 2018 includes preprocessed data from approximately 4,500 participants (ABCD Study, 2018). Data are shared via the ABCD Data Repository on the NIMH Data Archive (2014). While anyone can view summary information, only qualified researchers with an approved NDA account can access detailed data. To be eligible for an NDA account, researchers must be affiliated with an NIH-recognized institution that maintains an active Federalwide Assurance (FWA) with the Office for Human Protections, and have a research-related need to access the data. Instructions and details on applying for access can be found at [ndar.nih.gov/access.html](http://ndar.nih.gov/access.html). Only one account is needed per research laboratory, and additional collaborators can be added to an approved account (NIMH Data Archive, 2014). When publishing on ABCD data, researchers must include an acknowledgment statement and report results using the NDA study feature (ABCD Study). A list of publications completed by ABCD scientists and collaborators can be found at <https://abcdstudy.org/scientists-publications.html>.

*Cambridge Centre for Ageing and Neuroscience (Cam-CAN).* Cam-CAN is a large, multimodal study designed to investigate neurocognitive changes across the adult lifespan (ages 18–88 years) in order to identify mechanisms of normal aging and cognitive decline (Cam-CAN, 2018). The study aims to address questions surrounding the associations between adaptive cog-

nitve performance and neural function across the lifespan, and how lifestyle and demographic factors relate to cognitive performance and neural integrity at different ages (Shafto et al., 2014). Data collection was completed in three stages, the first involving in-home interviews and the second including lab-based testing visits. During Stage 2, participants completed structural MRI, task-based fMRI (sensorimotor and audio-visual tasks), resting state fMRI, and resting and task-based magnetoencephalography (MEG) scans. They also completed multiple cognitive-behavioral tasks (e.g., emotional memory, force matching, motor learning), a saliva sample, and physical measurements (e.g., height, weight). Stage 3, which is still in process, targets 280 participants invited for a follow-up 3 years after their Stage 2 visits (Taylor et al., 2017).

Currently, complete data from Stages 1 and 2 are available for access through the Cam-CAN data portal ([camcan-archive.mrc-cbu.cam.ac.uk/dataaccess/](http://camcan-archive.mrc-cbu.cam.ac.uk/dataaccess/)). For most tasks, both raw and preprocessed data are available. Researchers must apply for access to the data through the portal, including a justification for each variable requested. When publishing with Cam-CAN data, researchers must make all publications and any derived data or processing scripts open access, acknowledge Cam-CAN as a source of data, and cite Taylor et al. (2017) and Shafto et al. (2014) in the publication’s methods section. Recent papers using this dataset have examined topics such as the relations among depressive symptoms, memory complaints, and memory performance (Schweizer, Kievit, Emery, Cam-CAN, & Henson, 2018), as well as methodological challenges in working with fMRI data (Geerligs, Tsvetanov, Cam-CAN, & Henson, 2017; Lehmann, White, Henson, Cam-CAN, & Geerligs, 2017). A list of all publications using Cam-CAN data can be found at [www.cam-can.org/index.php?content=publications](http://www.cam-can.org/index.php?content=publications).

#### **Datasets That Emphasize Resting State and/or Structural MRI**

*Child Mind Institute: Healthy Brain Network (HBN).* Launched by the Child Mind Institute in 2016, the HBN initiative aims to improve diagnosis and treatment of child and adolescent mental illness by compiling a rich, large-scale dataset that captures the diagnostic heterogeneity and broad range of impairment in developmental psychopathology (Alexander et al., 2017; Child Mind Institute, 2017). Along


with multimodal brain imaging, participants complete behavioral and cognitive tasks measuring executive function, inhibitory control, attention, processing speed, and temporal discounting. For comprehensive psychiatric and demographic phenotyping, participants complete a web-based diagnostic interview (Kiddie Schedule for Affective Disorders and Schizophrenia [KSADS]; Kaufman et al., 1997), neuropsychological testing (Wechsler Intelligence Scale for Children [WISC-V]; Wechsler, 2014; Wechsler Abbreviated Scale of Intelligence [WASI]; Wechsler, 1999; Wechsler Individual Achievement Test [WIAT]; Wechsler, 1992), language skills testing, and questionnaires assessing mood, family factors, life stressors, and substance use. In the first data release (N = 664), the HBN compiled and made available multimodal MRI, electroencephalography (EEG), voice and video recording, genetics, and actigraphy data, as well as data on psychiatric, behavioral, cognitive, and lifestyle phenotypes. All data are obtained and shared on a prepublication basis throughout the 6-year course of data acquisition. The third phase is currently in

progress and is projected to amass data from 1,135 youth. By the fourth phase, the HBN is aiming to release data from 10,000 youth (Alexander et al., 2017).

To access the neuroimaging and EEG data, users must first create an account on the Neuroimaging Informatics Tools and Resources Clearinghouse (NITRC) and register through the 1000 Functional Connectomes Project. Those interested in phenotypic data have the option to use the Collaborative Informatics and Neuroimaging Suite (COINS) or Longitudinal Online Research and Imaging System. A Data Usage Agreement is required for data access through COINS. When completing the Data Usage Agreement, users must have the document signed and notarized by the appropriate institutional representative. While the HBN does not require review of or authorship on manuscripts using HBN data, projects using the HBN data should cite the data descriptor, Alexander et al. (2017). Importantly, the HBN makes available to users the complete imaging datasets collected, regardless of data quality, citing the lack of complete consensus in the imaging community on

what constitutes “good” or “poor” quality data. In fact, the HBN hopes that lower-quality datasets can facilitate the development of MRI artifact correction techniques and help evaluate the impact of real-world confounds on reliability and reproducibility (Alexander et al.). As data releases began in June 2017, this relatively new initiative does not have a list of publications to date. However, initial releases of HBN data are currently accessible and a timeline of future releases is available on the HBN website at [healthybrainnetwork.org](http://healthybrainnetwork.org).

*Pediatric Imaging, Neurocognition, and Genetics (PING)*. The PING data resource project comprises raw and preprocessed neuroimaging data, cognitive assessments and parent-reported neuromedical histories, and genome-wide genotyping from 1,493 typically developing children and young adults (ages 3–21 years), across 10 sites in the United States. The overall aim of the PING project is to address the discrepancy in the quantity of imaging and genomics data between adult and pediatric populations (Jernigan et al., 2016). The sample includes youth with diagnoses of learning disabilities and/or ADHD, but



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**Table 2.** Data Repositories and Other Resources

Category	Resource	Description
Repositories	1000 Functional Connectomes Project	Focuses on functional neuroimaging data. Provides curated datasets that researchers can download for use. <a href="http://www.nitrc.org/projects/fcon_1000">www.nitrc.org/projects/fcon_1000</a> (FCP Classic Data Sharing Samples)
	OpenNeuro	Raw MRI and EEG data. Pipelines available to preprocess data directly from the site. <a href="http://openneuro.org">openneuro.org</a> (Stanford Center for Reproducible Neuroscience, 2017)
	Neuroimaging Informatics Tools and Resources Clearinghouse (NITRC)	Functional and structural neuroimaging. Provides forums through which users can ask questions and offer advice. <a href="http://www.nitrc.org">www.nitrc.org</a>
	Consortium for Reliability and Reproducibility (CoRR)	Primarily resting state fMRI and diffusion imaging data. <a href="http://fcon_1000.projects.nitrc.org/indi/CoRR/html">fcon_1000.projects.nitrc.org/indi/CoRR/html</a> (Consortium for Reliability and Reproducibility, 2014)
	Neuroscience Information Framework (NIF)	Provides datasets to download, lists of other repositories, and tools for data analysis. <a href="http://neuinfo.org">neuinfo.org</a> (NIH Blueprint Consortium, 2018)
Neuroimaging Information	<i>Scientific Data</i>	Peer-reviewed, open-access journal that promotes data sharing. <a href="http://www.nature.com/sdata">www.nature.com/sdata</a> (Ubiquity Press)
	<i>The Journal of Open Psychology Data (JOPD)</i>	Publishes concise descriptions of datasets and where to find them. Authors agree to make data freely available. <a href="http://openpsychologydata.metajnl.com">openpsychologydata.metajnl.com</a> (Ubiquity Press, 2014)
	Inter-University Consortium for Political and Social Research	Consortium of academic institutions ( $n > 750$ ). Online website archives research in the social and behavioral sciences. <a href="http://www.icpsr.umich.edu">www.icpsr.umich.edu</a> (National Endowment for the Arts National Institute of Allergy and Infectious Diseases)
	MRI Questions.com	Comprehensive help website and online forum with articles about the background of MRI and analysis. <a href="http://mriquestions.com/index.html">mriquestions.com/index.html</a> (National Endowment for the Arts; National Institute of Allergy and Infectious Diseases)
	Andy's Brain Blog	Website showcasing tutorials and videos on neuroimaging analysis in major software packages (AFNI, SPM, FSL). <a href="http://andysbrainblog.blogspot.com">andysbrainblog.blogspot.com</a> (Jahn, 2018)
Assistance with Data Analysis	Codecademy	Free online platform offering coding tutorials (e.g., Python, Java, JavaScript, Sass, HTML, CSS). <a href="http://www.codecademy.com/learn">www.codecademy.com/learn</a> (Neuroimaging in Python, 2018; codecademy, 2018)
	Neurosynth	Online platform for large-scale, automated synthesis of fMRI data. <a href="http://neurosynth.org">neurosynth.org</a> (Yarkoni, 2018)
Assistance with Meta-Analysis	BrainMap	Database of published functional and structural neuroimaging experiments with the goal to enable meta-analysis. <a href="http://www.brainmap.org/tools.html">www.brainmap.org/tools.html</a> (Ubiquity Press, 2015)

excludes youth with history of other medical, neurological, developmental, or psychiatric disorders. Participants completed a neurological history alongside DWI and resting state fMRI scans. The NIH Toolbox for Cognition was used to assess executive functioning, episodic memory, working memory, processing speed, language, and attention. A subset of participants completed additional measures assessing socio-emotional functioning and substance use through the PhenX Rising Project.

Researchers who wish to access PING data must complete a Data Use Agreement, available through the PING data portal, and an application for approval by the PING Data and Publications Committee (DPC). The DPC assesses the quality of proposals and applicants' affiliation with a scientific or educational institution. Graduate students have the ability to gain approval if eligible supervising researchers sponsor them. When publishing using PING data, investigators must submit their manuscripts for administrative review by the DPC to ensure that specific requirements are met. Investigators also must add PING on the authorship line by using a

corporate authorship phrase (Jernigan et al., 2016). PING data has already been used to investigate the role of development in a variety of cognitive processes. For example, Fjell et al. (2012) examined the relations among age, cognitive control, and brain structure using behavioral and neuroimaging data. Ursache, Noble, and the PING Study (2016) utilized DTI, behavioral, and demographic data to investigate the relations among socioeconomic status, cognitive flexibility, and brain structure. A full list of publications that have utilized PING data can be found at [pingstudy.ucsd.edu/bibliography.html](http://pingstudy.ucsd.edu/bibliography.html).

### Open Data Repositories and Resources

Multiple online repositories have been developed for researchers to share and access data. Table 2 contains a (nonexhaustive) list of repositories that researchers can explore. Many of the individual datasets listed in Table 1 can be downloaded from publicly accessible repositories, which often allow users to access the data by registering with the repository platform. For

instance, the 1000 Functional Connectomes Project (2018) released a collection of resting state MRI datasets from numerous sources to further understanding of the brain's functional connectivity (Biswal et al., 2010). Similarly, on OpenNeuro ([openneuro.org](http://openneuro.org)), users can upload, download, and share raw task-based and resting state fMRI data. Moreover, OpenNeuro provides tools and scripts for analyzing the data (Stanford Center for Reproducible Neuroscience, 2017). The Neuroscience Information Framework (NIF) allows users to search for specific projects, repositories with data applicable to their research questions, and information on funding opportunities and tools to work with neuroimaging data (NIH Blueprint Consortium, 2018).

### Challenges With Open Datasets

Of course, open neuroimaging data inevitably presents challenges, some of which may disproportionately impact early-stage researchers such as graduate students. Below, we discuss some of these challenges and potential solutions for overcoming them.



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### Accessibility and Permission

Access to some datasets requires credentials reflecting a particular career stage, usually the postdoctoral level or higher. Thus, graduate students may be limited in the data that they can independently download and analyze. Students can address this limitation by discussing open data opportunities with their mentor and/or proposing collaborations with another principal investigator or postdoctoral researcher, reinforcing the collaborative nature of open science. Further, it is recommended that users who wish to request data first consult their Institutional Review Board (IRB) regarding policies governing IRB oversight of analysis of data from public repositories.

### Neuroimaging Knowledge Base

For researchers who are unfamiliar with the steps involved in neuroimaging data analysis, Table 2 also provides a list of other websites for jump-starting one's knowledge base on the science of neuroimaging as well as resources for preprocessing the data. In addition to seeking out resources, researchers who are newer to the field of neuroimaging could benefit from the assistance of a mentor to aid in the proper use of the data. Further, many young psychology researchers may not have extensive experience in neuroscience or find neuroimaging to be intimidating. In line with the collaborative, cross-disciplinary nature of the open science movement, researchers may wish to seek out the support of a collaborator from another department at their institution who is more familiar with these methodologies (e.g., neuroscience, radiology, cognitive science).

Several big datasets include raw neuroimaging data that have not yet been preprocessed, the act of preparing the data for analysis that includes correcting for in-scanner motion, performing quality checks of the data, and verifying that the functional and anatomical images of the brain are aligned. Access to programs such as Analysis of Functional NeuroImages (AFNI), a free software commonly used to preprocess, analyze, and display fMRI data, may be particularly useful (Cox, 1996). The AFNI group housed within the NIMH hosts a free bootcamp, typically every Spring and Fall, to train individuals on how to use the software. Additionally, there is an online forum where AFNI users can ask and answer questions, share advice, and exchange analysis pipelines (i.e., the series of steps one takes to prepare the data for analysis; afni.nimh.nih.gov). Other free,

popular software for processing neuroimaging data includes Statistical Parametric Mapping (SPM; NeuroImaging, Wellcome Trust Centre for Neuroimaging, 2018), fMRIB Software Library (FSL; Jenkinson, 2017), and FreeSurfer (Stevens, 2017).

### Computing Power and Other Technical Skills

The analysis of large-scale neuroimaging datasets requires considerable computing power. As such, researchers using these datasets should first check with their institutions to see if there are dedicated servers available for these types of analyses. With the proper computer power, there are a number of broad technical skills that are key to successful independent analysis across the data types discussed in this paper. Specifically, a knowledge of statistical coding languages (e.g., R, MatLab, Python) is necessary for developing scripts that run complex data analysis, and may prove especially useful in utilizing imaging analysis software for cleaning and quality-checking MRI.

For researchers without a background in computer science, there are a host of online resources for filling these gaps in knowledge. Codecademy (2018) is an online learning platform that sells tutorials on the basics of coding in various languages (e.g., HTML, Python, JavaScript) and offers free tutorials to jump-start the basic navigation of a terminal window. This, alongside the other resources in Table 2, can provide one with the means to develop foundational skills needed to manage and analyze neuroimaging data sets.

### Conclusion

As clinical science increasingly integrates brain-based measures in pathophysiological and treatment research, more early-stage researchers are looking to incorporate neuroimaging techniques into their work. Given the many resources required to carry out neuroimaging studies from start to finish, breaking into this field can be challenging, particularly for graduate students. Open datasets provide unique opportunities to begin examining brain-based measures in relation to a wide variety of constructs of interest. While this article is framed around neuroimaging data, descriptions of the various projects' measures make clear that a range of other levels of analysis are available (e.g., cognitive, behavioral, clinical, and genomic data).

The open science movement holds promise to increase reproducibility and cross-disciplinary collaboration, leading to new insights to advance our field.

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## Assessing Harms and Benefits in Psychological Interventions: Update From the Coalition for the Advancement and Application of Psychological Science (CAAPS)

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PERUSE ANY SCHOLARLY journal in the mental health field, and you will witness a proliferation of research on the benefits of a wide range of psychological interventions. One can observe this trend for virtually any treatment, derived from virtually any school of therapy. Interested in psychodynamic therapy? Well, in no time one can identify studies supporting its use for a wide range of conditions (e.g., Gibbons, Crits-Christoph, & Hearon, 2008). Prefer cognitive-behavior therapy (CBT) as a treatment modality? No problem; as most readers are aware, there's no shortage of supporting literature on that front as well. Are you a bit more eclectic, and interested in applying either psychodynamic approaches or CBT, and perhaps even a bit of both? The literature has you covered there, too. Comparisons between these two treatments point to improvements when using either one (e.g., in depression; Driessen et al., 2016).

All of this can be taken as encouraging news. But what if the research literature is papering over the potential harmful outcomes that can sometimes occur in treatment? How easily can we find information on the risks of specific interventions for specific conditions for specific populations? It turns out that finding the answers to these questions can be frustratingly difficult, if not impossible.

In fairness, there is a lengthy history of literature on potential harmful interventions (e.g., Hadley & Strupp, 1976; Mohr, 1995; Stuart, 1970), but much of it has been scattered and unsystematic. Lilienfeld (2007; see also Lilienfeld, 2017, for an

update) discussed the problem of possible harm from psychotherapy, the relative dearth of empirical investigation of this issue, and even offered a provisional list of potentially harmful psychological interventions (e.g., recovered memory techniques to uncover childhood sexual abuse, Scared Straight interventions for conduct disorder). He also discussed methodological issues and misunderstandings that posed obstacles to effectively identifying harmful treatments.

With just over 10 years elapsing since the publication of Lilienfeld's (2007) review, relatively little attention continues to be devoted to this important matter. Dimidjian and Hollon (2010) addressed the question of how to define features of harm in therapy, and recommended the implementation of independent systems of assessment to identify potential problematic interventions or practices (see also Barlow, 2010). Castonguay et al. (2010) encouraged professionals involved in training mental health practitioners to heed the concerns raised by Lilienfeld (2007), and extended this advice to caution against the overly rigid application of theoretical frameworks. He further encouraged the identification of possibly harmful therapist behaviors and within-session process variables to avoid potentially untoward outcomes. In a brief commentary, Parry, Crawford, and Duggan (2016) likewise highlighted the need for greater attention to potential harms of treatment, called for the implementation of a system for reporting potential harms (see also Linden, 2013), and recommended more systematic inves-

tigations (such as intensive single-case designs or multilevel modeling) to detect problematic treatment techniques.

Although mental health researchers are sometimes grappling with the fundamental questions of what constitutes harm, whether and when our interventions might lead to worsening of symptoms or to indirect negative outcomes (e.g., relationship problems), and how to detect and guard against these effects, practitioners and researchers in many other health professions are routinely assessing negative outcomes. For instance, although there are a host of challenges in the reporting of harmful medical interventions, medical consumers are socialized to inquire with their health care providers about the potential side effects of treatments. Indeed, the recognition of side effects is so great that medical investigators frequently investigate "nocebo" effects (adverse side effects arising from the knowledge that they could occur; Benedetti et al., 2007) in intervention research.

Consumers of mental health treatment are entitled to know the potential risks of interventions. Still, minimal or no attention is routinely accorded to this issue when clients receive informed consent for treatment (Blease, Lilienfeld, & Kelley, 2016). Although informed consent for psychotherapy sometimes highlights risks concerning possible discomfort over the course of treatment and the possibility that the intervention may not be effective, the consent process rarely acknowledges potential dangers. This is a serious omission. We should not assume that psychological harm is limited to interventions that we traditionally regard as pseudoscientific, as it may at times emerge even when administering empirically supported treatments, such as CBT. Stimulating additional dialogue on potentially harmful treatments is one of the recent initiatives begun by the Coalition for the Advancement and Application of Psychological Science (CAAPS), in collaboration with Society for a Science of Clinical Psychology and Society for Clinical Child and Adolescent Psychology (Division 53 of the American Psychological Association). We see this as a first step to ultimately providing providers and the public with better information about risks of harm with mental health treatment, so that informed consent can in fact include being informed about this critical issue. Although not exhaustive, the following are potential areas for consideration.

## Mechanisms That Lead to Harm

Identifying the basic mechanisms that promote adverse treatment outcomes is a crucial area of investigation. Many mental health practitioners are aware of the risks of some well-known interventions. For example, corporal punishment is associated with documented iatrogenic outcomes for some children and is thus not a scientifically recommended parental intervention (Gershoff, 2002). Other aversive stimuli-based interventions are similarly associated with adverse outcomes, such as conversion therapies to alter sexual orientation (Haldeman, 1994; Mercer, 2017). These examples both use punishment, a mechanism of change that is critical to examine because it is a behavioral concept that can sometimes be applied to effect positive behavior change, but nevertheless sometimes generates harmful outcomes that would recommend against its routine clinical use. These are merely two prominent examples of techniques that very likely produce harm in at least certain situations and among certain individuals. A fuller understanding of mechanisms (and associated conditions) likely to produce harm is needed to help prevent future misuse.

## Openness to Reporting Harmful Outcomes

The dearth of research on treatments that result in harmful outcomes should not suggest such effects do not exist. Absence of evidence is not evidence of absence. Instead, we may need to reorient ourselves to the possibility that any clinician may, despite good intentions, at times cause harm to clients. There are presently few or no incentives, and are likely disincentives, to track and report harmful outcomes in treatment. This issue is especially important in light of research that many practitioners underestimate the proportion of their clients who are deteriorating in treatment (Hannan et al., 2005). Clinicians may fear adverse consequences if harmful outcomes become known, preferring instead the less pejorative outcome of client dropout (which in itself can sometimes be a harm arising from treatment; Dimidjian & Hollon, 2010). Client (i.e., specific personal attributed) or therapist factors (poor client-therapist match) are more often relied upon as explanations for poor outcome (Hardy et al., in press) than the intervention employed.

The motivation to attribute poor outcomes to factors other than the intervention itself can be powerful. Most readers of this publication are adherents to CBT as a guiding therapeutic approach. Accordingly, a potent incentive exists to seek ways in which poor outcome can be explained by factors other than the efficacy of CBT. For example, therapy allegiance (see Leykin & DeRubeis, 2009) may exert a biasing effect on reported treatment outcomes by predisposing therapists to cling to within-theory explanations for both positive and negative outcomes. We might consider allegiance in a manner akin to internal and external attributions when not depressed: we tend to make internal attributions for our treatment successes (the theory is sound, the conceptualization was consistent with presenting symptoms, I performed well as a clinician) but external attributions for our treatment failures (the client was not ready for treatment, s/he did not complete between session homework assignments, s/he did not develop good rapport with me). These explanations may in some cases be accurate, but in other cases the intervention may have been just plain wrong for the presenting problem or particular client. The sooner we are willing to reckon with this possibility and accumulate research to isolate possible adverse techniques, and the conditions under which they occur, the sooner we can address client needs comprehensively. That is, it may be the case that a treatment strategy may be effective with one subgroup, but not for another.

## Quantifying Harmful Effects

Assuming systematic evaluation of possible harmful effects of treatment becomes standard, methods for reporting them should be developed and implemented. At the present time, the examination of differential response of subgroups through growth curve modeling would be the clearest means of identifying harmful interventions (for a user-friendly discussion of growth curve modeling, see Hox, 2010). Reliance on growth curve modeling would also permit us to move past mere predictors of treatment outcome, but to also evaluate patient-level predictors of poor outcome, worsening of symptoms, and factors that might lead to dropout, all essential components of any effort to systematically evaluate potential harmful interventions.

Another statistic that would provide a clearer assessment of potential benefits is the number needed to treat (NNT), or its less frequently reported counterpart for

potential harms, the number needed to harm (NNH). Briefly, the NNT is an expression of how many individuals need to be treated with a given intervention for one person, on average, to improve. In this way, a perfect NNT is one, in which every one person treated, improves (for a user-friendly discussion of the NNT, see Shearer-Underhill & Marker, 2010). In the NNT, the investigator must define, a priori, what constitutes improvement. In the same way, the NNH represents the number of individuals treated for one to be harmed. Again, the investigator would determine, a priori, the criteria for harm. A low NNT in conjunction with a high NNH would be ideal for an intervention.

## Next Steps

This very brief consideration of harmful effects of treatment foreshadows a special issue of *Clinical Psychology: Science & Practice*<sup>1</sup> that we are developing. A call for papers was sent out on listservs in mid-June 2018 seeking proposals on a wide range of topics related to harmful treatments (proposal submission deadline: September 30, 2018). Contributors were asked to address the following areas: the nature of the harms; what evidence exists and how it varies among subpopulations, settings, delivery methods, or other salient factors; the nature of iatrogenic processes potentially contributing to the harms (i.e., mechanisms); what types of research designs might identify the nature and extent of the harms, as well as the strengths and limitations of these methods; what other evidence is necessary to clarify how these harms may occur; and whether there are conditions under which these harmful interventions may at times be helpful. In addition to the special issue that is in development, the authors will participate in a panel discussion (with Amanda Jensen-Doss serving as session chair) on this subject at the next ABCT convention in Washington, DC, November 15–18, 2018.

As noted at the beginning of this article, this brief commentary serves as an update on one initiative among many of CAAPS. If you are interested in learning more about the work of this umbrella organization, feel free to contact Bethany Teachman (CAAPS Chair), Mitch Prinstein (CAAPS

<sup>1</sup>Although the guest editors are Dean McKay and Amanda Jensen-Doss, the impetus arose from extensive discussion among the authors of this article.

Member at Large), Dean McKay (CAAPS Treasurer), or Tammy Schuler (CAAPS Facilitator of Planning and Outreach). Information about CAAPS can be found at <http://www.sscpweb.org/CAAPS>.

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## 21st Century Skills for Cognitive-Behavioral Clinicians Interested in Leading Behavioral Health Care Staffs: The Importance of TEAM

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HEALTH CARE REFORM is emphasizing greater accountability, accessibility, cost containment, and collaboration among providers. Isolated work silos are being replaced with shared work spaces and integrated behavioral health care clinics that offer patients coordinated treatment within a continuum of services. These dramatic changes provide behavioral health professionals with opportunities to administer and manage clinical options. In addition to competent clinical practice, child mental health providers will likely be increasingly called upon to lead teams, which may strain their existing skill sets. However, didactic instruction and experiential learning opportunities in these training, education, administrative, and management competencies are often neglected in clinical training programs. Consequently, there is an emergent imperative to develop 21st century skill sets for leading care teams.

This commentary outlines basic training (T), education (E), administration (A), and management (M) principles and skills for cognitive behaviorally oriented mental health providers that further ensures there is a place for them in the future. The training and educational recommendations, which include adopting measurement care practice, emphasizing case conceptualization, implementing modular cognitive behavioral therapy, and employing enactive supervision, are specifically tailored to clinical settings serving young patients.

The administrative and management recommendations such as leadership abilities, competent business skills, and policy/advocacy initiatives apply more generally but can easily be customized to contexts other than pediatric settings.

### Training (T) and Education (E)

Institutions generally have limited training budgets and release time for clinicians. Therefore, mindful decisions regarding which golden nuggets or core components to disseminate and implement are necessary. In this section, we recommend training in measurement-based care (MBC), case conceptualization, and modular cognitive behavioral therapy (mCBT) as essentials.

### Measurement-Based Care

MBC involves the regular and routine tracking of patient progress over time with a combination of symptom metrics, functional improvement indices, and satisfaction measures (Scott & Lewis, 2015). Benefits of MBC include improved clinical progress, faster return to health, lower rates of early termination, better provider adherence to standards of care, and enhanced clinical reasoning (Bickman, Kelley, Breda, de Andrae, & Heimer, 2011; Jensen-Doss et al., 2016; Scott & Lewis; Shinokawa, Lambert, & Smart, 2010). Olsson (2012) wrote, “from an economic perspective, clinical outcomes measurement is important because it tells us what we are getting in

return for our investment” (p. 140). Despite these advantages, recent work listed several common barriers to routine MBC such as concerns about additional paperwork, inadequate training, and worries about the economic consequences of MBC. Finally, administrative support for MBC appears to be critical to its success (Overington, Fitzpatrick, Drapeau, & Hunsley, 2016).

Interns and post-docs are increasingly urged to obtain training in developing quality improvement projects (Thomas, Rostain, & Beresin, 2016). There are several ways to launch training in and sustain implementation of MBC in clinical settings that appreciate the benefits and costs of MBC. First, clinical leaders should determine what they want to monitor. Once these targets are identified, many free or low-cost reliable measurement options exist that evaluate symptom changes (Beidas et al., 2015). Additionally, idiographic methods for monitoring functional improvements can be constructed. Finally, once the instruments are selected, staff should be trained to administer them at regular intervals. Use of MBC also permits clinical supervisors to more systematically track the progress of trainees' cases, give targeted feedback, and make data-based decisions about how to allocate time in supervision (Rousmaniere, 2016).

### Training in Case Conceptualization

Case conceptualization forms the nucleus of good CBT practice with youth (Friedberg, 2015b). Accordingly, training staff in the rudiments of case formulation builds a crucial foundation. It is important for staff to appreciate that CBT with youth is not a bag of tricks but rather a conceptually based treatment approach. Trainers, consultants, and supervisors also need to communicate that case formulation is not a tedious, burdensome, impractical, and time-consuming activity. Therefore, a basic yet comprehensive rubric for case conceptualization should be presented.

The core elements of a case formulation for youth can be organized into separate domains (Friedberg & McClure, 2015). These categories include presenting complaints, cultural context, developmental and medical background, school/social/legal history, behavioral antecedents and consequences as well as cognitive variables. Staff are then taught to place this discrete data in a broad theoretical context governed by learning and information processing theory. Practice with feedback is the recommended teaching strategy. Staff should be required to complete several

sample conceptualizations and receive written feedback on these practice exercises.

### **Modular CBT**

MATCH-ADTC (Chorpita & Weisz, 2009) contains the most common procedures that occur in the large treatment evidence base for clinical difficulties arising in outpatient mental health services: anxiety, depression, trauma and conduct problems. For instance, the core interventions in the depression protocol include psychoeducation, behavioral activation, problem solving, and cognitive restructuring. Psychoeducation, building fear hierarchies, and behavioral exposures are the central components for treating anxiety. Research evaluating MATCH-ADTC shows both promising therapeutic effectiveness and high provider satisfaction indicating more favorability than other well-tested treatment manuals that target one core problem area (Chorpita et al., 2017; Weisz et al., 2012).

Administrators, clinicians, and trainers are commonly bombarded by the proliferation of multiple treatment manuals. While discrete disorder-specific manuals enjoy certain advantages, comorbidity is the rule in child psychopathology (Bearman & Weisz, 2015). Learning multiple manuals is burdensome and costly. Instead of serving as a single protocol, MATCH-ADTC offers a plethora of interventions for practitioners, which mitigates the multiple manual problem (Chorpita, Daleiden, & Collins, 2014; Santucci, Thomassin, Petrovic, & Weisz, 2015). CBT is undeniably complex, but this fact does not preclude the possibility of simply disseminating the core elements of best practices.

Trainers need to break procedures into their bare essentials to facilitate quick uptake. Skills made simple are more readily applied. The MATCH-ADTC (Chorpita & Weisz, 2009) program does this quite well and expertly summarizes essentials into digestible informational chunks. Furthermore, MATCH-ADTC uses flowcharts with decision rules to facilitate clinical decision-making about when to make shifts in treatment, such as when to incorporate practice elements to address emergent crises or manage comorbidity (Chorpita et al., 2014; Chorpita, Korathu-Larson et al., 2014; Santucci et al. 2015). This can promote functional analyses, as the flowcharts prompt clinicians to consider the causes of treatment interference (for example, lack of motivation or attention-seeking) before selecting a practice element to

address the interfering behavior. MATCH-ADTC can also be used in sync with MBC to provide data-based indicators of when to make changes in treatment (Bearman & Weisz, 2015).

### **Enactive Training and Education**

Trainees need active supervision (Bearman, Schneiderman, & Zoloth, 2017; Bearman et al., 2013). Merely talking about cases is ineffective. Role-plays and other experiential teaching methods are essential. Learning by doing is well supported by social learning theory. Clear, direct, specific, and clinically relevant feedback is pivotal. A very recent analogue study (Bearman et al. 2017) examined supervision as usual (SAU) compared to a supervision plus component (Sup+). Rapport building, agenda setting, case narrative/conceptualization, and planning for subsequent sessions were shared elements. Discussion of the alliance and case management were particular to SAU whereas modeling, role-plays, direct and targeted feedback were unique to the SUP+ condition. While both models were effective in increasing knowledge, skills, and attitudes in the short term, the supervision plus paradigm improved the sustainability of evidence-based practices and the development of clinician competency. The enactive components (e.g., role-plays, supervisor modeling) contained in the SUP+ significantly impacted supervisees' clinical practice behaviors.

Clear and direct feedback can be provided in a systematic and efficient manner. The Cognitive Therapy Rating Scale (Young & Beck, 1980) is a widely used supervision measure. Further, a recently developed rating scale specifically for children and adolescents is available (Stallard, Myles, & Branson, 2016). Supervisors can use these rating scales to refine their feedback and efficiently direct their training efforts based on obtained scores. Subsequently, then, they can use modeling and role-play to provide opportunities for behavioral rehearsal as well as to develop core clinical competencies. Pairing MBC with this enactive supervision style would allow supervisors to use their time efficiently by providing particular attention to cases failing to make expected progress.

## **Administration (A) and Management (M)**

### **Leadership Skills**

Kirch and Ast (2017) urged behavioral health care leaders to become lean, nimble, and multipliers in their style. More specifi-

cally, they wrote multiplier leaders "attract talent, invest in others, and create working environments that require people to stretch and give their best work, and drive decisions through debate" (p. 89). Simply, multiplier leaders are characterized by looking beyond themselves and bringing out the best in others through vigorous mentorship. Acquiring these powerful competencies is no easy task. Psychology predoctoral and postdoctoral training programs are overloaded with curricular and training content. Consequently, finding time to train new professionals is a challenge. Nonetheless, postgraduate training programs could add rotations that include several administrative experiences where emerging professionals learn to manage people and costs.

For example, the pediatric psychology internship program at Oregon Health and Sciences University (OHSU; Boshkoff, Wilson, Harris, & Freeman, 2015) augments training in clinical skillfulness with specialized training in managing interdisciplinary systems, professional leadership, and policy/advocacy. Graduates of this internship training program acquire competencies in navigating system barriers, communication with stakeholders, business development, and program administration.

Psychiatric residents also can gain leadership and management skills during their training. Exposure to system-based practice is required at the psychiatry residency program housed at the Bronx Psychiatric Center (Allen et al., 2016). Residents learn about systems thinking, organizational strategies, and team dynamics. In particular, the organizational structure builds proficiencies in leadership, crafting a vision for an organization, and building alliances within institutions to facilitate productive change. Additionally, the curriculum teaches multidisciplinary team-building, coping with power and control undercurrents, collaborative decision-making, and managing conflicts within a team.

The experience of one of the authors (AM) directing behavioral health services at Wellspan Health illustrates the importance of business and administrative acumen when directing a clinical psychology training program. Wellspan Health, located in central Pennsylvania, is an example of a large health care system dealing with a variety of issues related to the changing health care landscape. As a way to better meet the community needs and increase its value proposition, Wellspan integrated behavioral healthcare services

(IBHC) guided by EBPs into its 30 primary care and pediatric practices.

Wellspan decided to allocate predoctoral interns from their APA-accredited training program to the IBHC initiative. Simple and actionable metrics for project evaluations were constructed. Time until appointment, patient volume, symptom reduction, functional improvement, and physician/patient satisfaction were selected as outcome measures. Evaluation results, since the pilot project for the integration initiative in January 2014 was begun, reveal the goals have been consistently met. Preliminary user-experience data obtained from patients and physicians indicated high levels of satisfaction.

The project has been sustained through various payment models. For example, capitation contracts (pm/pm), grants, and reimbursement via fee-for-service options were developed. Over the past 6 years, from 2011–2017, the internship program has grown from 4 slots to 17 positions, which translates to better than a 300% increase in training spots. The growth of the program was a team effort but would not have come to fruition without an internal administrative champion.

### *Recognize Economics Parameters and Funding Streams*

Recent thinking (Magen & Rapaport, 2016) sees departments of psychiatry, psychology, and other behavioral sciences as business operations commonly charged with delivering clinical care, producing research, providing training, and meeting budget requirements. Accordingly, clinical team leaders must also be keenly aware of the economic parameters surrounding dissemination and implementation projects. Kirch and Ast (2017) emphasized, “A key theme in many of these emerging models is transitioning from fee-for-service reimbursement to various forms of value-based purchasing, which reward clinical outcomes and quality of care rather than the volume of care delivered” (p. 86). Additionally, the current economic environment is characterized by clinical consolidation, shrinking Medicare/Medicaid payments, and reduced grant funding (Kirch & Ast; Magen & Rapaport). Not surprisingly, behavioral health care services often operate inside the financial loss column on a budgetary balance sheet.

Consequently, advocates for increased training should be willing to subject their initiatives to cost-identification, cost-effectiveness, and cost-benefit analysis in order to demonstrate their value. An entrepre-

neurial spirit is strongly encouraged (O’Donohue, Snipes, Howard, & Medjuck, 2015). Funding sources to sustain implementation efforts should be assiduously explored but dollars are and will continue to be quite limited. Private foundations and corporations are other funding options. Partnering with insurance carriers is another way to establish funding bases. Similar to entrepreneurs, we cannot be reticent about asking for start-up and venture monies.

Mental health providers entering administrative roles must appreciate several inconvenient real-world truths. First, time spent in training results in lost revenue (because patients are not being treated). In most clinical settings, there is a tension between providing billable services and staff development. Clearly, in order for training to be sustainable, the expense cannot be a sunk cost. Moreover, the training must demonstrate value-added benefits such as savings on overall medical costs and the gains achieved must outweigh the opportunity costs of lost service time. Simply, the training efforts must yield a tangible return on investments.

Clinicians and administrators often find themselves in conflict over perceived priorities. Clinic directors and leadership teams need to better communicate and collaborate. Achieving a mutual understanding of economic imperatives may form a bridge that unites these frequently warring factions. Skillful clinical executives must recognize that not all programs and services can be equally resourced. Making choices about allocating limited resources to selected programs is a fundamental economic principle. Many clinical leaders ignore this maxim and expect receipt of unlimited funds. From a purely financial lens, this is similar to making ill-advised mortgage loans to prospective home owners.

Most psychologists as well as other behavioral health professionals enter the workplace naïve to some of the perplexing economic realities impacting service delivery. It seems important that new courses in Behavioral Health Care Administration and Economics for potential clinical care providers are implemented. For example, one practice-based learning course emphasizes basic economic concepts such as supply and demand, price point theory, competition, and market failure (Friedberg, 2015a). Additionally, staffing issues, supervision/management, budget development, reimbursement, productivity metrics (e.g., RVUs), branding, and marketing

are covered. The capstone project for this course involves students applying these concepts and principles to raw world challenges. While this course is designed as a 10-week class, the material can be modified to fit 4–5 week didactic seminar formats.

### *Concluding thoughts*

Equipping new behavioral health care professionals with contemporary skills and updating seasoned practitioners’ tool kits for work in 21st-century clinical settings seems crucial for the sustainability of the field. Clinical competence will remain a fundamental emphasis. However, clinical expertise is necessary but not sufficient. Proficiency in training, educating, administering, and managing staff teams is also obligatory. Harvesting a staff culture that embraces MBC forms a solid foundation. Second, teaching staff to track outcomes using actionable and low-cost instruments fits right into a MBC culture. Emphasizing case conceptualization to personalize evidence-based intervention is another indispensable task. Adopting a modular practice element approach to psychosocial treatment is a promising innovation. Sustaining the clinical model with enactive supervision including role-plays, behavioral rehearsal, and ongoing real-time supervisory feedback cements a 21st-century way to train staff.

However, training and educational responsibilities are just two of the emerging tasks for child psychiatrists and psychologists in leading behavioral health care teams. Administrative leadership and a shrewd business sense are additional required competencies. Clinical leaders must acquire skills in interdisciplinary collaboration and building academic and private enterprise partnerships. Moreover, becoming public policy wonks and behavioral health care advocates is a necessity in this new era. Gaining increased business acumen, which is often eschewed and even occasionally frowned upon, is a critical competency. The ability to negotiate contracts as well as conduct cost-effectiveness and cost-offset analysis allows clinical leaders to persuasively argue for the value-added benefits of their services.

Darwin stated, “It is not the strongest of the species that survives nor the most intelligent that survives. It is the one that is most adaptive to change.” Collaborative care teams are the wave of the future. TEAM skills can help psychologists and psychiatrists adapt to dynamic contexts and evolve to meet looming challenges.



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- . . .
- Portions of this article were delivered at the October 2015 meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, TX.
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# A Dialectical Behavior Therapy Skills Flowchart: A Practical Tool for Therapists and Clients

Melissa L. Miller, *Duke University Medical Center*

DIALECTICAL BEHAVIOR THERAPY (DBT) is a cognitive-behavioral treatment that embraces dialectical thinking, mindfulness, and acceptance (Linehan, 1993a, 1993b). Originally developed as a treatment for individuals with symptoms consistent with borderline personality disorder (BPD; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991), the effectiveness of DBT has been demonstrated in various clinical populations, including individuals with post-traumatic stress disorder (PTSD; e.g., Harned, Korslund, & Linehan, 2014), substance use disorders (e.g., Linehan et al., 1999), and eating disorders (e.g., Telch, Agras, & Linehan, 2001). Comprehensive DBT includes the following components: weekly individual therapy sessions, weekly

group skills training, phone coaching with the individual therapist, and therapists' participation on consultation team. Skills training is an essential component of DBT, and the beneficial effects are supported by research examining that specific aspect of the treatment (e.g., Linehan et al., 2015; McMair, Guimond, Barnhart, Habinski, & Streiner, 2017). The primary skills taught comprise four modules: core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Linehan 1993b, 2014a, 2014b). In standard DBT, clients learn the skills over 12 months by cycling through the distress tolerance, emotion regulation, and interpersonal effectiveness modules twice (with core

mindfulness taught more frequently, in between each of the other modules).

In this brief article, I describe a request from a DBT client to create a flowchart that provides a visual representation of how skills that are taught independently actually function together. I share this chart and also provide a brief description and suggested uses. My hope is that this can be a useful tool for therapists and clients to use in session and in everyday life.

## Prompting Event

One day, a DBT client arrived to group with a scripted and well-rehearsed DEAR MAN with GIVE and FAST (which are DBT skills used to effectively make requests, while also attending to the relationship and maintaining self-respect; please see Linehan, 2014b, for a detailed description of these skills). The client described how it seems as though DBT therapists have a big flowchart in their minds, allowing them to see how all of the skills can be used together. She effectively requested that we create a concrete version of this perceived flowchart for her, and she explained, "If I could see how the skills fit

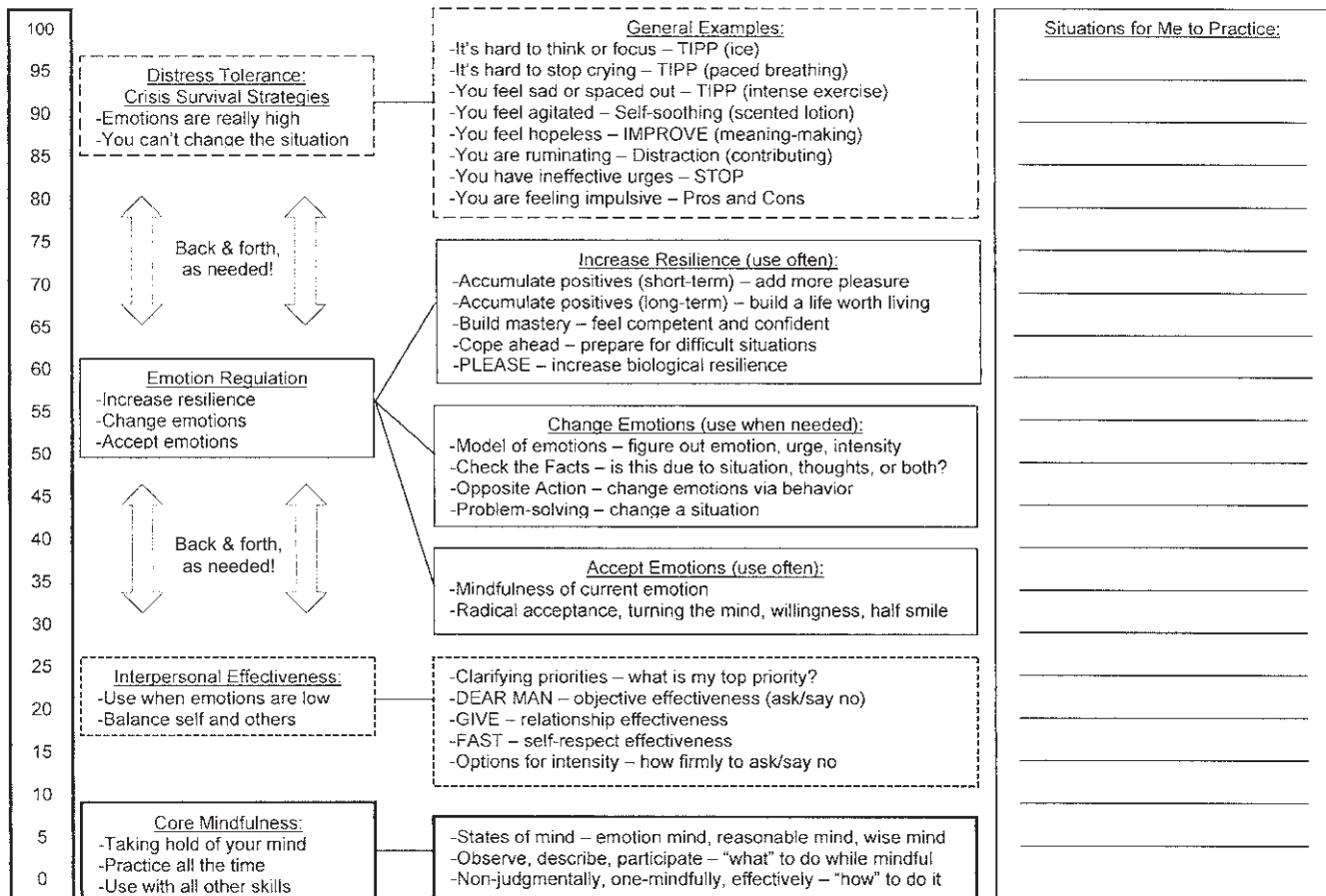


Figure 1. A flowchart demonstrating how DBT skills fit together.

together, I would practice them more often.” This is a pretty compelling offer to any committed DBT therapist, and this also demonstrated her understanding and use of reinforcement. I am a worksheet enthusiast (i.e., total worksheet nerd), so I offered to create a flowchart to fulfill her request (please see Figure 1 for a copy of this chart). The client expressed gratitude for this tool, and she did, in fact, use skills more frequently as a result.

## The DBT Skills Flowchart

### Brief Description

The original version of this chart is color-coded, in order to visually classify the skills, and dashed lines are used here for a similar effect. Many core DBT skills are listed, and brief descriptions or examples are provided. The scale on the left-hand side of the figure ranges from 0–100, representing intensity of emotional arousal or distress (similar to subjective units of distress ratings, where 0 indicates *no distress* and 100 designates *extreme distress*). The border of this numerical range highlights that mindfulness skills are needed at all levels of emotional experiencing. At the top of this range, crisis survival strategies are most effective for reducing immediate pain or tolerating distressing situations. Several general examples are listed to illustrate specific skills that may be effective for various forms of distress. Emotion regulation skills are used in order to increase resilience, as well as to change and accept emotional experiences, and they are most effective when a client’s distress is not so elevated that the pain interferes with the ability to focus attention or think about long-term goals. Of note, radical acceptance, turning the mind, willingness, and half-smile (which are all reality acceptance skills in the distress tolerance module) are listed in the “accept emotions” box with emotion regulation skills. I’ve found that, for novice DBT clients, practicing reality acceptance skills at lower levels of pain can help them develop these skills to later be used to help ameliorate deep misery and chronic suffering. To work on solving complex problems, clients will often benefit from using a combination of distress tolerance skills (when pain seems unbearable) and emotion regulation skills (to work on producing long-term changes). Interpersonal effectiveness skills are used in order to balance obtaining objective goals, tending to relationships, and maintaining self-respect. These skills are often most effective when a client is feeling as regulated as possible; thus, emo-

tion regulation and interpersonal effectiveness skills may be used in combination, as needed to work on long-term goals. As previously noted, mindfulness skills are needed throughout in order to effectively use all of the other skills. The “situations for me to practice” box can be used to write notes about skills that are often forgotten, prepare for complex situations in which many skills will be useful, or otherwise customize skill practice for each client. There are a variety of ways in which this chart may be used in DBT (or other therapy) sessions or in everyday life.

### Uses in Session

In our DBT program, we’ve used this chart with clients in both early and later stages of treatment (that is, when a client is first learning a module or when the client has already acquired many or all of the skills). In early stages of treatment, we can provide an overview of the skills, track and incorporate skills as they are acquired in group, or identify skills that would be beneficial to teach immediately in individual sessions. In later stages of treatment, we can synthesize how the skills are used together or review specific skills or modules. We regularly use the chart in-session to formulate mini-treatment plans (please see Koerner, 2012) to help patients develop and rehearse skillful alternatives to problem behaviors or difficult situations. Additionally, trainees who are learning to provide DBT may benefit from this synopsis to help focus their acquisition or recall of the skills.

### Uses in Everyday Life

Our team has found a variety of uses for this chart outside of session as well. The chart can serve a stimulus control function and remind clients to use skills. For example, clients can place the chart on their refrigerator, in their car, or in other locations where it would be helpful to have a reminder to practice skills. Many clients in our DBT program put a copy of the chart on the front of their DBT binder as a quick reference tool to help them select other worksheets to use. Additionally, it may be beneficial to hang a copy of the chart with a skillful plan of action in the locations in which harmful behaviors are likely to occur. As mentioned, my hope in sharing this chart is that other therapists and clients will find it useful to better understand and generalize these important skills.

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For an electronic or color version of this chart, please email [melissa.l.miller@duke.edu](mailto:melissa.l.miller@duke.edu)

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## Taitz, J. L. (2018). *How to Be Single and Happy*

New York: TarcherPerigee

Reviewed by Kayla Knopp, *University of Denver*

DON'T JUDGE *How to Be Single and Happy*, by Dr. Jenny Taitz (2018), by its cover; this book is much more than just another self-help dating book. Subtitled "Science-Based Strategies for Keeping Your Sanity While Looking for a Soul Mate," Dr. Taitz's second book aims to empower people to take concrete steps toward living their best lives in the midst of the stress of looking for a romantic partner. *How to Be Single and Happy* is aimed primarily toward women and gives special attention to the cultural pressures women experience around issues such as marriage, fertility, and hooking up. Dr. Taitz uses her experience as a practicing therapist with expertise in CBT, DBT, ACT, and MBCT to provide readers with moving case studies, relevant research findings, and helpful cognitive-behavioral strategies, all aimed to point out how we can get in—and choose to get out of—our own way during the search for love and happiness. The book is peppered with interactive questions and activities to help people increase mindfulness about relationship-related thoughts and feelings as well as make intentional changes to unhelpful behaviors. *How to Be Single and Happy* is infused with compassion and pragmatism about the struggle of finding love, yet Dr. Taitz manages to always maintain a motivational edge to help readers choose to think and live differently.

Part One, "The Misery Formula," focuses on challenging common relationship myths. Many of these ideas can seem appropriate or necessary for individuals

mired in the challenges of finding a partner, but Dr. Taitz points out the ways that these myths actually fail to motivate us and instead keep us stuck. In Chapter 1, she coins the phrase "the husband treadmill" as a take on the hedonic treadmill theory from positive psychology, demonstrating that—despite all the cultural messages to the contrary—simply finding a partner doesn't actually tend to make us happier in the long term, and that in fact the fixation with which many people pursue romantic fulfillment can itself make us unhappy. CBT scholars and practitioners will also recognize Taitz's description of cognitive traps such as rumination, avoidance, regret, and fear. Dr. Taitz uses stories from her own life and her clients' experiences to illustrate how these mental habits make it more difficult to take effective action toward living fulfilling lives, and to motivate readers to choose a different way of engaging with our experiences.

Part Two, "The Sane Solution," provides numerous evidence-based skills and strategies from CBT, MBCT, DBT, and ACT to help readers counteract the unhelpful habits and ideas identified in Part One. Dr. Taitz guides readers through identifying important values and taking action toward gaining mastery over our own lives. I found the later chapters on skills for practicing gratitude and self-compassion, reappraising thoughts, and regulating emotions to be especially valuable. Throughout these chapters are instructions for useful practices, such as gratitude meditations, fact-checking thoughts, and opposite action. In the last

chapter, Dr. Taitz brings home the message that being single does not mean being lonely and provides motivation for building meaningful social connections of all kinds, scaffolding these goals with interpersonal effectiveness skills from DBT.

For a book about being single and finding love, *How to Be Single and Happy* has remarkably little to do with dating strategies—and that is its strength. Instead, this is a book to help people live fully and joyfully, regardless of their relationship status; indeed, letting go of the struggle to find a partner is often what actually allows us to embrace openness to loving and being loved. I am delighted by the idea of a person browsing the relationship self-help section at a bookstore and selecting this gem instead of one of the many other less helpful options we could all name. This book left me feeling hopeful and mindful, and even though I have been partnered for more than a decade, I found the fresh ideas about relationships and reminders of practical cognitive-behavioral skills to be helpful in my own life. It's not a perfect book; at times, I was put off by subtle heteronormativity, and I think the focus on women may exclude other readers for whom this information could be equally helpful. Still, I found myself wanting to leave a copy of this book on the desks of many of my beloved friends and family members, which I think is the best endorsement I can give.

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Taitz, J. L. (2018). *How to be single and happy: Science-based strategies for keeping your sanity while looking for a soul mate*. New York: TarcherPerigee.

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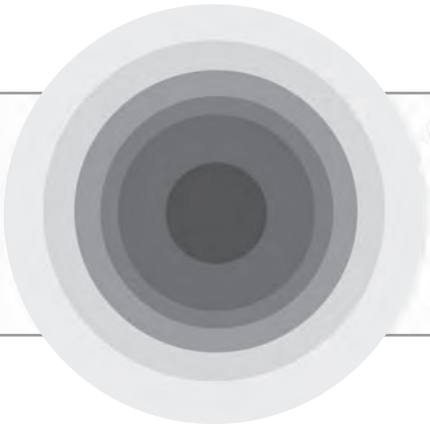
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# ABCT <sup>in</sup> DC

52nd Annual Convention  
November 15–18, 2018

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As the 2018 Program Chair, I am delighted to welcome you to ABCT's 52nd Annual Convention in Washington, DC!

Washington represents the perfect venue for our conference. As a city, D.C. recognizes and honors our past with a wealth of premier museums, celebrates our international role by welcoming an international spirit with embassies from across the globe, and supports and encourages scientific advances as the home for the National Institutes of Health. Our convention—with the theme of Cognitive Behavioral Science, Treatment, and Technology—is intended to similarly recognize the past, celebrate international and interdisciplinary collaborations, and look towards a future marked by important advances to help reduce the global impact of mental illness.

We find ourselves at the cusp of a new era, marked by technological advances in a range of different disciplines that have the potential to dramatically affect the science we conduct, as well as the treatments we deliver. Our program will showcase research and clinical practices and training that highlight a number of avenues, including how these innovations are influencing our investigations of the causes and consequences of psychological illness, how they are similarly opening new frontiers in the ways that assessments and treatments are developed, how patients access help, how clinicians monitor response, and how the broader field disseminates evidence-based practices.

Presentations will address how the strong, theoretical, and practical foundations of CBT give us the exciting opportunity to use our multidisciplinary values to identify new and emerging technologies that can catapult our research on mental health problems and well-being to the next level. I am incredibly honored and excited to highlight our invited speakers and special programming. Pim Cuijpers from the Vrije Universiteit Amsterdam will present "The Dodo Bird in the Digital Age: How e-Mental Health Can Improve Prevention and Treatment of Mental Health Problems," which will showcase exciting work being conducted in Europe on CBT interventions delivered through the web. Matthew Nock from Harvard University will focus on new advances in assessing psychopathology by discussing real-time assessment of self-injurious behaviors in his talk "Using New Technologies to Better Understand, Predict, and Prevent Suicidal Behavior." Pat Arean from the University of Washington will highlight next-generation possibilities for how treatments could be delivered with a talk entitled "Improving the Quality of Evidence-Based Treat-

ments: Can (and Should) Technology Help?" Additional special programming will comprise discussions with our colleagues in the broader field, including a conversation between Bethany Teachman and Josh Gordon, the director of the National Institute of Mental Health, and panels focused on translating research to policy, as well as NIMH "office hours." Finally, in her presidential address, "CBT in the Digital Age: Enhancing Effectiveness and Reach of Research and Psychotherapy," Sabine Wilhelm will highlight how treatment might be enhanced with technology by incorporating virtual reality exercises, crowdsourced peer-to-peer cognitive reappraisal platforms, chat bots, smartphone-based treatment apps sensors, and several other tools into therapy.

It has been an honor to serve as Program Chair, and I am grateful to President Sabine Wilhelm and the ABCT Board for inviting me and supporting me through this process. Working with Sabine is a privilege and genuine pleasure, and I am so excited to see the conference we dreamed about come to fruition. Making ABCT happen each year is said to "take a village" and there are many members of that village I would like to thank. First and foremost is the 2018 Program Committee for their expertise, careful reviews, and flexibility during the peer review process. This year we had a record number of 278 reviewers and 123 "Super Reviewers," and I could not be prouder of the well-rounded and exciting program! Second, I thank the chairs of the Convention and Education Issues Committee for their dedication and exceptional job developing this year's stimulating program: Barbara Kamholz (CIT), Aidan Wright (AMASS), Lauren Weinstock (Workshops), Courtney Benjamin Wolk (Master Clinician Seminars), Cole Hooley (Research & Professional Development), Christina Boisseau (Institutes), and Alyssa Ward (2019 Program Chair). I sincerely appreciate the valuable insights and support of Barbara Kamholz, Co-ordinator of Convention and Education Issues, and Sandra Pimentel, Board Liaison. Third, a hearty thanks to Mary Jane Eimer and her team at the Central Office—especially Tonya Childers and Stephen Crane—who showed extraordinary devotion to the Convention planning and ABCT in general. Fourth, I am incredibly grateful to the former Program Chair, Jordana Muroff, for her invaluable guidance, support, and friendship. Very special thanks go to Jamie Port, Assistant Program Chair. I am forever indebted to Jamie's diligence, unwavering commitment, clear thinking and, most important, humor—I know that I had the right partner-in-crime for this process and could not have done it with anyone else. Finally, a heartfelt thanks to my family for their patience, cheer, and teamwork!

Wishing you all a fun and stimulating convention!

## Convention Itinerary Planner

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2018 convention in Washington, DC. In order to learn more details about the sessions, including full descriptions and times, skill levels, and learning goals, please utilize the Itinerary Planner. Feel free to access the Itinerary Planner at ABCT's website at [www.abct.org/conv2018](http://www.abct.org/conv2018). To view the entire convention program—including SIG meetings, poster sessions, invited addresses—you can **search** by session type, date, time, presenter, title, category, or keyword, or you can view the entire schedule at a glance. (Keep in mind, the physical program book will only be available onsite in DC.) After reviewing this special Convention 2018 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!



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## Note

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

PROGRAM SUBJECT TO CHANGE

THURSDAY, 8:30 a.m. - 5:00 p.m.

## CIT 1 | **Process-Based CBT**

◆ *Participants earn 7 continuing education credits*

Stefan G. Hofmann, Ph.D., *Boston University*

Steven C. Hayes, Ph.D., *University of Nevada, Reno*

Cognitive Behavioral Therapy (CBT) has been an enormous empirical and practical success over its 50+ year history. The situation surrounding evidence-based care has dramatically changed, however, and it is important for CBT to change as well. For decades, evidence-based therapy has been defined in terms of scientifically validated protocols focused on syndromes. That era is now passing. This Clinical Intervention Training will feature didactic presentations, demonstration of practical strategies and exercises that focus on how to utilize the core competencies of CBT in a pragmatic way that honors the behavioral, cognitive, and acceptance and mindfulness wings of the tradition—in a new form of process-based CBT.

THURSDAY, 8:30 a.m. - 5:00 p.m.

## CIT 2 | **Cognitive Processing Therapy for PTSD: Difficult Cases and Disruptions in Therapy**

◆ *Participants earn 7 continuing education credits*

Patricia A. Resick, Ph.D., ABPP, *Duke University Medical Center*

Kathleen M. Chard, Ph.D., *Cincinnati VA Medical Center and University of Cincinnati*

The purpose of this Clinical Intervention Training is to discuss and consult on difficult cases with PTSD or those cases that are disrupted by other serious life events while conducting cognitive processing therapy (CPT) for PTSD. The presenters will discuss common difficulties with comorbid disorders, traumatic brain injury or issues with aging, complicated trauma histories, and disruptions during therapy and how to handle them while keeping fidelity to the CPT protocol. Having emergency sessions or conducting variable-length therapy will be discussed. The presenters will show videotaped examples and may conduct role-plays with participants. Participants should be using CPT in their practice and should bring in questions and/or case material to be discussed. This will not be a basic training in CPT and is for participants who have been implementing it regularly. The presenters will also help participants differentiate between client readiness for CPT and therapist stuck points.

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## PRESIDENTIAL ADDRESS

Saturday, 5:30 – 6:30 PM | Marriott Ballroom, Lobby Level



Sabine Wilhelm, Ph.D.,

*Massachusetts General Hospital/  
Harvard Medical School*

**CBT in the Digital Age:  
Enhancing Effectiveness  
and Reach of Research  
and Psychotherapy**

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

## THURSDAY

Institute 1 | 8:30 a.m. - 5:00 p.m.

◆ Participants earn 7 continuing education credits

### Technology and Insomnia: Friend or Foe?

Colleen Carney, Ph.D., *Ryerson University*

Institute 2 | 8:30 a.m. - 5:00 p.m.

◆ Participants earn 7 continuing education credits

### Anxiety and Emerging Adults: Integrating Virtual Reality and Wearable Technology Into the Launching Emerging Adults Program

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

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

Lauren Hoffman, Psy.D., *Columbia University Clinic for Anxiety & Related Disorders (CUCARD)*

Schuyler Fox, B.A., *Columbia University Clinic for Anxiety & Related Disorders (CUCARD)*

Institute 3 | 8:30 a.m. - 5:00 p.m.

◆ Participants earn 7 continuing education credits

### Radically Open-Dialectical Behavior Therapy (RO-DBT) for Disorders of Overcontrol

Thomas R. Lynch, Ph.D., *University of Southampton*

Institute 4 | 1:00 p.m. - 6:00 p.m.

◆ Participants earn 5 continuing education credits

### Desirable Difficulties: Optimizing Exposure Therapy for Anxiety Through Inhibitory Learning

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

Ryan J. Jacoby, Ph.D., *Massachusetts General Hospital/Harvard Medical School*

Shannon M. Blakey, M.A., *University of North Carolina at Chapel Hill*

Institute 5 | 1:00 p.m. - 6:00 p.m.

◆ Participants earn 5 continuing education credits

### Evidence-Based Assessment and Treatment of Bipolar Disorder and Mood Dysregulation in Youth and Early Adulthood

Mary A. Fristad, ABPP, *The Ohio State University Wexner Medical Center*

Eric A. Youngstrom, Ph.D., *University of North Carolina at Chapel Hill*

Institute 6 | 1:00 p.m. - 6:00 p.m.

◆ Participants earn 5 continuing education credits

### Integrating Motivational Interviewing Into CBT

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

Daniel McNeil, Ph.D., *West Virginia University*

Institute 7 | 1:00 p.m. - 6:00 p.m.

◆ Participants earn 5 continuing education credits

### Behavioral Activation Treatment for Adolescents

Elizabeth McCauley, ABPP, Ph.D., *University of Washington/Seattle Children's Hospital*

Sona Dimidjian, Ph.D., *University of Colorado Boulder*

Kelly Schloretd, Ph.D., *Seattle Children's Hospital*

Christopher Martell, Ph.D., *University of Massachusetts Amherst/St. Luke's Children's Hospital*

Gretchen Gudmundsen, Ph.D., *St. Luke's Children's Hospital*

Institute 8 | 1:00 p.m. - 6:00 p.m.

◆ Participants earn 5 continuing education credits

### The Relationship Checkup: Using Technology to Broaden the Reach of Relationship Health Care

Tatiana D. Gray, Ph.D., *Clark University*

James Cordova, Ph.D., *Clark University*

## Advanced Methodology and Statistics Seminars

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

## THURSDAY

AMASS 1 | 8:30 a.m. - 12:30 p.m.

◆ Participants earn 4 continuing education credits

### Decision-Making Statistics for Researchers and Clinicians-We Are Ready to ROC!

Eric A. Youngstrom, Ph.D., *University of North Carolina, Chapel Hill*

## THURSDAY

AMASS 2 | 1:00 p.m. - 5:00 p.m.

◆ Participants earn 4 continuing education credits

### Affective Science for Clinical Scientists: Theory, Design, and Methodological Tools for Investigating Emotion Processing and Emotion Dysregulation

Karin Coifman, Ph.D., *Kent State University*



# Master Clinician Seminars

TICKETED SESSIONS

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

## FRIDAY

MCS 1 | 10:45 a.m. - 12:45 p.m.

◆ Participants earn 2 continuing education credits

### **Challenges to the Achievement of Optimal CBT Outcomes in Pediatric OCD Treatment**

Martin E. Franklin, Ph.D., *University of Pennsylvania*

MCS 2 | 11:45 a.m. - 1:45 p.m.

◆ Participants earn 2 continuing education credits

### **Parent-Child Interaction Therapy**

Cheryl B. McNeil, Ph.D., *West Virginia University*

MCS 3 | 1:45 p.m. - 3:45 p.m.

◆ Participants earn 2 continuing education credits

### **Engaging Parents/Caregivers Effectively in Treatment With Children Presenting With Behavior Problems, Depression and/or Traumatic Stress Symptoms**

Esther Deblinger, Ph.D., *Child Abuse Research Education and Service Institute, Rowan University*

MCS 4 | 4:00 p.m. - 6:00 p.m.

◆ Participants earn 2 continuing education credits

### **Regret: A Cognitive Behavior Therapy Approach**

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

## SATURDAY

MCS 5 | 8:00 a.m. - 10:00 a.m.

◆ Participants earn 2 continuing education credits

### **Mindfulness-Based Interventions in the Treatment of Substance Use Disorders**

Katie Witkiewitz, Ph.D., *University of New Mexico*

MCS 6 | 10:15 a.m. - 12:15 p.m.

◆ Participants earn 2 continuing education credits

### **Violent, Sexual, Religious, and Neutral Obsessions: Paths to Exorcizing the Demons**

Jonathan Grayson, Ph.D., *The Grayson LA Treatment Center for Anxiety & OCD*

MCS 7 | 11:45 a.m. - 1:45 a.m.

◆ Participants earn 2 continuing education credits

### **Interpersonal Psychotherapy for Depressed Adolescents: Principles and Techniques**

Laura Mufson, Ph.D., *Columbia University Vagelos College of Physicians and Surgeons and New York State Psychiatric Institute*

MCS 8 | 2:30 p.m. - 4:30 p.m.

◆ Participants earn 2 continuing education credits

### **Cognitive Conceptualization**

Judith S. Beck, Ph.D., *Beck Institute for Cognitive Behavior Therapy*

# Workshops

TICKETED SESSIONS

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

## FRIDAY

Workshop 1 | 8:30 a.m. - 11:30 a.m.

◆ Participants earn 3 continuing education credits

### **Case Formulation and Treatment Planning in Dialectical Behavior Therapy**

Shireen L. Rizvi, ABPP, Ph.D., *Rutgers University*  
Jennifer H.R. Sayers, ABPP, Ph.D., *Evidence Based Treatment Centers of Seattle*

Workshop 2 | 8:30 a.m. - 11:30 a.m.

◆ Participants earn 3 continuing education credits

### **Developing a Trauma-Informed Treatment in Primary Care: The embrACE Model for Patients With Adverse Childhood Experiences**

Keith S. Dobson, Ph.D., *University of Calgary*  
Dennis Pusch, Ph.D., *Southport Psychological Services*  
Chantelle Klassen, M.A., *Alberta Health Services*

Workshop 3 | 8:30 a.m. - 11:30 a.m.

◆ Participants earn 3 continuing education credits

### **Identifying and Using Mobile Apps in Clinical Practice**

Stephen Matthew Schueller, Ph.D., *Northwestern University Feinberg School of Medicine*  
Christina Armstrong, Ph.D., *Connected Health Branch, Defense Health Agency*  
Martha Neary, M.Sc., *Northwestern University Feinberg School of Medicine*

Workshop 4 | 11:45 a.m. - 2:45 p.m.

◆ Participants earn 3 continuing education credits

### **Supervision Essentials for CBT**

Cory F. Newman, Ph.D., *University of Pennsylvania, Perelman School of Medicine*  
Danielle A. Kaplan, Ph.D., *New York University School of Medicine*

Workshop 5 | 3:00 p.m. - 6:00 p.m.

◆ Participants earn 3 continuing education credits

### **You Were Meant for Primary Care: A Practical, Competency-Based Approach**

Ryan R. Landoll, ABPP, Ph.D., *Uniformed Services University*

Jeffrey L. Goodie, ABPP, Ph.D., *Uniformed Services University of the Health Sciences*

Lisa K. Kearney, ABPP, Ph.D., *VA Center for Integrated Healthcare*

Kathryn E. Kanzler, ABPP, Psy.D., *University of Texas Health Science Center at San Antonio*

Workshop 6 | 3:00 p.m. - 6:00 p.m.

◆ Participants earn 3 continuing education credits

### **Coordinated Interventions for School Avoidance: Engaging Family, Schools, and Clinicians**

Brian Chu, Ph.D., *Rutgers University, Graduate School of Applied and Professional Psychology*

Laura C. Skriner, Ph.D., *Evidence Based Practitioners of New Jersey*

Workshop 7 | 3:00 p.m. - 6:00 p.m.

◆ Participants earn 3 continuing education credits

### **Means Safety Counseling for Suicide Prevention**

Craig Bryan, ABPP, Psy.D., *National Center for Veterans Studies at the University of Utah*

## **SATURDAY**

Workshop 8 | 8:00 a.m. - 11:00 a.m.

◆ Participants earn 3 continuing education credits

### **Comprehensive Behavioral Intervention for Tic Disorders**

Douglas Woods, Ph.D., *Marquette University*

Michael Himle, Ph.D., *University of Utah*

Workshop 9 | 8:00 a.m. - 11:00 a.m.

◆ Participants earn 3 continuing education credits

### **Addressing Functional and Executive Deficits in Youth With ADHD: Evidence-Based Treatments With Individual, School, and Family Benefits**

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

Jenelle Nissley-Tsiopinis, Ph.D., *Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania*

Workshop 10 | 8:00 a.m. - 11:00 a.m.

◆ Participants earn 3 continuing education credits

### **CBT for Chronic GI Disorders**

Melissa G. Hunt, Ph.D., *University of Pennsylvania*

Workshop 11 | 11:15 a.m. - 2:15 p.m.

◆ Participants earn 3 continuing education credits

### **Parenting Through the Pressure: Using CBT to Work With Parents of Anxious Teens**

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

Muniya Khanna, Ph.D., *Children and Adult's Center for OCD and Anxiety*

Workshop 12 | 11:15 a.m. - 2:15 p.m.

◆ Participants earn 3 continuing education credits

### **False Safety Behavior Elimination Treatment: A Transdiagnostic Strategy for Anxiety Disorders**

Norman B. Schmidt, Ph.D., *Florida State University*

Kristina Korte, Ph.D., *Harvard Medical School*

Workshop 13 | 2:30 p.m. - 5:30 p.m.

◆ Participants earn 3 continuing education credits

### **Written Exposure Therapy: A Brief Treatment Approach for PTSD**

Denise Sloan, Ph.D., *Boston University School of Medicine & National Center for PTSD*

Brian Marx, Ph.D., *Boston University School of Medicine & National Center for PTSD*

Workshop 14 | 2:30 p.m. - 5:30 p.m.

◆ Participants earn 3 continuing education credits

### **Cognitive-Behavior Therapy for Looming Vulnerability Distortions**

John H. Riskind, Ph.D., *George Mason University*

Workshop 15 | 2:30 p.m. - 5:30 p.m.

◆ Participants earn 3 continuing education credits

### **Individual and Group Cognitive-Behavioral Therapy for Diverse Addictive Behaviors**

Bruce S. Liese, Ph.D., *University of Kansas Medical Center*

# General Sessions

NO TICKET REQUIRED

*Clinical Roundtables, Mini Workshops, Panel Discussions, Symposia, and Research & Professional Development are part of the general program: no tickets are required.*

## CLINICAL ROUNDTABLES

Friday, November 16, 2018

8:30 a.m. – 10:00 a.m.

- ◆ Participants earn 1.5 continuing education credits

### Do They "Like" Me or Just Want Me to #Follow Them? The Relevance of Social Media to Clinical Issues and Treatment

Moderator: Amanda McGovern, Ph.D.  
Panelists: Erin K. Engle, Psy.D., Rachel E. Ginsberg, Ph.D., Jeneane Solz, Ph.D., Caitlin B. Shepherd, Ph.D., Sarah Anolik Katz, M.A.

- ◆ Participants earn 1.5 continuing education credits

### Intensive Therapies for PTSD: Minimizing Avoidance and Maximizing Engagement

Moderator: Andrew M. Sherrill, Ph.D.  
Panelists: Michael Brennan, Psy.D., Kathleen M. Chard, Ph.D., Laura L. Meyers, Ph.D., Sheila A. M. Rauch, Ph.D., Emily G. Marston, Ph.D.

10:15 a.m. – 11:45 a.m.

- ◆ Participants earn 1.5 continuing education credits

### Borrowing Wisdom From the Anxiety Field: How Lessons Learned in the Exposure-Based Treatment of Anxiety Disorders Can Advance the Eating Disorders Field

Moderators: Jamal H. Essayli, Ph.D., Lisa M. Anderson, Ph.D.  
Panelists: Richard G. Heimberg, Ph.D., Bunmi Olatunji, Ph.D., Elizabeth A. Hembree, Ph.D., Cheri A. Levinson, Ph.D., Stuart B. Murray, Ph.D.

1:45 p.m. – 3:15 p.m.

- ◆ Participants earn 1.5 continuing education credits

### Going All In Without Going Overboard: Drawing the Line Between Thorough and Gratuitous in Exposure Treatment

Moderator: Anthony C. Puliafico, Ph.D.  
Panelists: Steven Tsao, Ph.D., Anne Marie Albano, ABPP, Ph.D., Martin Franklin, Ph.D., John D. Guerry, Ph.D.

Saturday, November 17, 2018

8:30 a.m. – 10:00 a.m.

- ◆ Participants earn 1.5 continuing education credits

### Addressing the Impact of Trauma on Youth With Autistic Spectrum Disorder and Other Developmental Disabilities

Moderator: Juliet Vogel, Ph.D.  
Panelists: Peter J. D'Amico, ABPP, Connor M. Kerns, Ph.D., Daniel Hoover, ABPP, Michael Gomez, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### In-Person and Technology-Mediated Relationship Interventions for Same-Sex Couples: Towards the Development and Dissemination of Affirming Couple Care

Moderator: Kimberly Z. Pentel, M.A.  
Presenters: Sarah W. Whitton, Ph.D., David W. Pantalone, Ph.D., Kathryn Macapagal, Ph.D., Donald H. Baucom, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### Telemental Health With Veteran Couples: Special Considerations for Providing Evidence-Based Psychotherapy Within the VA System

Moderator: Katherine Knies, Ph.D.  
Panelists: Karen Petty, Ph.D., Anna Birks, Psy.D., Leigh Ridings, Ph.D., Vickie Bhatia, Ph.D.

10:15 a.m. – 11:45 a.m.

- ◆ Participants earn 1.5 continuing education credits

### Using Technology Before, During, and After Intensives for Tweens/Teens With Selective Mutism to Enhance Motivation and Generalization

Moderator: Jami M. Furr, Ph.D.  
Panelists: Shelley Avny, Ph.D., Laura Kirmayer, Ph.D., Lauren Knickerbocker, Ph.D., Steven Kurtz, ABPP, Ph.D.

1:45 p.m. – 3:15 p.m.

- ◆ Participants earn 1.5 continuing education credits

### Managing Disruptive Behaviors in Classrooms With Technology: Interventions, Implications, and Obstacles

Moderator: Steven Kurtz, ABPP, Ph.D.  
Panelists: Alexandra Barnett, Ph.D., Karen Budd, Ph.D., Chelsey Rosen, Psy.D., Tasha Brown, Ph.D.

3:30 p.m. – 5:00 p.m.

- ◆ Participants earn 1.5 continuing education credits

### Developing a Life-Span Treatment Path for ADHD: Incorporating Recent Empirically Supported Treatments From Preschool to Young Adulthood

Moderator: Richard Gallagher, Ph.D.  
Panelists: Richard Gallagher, Ph.D., Anil Chacko, Ph.D., Thomas Power, ABPP, Margaret Sibley, Ph.D., Joshua Langberg, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### Exercise-Based Interventions for Psychopathology: Overcoming Barriers to Implementation and Adherence

Moderators: Stephen S. Ilardi, Ph.D., Stephanie E. Punt, B.S.  
Panelists: James A. Blumenthal, Ph.D., Madhukar H. Trivedi, M.D., Katie M. Heinrich, Ph.D., Michael S. Namekata, M.A.

Sunday, November 18, 2018

8:30 a.m. – 10:00 a.m.

- ◆ Participants earn 1.5 continuing education credits

### When Helping Is Hurting: The Role of Family Accommodation in Childhood Anxiety

Moderator: Jami Socha, Ph.D.  
Panelists: Daniela Owen, Emily Berner, MFT, David A. Schuberth, M.A.

10:15 a.m. – 11:45 a.m.

◆ *Participants earn 1.5 continuing education credits*

**How to Prepare Clinicians for the Changing Landscape of Healthcare: Increasing Treatment Access and Value Using Empirically Supported Mechanisms of Change**

Moderator: Paul J. Geiger, M.S.  
Panelists: Alex Brake, M.S., Jennifer Cheavens, Ph.D., Colleen Cowperthwait, Ph.D., Zach Rosenthal, Ph.D., Shannon Sauer-Zavala, Ph.D.

10:15 a.m. – 11:45 a.m.

◆ *Participants earn 1.5 continuing education credits*

**Trauma-Focused Cognitive Behavioral Therapy for Maltreated Youth: Technological Advances for Training and Treatment**

Moderator: Michael Gomez, Ph.D.  
Panelists: Jan Newman, Ph.D., JD, Allison R. Morton, B.A., Babetta B. Mathai, B.S., Tabitha C. Fleming, M.A., Alexandra Gibson, M.A.

■ **MINI WORKSHOPS**

Friday, November 16  
8:30 a.m. - 10:00 a.m.

Mini Workshop 1

◆ *Participants earn 1.5 continuing education credits*

**Spirituality and Mental Health: What CBT Clinicians Need to Know**

David H. Rosmarin, ABPP, Ph.D., McLean Hospital/Harvard Medical School

Mini Workshop 2

◆ *Participants earn 1.5 continuing education credits*

**Using Technology to Enhance Evidence-Based Treatment: Skill for Developing an Application From the Ground Up**

Zachary W. Adams, Ph.D., Indiana University School of Medicine  
Tatiana Davidson, Ph.D., Medical University of South Carolina  
Leigh Ridings, Ph.D., Medical University of South Carolina

10:15 a.m. - 11:45 a.m.

Mini Workshop 3

◆ *Participants earn 1.5 continuing education credits*

**What We Didn't Learn in Graduate School About Exposure Therapy for Anxiety: Lessons Learned From Real-World Practice**

Patrick B. McGrath, Ph.D., Amita Health  
Brett J. Deacon, Ph.D., Illawarra Anxiety Clinic

Mini Workshop 4

◆ *Participants earn 1.5 continuing education credits*

**#DBT: A Live, Annotated Demonstration of DBT With an Adolescent**

Esme A L. Shaller, Ph.D., UC-San Francisco  
Alison Yaeger, Psy.D., McLean Hospital, Harvard Medical School  
Ashley Maliken, Ph.D., UC-San Francisco  
Maggie Gorraiz, Ph.D., McLean Hospital, Harvard Medical School

1:45 p.m. - 3:15 p.m.

Mini Workshop 5

◆ *Participants earn 1.5 continuing education credits*

**When Sounds Trigger Anger and Anxiety: An Introduction to Misophonia**

Zachary Rosenthal, Ph.D., Duke University Medical Center

3:30 p.m. - 5:00 p.m.

Mini Workshop 6

◆ *Participants earn 1.5 continuing education credits*

**#MeToo: What You Need to Know About How to Treat Trauma, Even If You Don't Treat Trauma**

Tamar Gordon, Ph.D., Tamar Gordon Psychology, LLC  
Susan Paula, Ph.D., American Institute for Cognitive Therapy

Mini Workshop 7

◆ *Participants earn 1.5 continuing education credits*

**Family-Based Healthy Weight Coaching**

Linda W. Craighead, Ph.D., Emory University

Saturday, November 17

8:30 a.m. - 10:00 a.m.

Mini Workshop 8

◆ *Participants earn 1.5 continuing education credits*

**Guided Discovery Strategies: Practical Strategies to Overcome Common Pitfalls**

Scott H. Waltman, ABPP, Psy.D., Warrior Resiliency Program, Army, Central Regional Health Command  
Brittany Hall, Ph.D., Children's Health-Children's Medical Center/University of Texas Southwestern Medical Center  
Lynn McFarr, Ph.D., CBT California

Mini Workshop 9

◆ *Participants earn 1.5 continuing education credits*

**Introduction to the Coping Long Term With Active Suicide Program**

Ivan Miller, Ph.D., Brown University & Butler Hospital  
Brandon Gaudiano, Ph.D., Brown University & Butler Hospital  
Lauren Weinstock, Ph.D., Brown University

Mini Workshop 10

◆ *Participants earn 1.5 continuing education credits*

**Learning to CARE: An Easy to Understand and Use Approach to Delivering Consistent High-Quality ACT Treatment**

Kirk Strosahl, Ph.D., HeartMatters Consulting  
Patricia Robinson, Ph.D., Mountainview Consulting Group

10:15 a.m. - 11:45 a.m.

Mini Workshop 11

◆ *Participants earn 1.5 continuing education credits*

**Cognitive Behavior Therapy for Women With Anxiety During Pregnancy and the Postpartum**

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

Mini Workshop 12

◆ *Participants earn 1.5 continuing education credits*

**I'm FINE: Recovery-Oriented Cognitive Therapy for Individuals With Psychosis Lacking Insight**

Aaron Brinen, Psy.D., Perelman School of Medicine, University of Pennsylvania

1:45 p.m. - 3:15 p.m.

Mini Workshop 13

◆ *Participants earn 1.5 continuing education credits*

**The Semistructured Interview for Consideration of Ethnic Culture in Therapy Scale: An Evidence-Based Assessment and Intervention Demonstrated to Enhance Cultural Competence**

Brad Donohue, Ph.D., University of Nevada, Las Vegas  
Kelsey M. Bradshaw, Ph.D., Sharp HealthCare  
Yulia Gavrilova, M.A., University of Nevada, Las Vegas  
Marina Galante, M.A., University of Nevada, Las Vegas  
Elena Gavrilova, B.A., University of Nevada, Las Vegas

3:30 p.m. - 5:00 p.m.

Mini Workshop 14

◆ *Participants earn 1.5 continuing education credits*

**Focusing on Difficulties With Self-Regulation in Short-Term Therapy for Depression**

Kari Eddington, Ph.D., University of North Carolina at Greensboro  
Timothy Strauman, Ph.D., Duke University

Mini Workshop 15

◆ *Participants earn 1.5 continuing education credits*

**Treating PTSD in High-Risk and Multi-Diagnostic Clients Receiving DBT**

Melanie S. Harned, ABPP, Ph.D., University of Washington  
Kathryn Korslund, ABPP, Ph.D., THIRA Health

■ **PANEL DISCUSSIONS**

Friday, November 16, 2018

8:30 a.m. – 10:00 a.m.

Panel Discussion 1

◆ *Participants earn 1.5 continuing education credits*

**Cross-Disciplinary Training in CBT: Using Behavioral Strategies and Technology to Enhance Psychotherapy Training in Academic Medical Centers**

Moderator: Michelle Pelcovitz, Ph.D.  
Panelists: Angela Chiu, Ph.D., Megan Hughes-Feltenberger, Ph.D., Rebecca Erban, Psy.D., Beryl Filton, Ph.D., Colby Tyson, M.D.

Panel Discussion 2

◆ *Participants earn 1.5 continuing education credits*

**Cutting-Edge Developments in Transdiagnostic Research and Practice**

Moderator: David H. Barlow, ABPP  
Panelists: Todd Farchione, Ph.D., Peter Norton, Ph.D., Cassidy Gutner, Ph.D., Kristen K. Ellard, Ph.D., Shannon Wiltsey-Stirman, Ph.D.

10:15 a.m. – 11:45 a.m.

Panel Discussion 3

◆ *Participants earn 1.5 continuing education credits*

**Broadening Perspectives: Understanding the Challenges in Implementation of Evidence-Based Treatments From the Viewpoints of Policymakers, Clinicians, and Researchers**

Moderators: Anu Asnaani, Ph.D., & Rinad Beidas, Ph.D.  
Panelists: Jonathan Comer, Ph.D., Kimberly Hoagwood, Ph.D., Chris Molnar, Ph.D., Liz Turk-Karan, Ph.D., Shannon Wiltsey-Stirman, Ph.D.

Panel Discussion 4

◆ *Participants earn 1.5 continuing education credits*

**The Future of Network Analysis in Clinical Psychology: Perils and Possibilities**

Moderator: Esther Tung  
Panelists: Sacha Epskamp, Ph.D., Aaron J. Fisher, Ph.D., Robert F. Krueger, Ph.D., Richard J. McNally, Ph.D., Douglas Steinley, Ph.D., Aidan G. C. Wright, Ph.D.

Panel Discussion 5

◆ *Participants earn 1.5 continuing education credits*

**You Can Pay Someone to Do That for You: Partnering With Technology Companies for Behavioral Research**

Moderator: Laura Sockol  
Panelists: Erika Litvin Bloom, Ph.D., Marie J. C. Forgeard, Ph.D., Gabriela Kattan. Khazanov, M.A., Michael E. Levin, Ph.D.

12:00 p.m. – 1:00 p.m.

Panel Discussion 6

◆ *Participants earn 1 continuing education credit*

**What Can an Evidence-Based Mental Health Practitioner Do When Faced With Pseudoscience?**

Moderator: Daniel L. Hoffman, ABPP, Ph.D.  
Panelists: Daniel L. Hoffman, ABPP, Ph.D., Rebecca Sachs, ABPP, Ph.D., Shane Owens, ABPP, Dean McKay, ABPP, Ph.D.

1:45 p.m. – 2:45 p.m.

Panel Discussion 7

◆ *Participants earn 1 continuing education credit*

**Friend or Foe: Social Media's Relationship With Eating Disorders and its Impact on Research, Prevention, and Clinical Work**

Moderator: Laura E. Sproch, Ph.D.  
Panelists: Laura E. Sproch, Ph.D., Kimberly P. Anderson, Ph.D., Kate Clemmer, LCSW

Panel Discussion 8

◆ *Participants earn 1 continuing education credit*

**Managing an Online Mental Health Community for Latinx and Spanish-Speaking Populations**

Moderator: Sarah A. Hayes-Skelton, Ph.D.  
Panelists: Bryan Balvaneda, M.A., Natalie Arbid, M.A., Marta E. Pagán-Ortiz, M.S.

1:45 p.m. – 3:15 p.m.

Panel Discussion 9

◆ *Participants earn 1.5 continuing education credits*

**#Timesup: Strategies to Advance Women to the Top from Women Who've Made It There**

Moderator: Page L. Anderson, Ph.D.  
Panelists: Ileana Arias, Ph.D., Marsha Linehan, Ph.D., Lily McNair, Ph.D., Gail Steketee, Ph.D., Michelle Williams, Ph.D.

Panel Discussion 10

◆ *Participants earn 1.5 continuing education credits*

**Integrating Technology in Behavioral Medicine and Primary Care: Opportunities and Challenges**

Moderators: Brooke G. Rogers, M.P.H., & Jessica F. Magidson, Ph.D.  
Panelists: Ethan H. Mereish, Ph.D., Joseph Trombello, Ph.D., Rachel Tomko, Ph.D., Lena Andersen, Ph.D., Jessica Yu, Ph.D.

Panel Discussion 11

◆ *Participants earn 1.5 continuing education credits*

**We Don't Have Time To Lose: Bridging the Gap Between Academia and Digital Health Industry**

Moderator: Christine Moberg, Ph.D.  
Panelists: Jessica Lipschitz, Ph.D., Athena Robinson, Ph.D., Paula Willbourne, Ph.D., Mylea Charvat, Ph.D., Ken Weingardt, Ph.D., Megan Oser, Ph.D.

3:30 p.m. – 5:00 p.m.

Panel Discussion 12

◆ *Participants earn 1.5 continuing education credits*

**Bringing Evidence-Based Treatments for Youth Depression Into Community Settings: Opportunities and Challenges**

Moderator: Jami F. Young, Ph.D.  
Panelists: Elizabeth McCauley, Ph.D., Laura Mufson, Ph.D., V. Robin Weersing, Ph.D., Anat Brunstein-Klomek, Ph.D.

Panel Discussion 13

◆ *Participants earn 1.5 continuing education credits*

**Ethics and Policy in Technology-Based Research**

Moderators: Tommy Chou, M.S., & Giovanni Ramos, B.A.  
Panelists: Melissa DeRosier, Ph.D., Stacy Frazier, Ph.D., Maryam Kia-Keating, Ph.D., Lynn Bufka, Ph.D., Ashley Isaia, M.A.

Panel Discussion 14

◆ *Participants earn 1.5 continuing education credits*

**Measuring Facets of Major Depressive Disorder in Everyday Life: A Practical Discussion of Pragmatics and Innovations**

Moderator: Rachel Hershenberg, Ph.D.  
Panelists: Lauren Bylsma, Ph.D., Jennifer Dahne, Ph.D., Evan M. Kleiman, Ph.D., Renee Thompson, Ph.D.

Panel Discussion 15

◆ *Participants earn 1.5 continuing education credits*

**Strategies for Augmenting and Optimizing CBT: Current Status and Links to Neuroscience**

Moderator: Peter F. Hitchcock, M.S.  
Panelists: Jan Mohlman, Ph.D., Anders Hovland, Ph.D., Kieron O'Connor, Ph.D., Philippe Goldin, Ph.D., Angela Fang, Ph.D.

Panel Discussion 16

◆ *Participants earn 1.5 continuing education credits*

**Using Technology to Improve the Training of Future and Current Clinical Scientists**

Moderator: Ashley Borders, Ph.D.  
Panelists: Lauren A. Stutts, Ph.D., Susan Wenzel, Ph.D., Dara G. Friedman-Wheeler, Ph.D., Laura Knouse, Ph.D., Zachary Rosenthal, Ph.D., Nicholas Mian, Ph.D.

**Saturday, November 17, 2018**

**8:30 a.m. – 10:00 a.m.**

Panel Discussion 17

◆ *Participants earn 1.5 continuing education credits*

**Difficult-to-Treat Child Anxiety? Don't Fear: Innovative Formats and Strategies for Optimizing Treatment Delivery**

Moderators: Danielle Cornacchio, M.S., & Natalie Hong, B.S.

Panelists: Anne Marie Albano, ABPP, Ph.D., Martin Franklin, Ph.D., Jennifer Freeman, Ph.D., Jonathan Comer, Ph.D.

Panel Discussion 18

◆ *Participants earn 1.5 continuing education credits*

**Where Is the "C" in DBT?**

Moderators: Lauren Bonavitacola, Psy.D., & Emma Zoloth, Psy.D.  
Panelists: Alec L. Miller, Psy.D., Lata McGinn, Ph.D., Lynn McFarr, Ph.D.

10:15 a.m. – 11:45 a.m.

Panel Discussion 19

◆ *Participants earn 1.5 continuing education credits*

**#NotFakeNews: Engaging With Journalists About Mental Health Research and Treatment**

Moderator: Rachel Zerkowit, M.S.  
Panelists: David Grimm, Ph.D., Steven Hollon, Ph.D., Tina Hesman Saey, Ph.D., Kate Horowitz, M.A.

Panel Discussion 20

◆ *Participants earn 1.5 continuing education credits*

**Addressing Gun Violence in America Begins With a Focus on Suicide**

Moderator: Michael Anestis, Ph.D.  
Panelists: Michael Anestis, Ph.D., Craig Bryan, ABPP, Christopher Maxwell, B.A., Vicka Chaplin, M.A.

Panel Discussion 21

◆ *Participants earn 1.5 continuing education credits*

**Current Directions in the Dissemination and Implementation of Evidence-Based Practice for Military Service Members and Veterans With PTSD**

Moderators: Andrew M. Sherrill, Ph.D., & Ari Lowell, Ph.D.  
Panelists: Katherine A. Dondanville, Psy.D., Kelly P. Maieritsch, Ph.D., David S. Riggs, Ph.D., Josef I. Ruzek, Ph.D., Liza C. Zwiebach, Ph.D.

Panel Discussion 22

◆ *Participants earn 1.5 continuing education credits*

**How Tweet It Is: Social Media and Internet Platforms as a Means to Disseminate Knowledge to Behavioral Health Professionals and Consumers**

Moderator: Robert D. Friedberg, ABPP, Ph.D.  
Panelists: Simon A. Rego, ABPP, Psy.D., Sara Becker, Ph.D., Brad J. Nakamura, Ph.D., Robert Meyers, Psy.D.

Panel Discussion 23

◆ *Participants earn 1.5 continuing education credits*

**The Cutting Edge of Technology in CBT Research and Treatment: Where We Are Now, and Where We're Headed**

Moderator: Hilary Weingarden, Ph.D.  
Panelists: Christian Rück, M.D., Ph.D., Adam Haim, Ph.D., Richard G. Heimberg, Ph.D., Stephen Schueller, Ph.D., Athena Robinson, Ph.D.

Panel Discussion 24

◆ *Participants earn 1.5 continuing education credits*

**The Opportunities and Limitations of Digital Interventions for Emotional Difficulties**

Moderator: Kibby McMahon, M.A.  
Panelists: Zachary Rosenthal, Ph.D., Matthew K. Nock, Ph.D., Bethany A. Teachman, Ph.D., Marcus Rodriguez, M.A.

12:00 p.m. – 1:30 p.m.

Panel Discussion 25

◆ *Participants earn 1.5 continuing education credits*

**A Duty to Warn? A Discussion of Potentially Harmful Therapies**

Moderator: Amanda Jensen-Doss, Ph.D.  
Panelists: Krista Jana, Ph.D., Scott Lilienfeld, Ph.D., Dean McKay, ABPP, Ph.D., Jean Mercer, Ph.D., Bethany A. Teachman, Ph.D., Bradley White, Ph.D.

Panel Discussion 26

◆ *Participants earn 1.5 continuing education credits*

**Dissemination and Implementation Science to Reduce Mental Health Burden: Closing the Research to Training Gap**

Moderators: Natalie Hong, B.S., & Rachel Ouellette, B.S.  
Panelists: Stacy Frazier, Ph.D., Rinad Beidas, Ph.D., Tara G. Mehta, Ph.D., Risa Weisberg, Ph.D.

Panel Discussion 27

◆ *Participants earn 1.5 continuing education credits*

**Wise Interventions for Psychopathology? Integrating Social and Clinical Psychological Science**

Moderator: Jessica L. Schleider, M.A.  
Panelists: Anil Chacko, Ph.D., Gabriele Oettingen, Ph.D., David Yeager, Ph.D., John Riskind, Ph.D., Andres De Los Reyes, Ph.D., David Valentiner, Ph.D.

1:45 p.m. – 3:15 p.m.

Panel Discussion 28

◆ *Participants earn 1.5 continuing education credits*

**Community-Based Mental Health Treatment for Co-Occurring Psychiatric Conditions and ASD: Where We Are and Where We Need to Go**

Moderator: Brenna Maddox, Ph.D.  
Panelists: Valerie L. Gaus, Ph.D., Edward Brodtkin, M.D., Lauren Brookman-Frazee, Ph.D., Zonya Mitchell, Psy.D., Rebecca Sachs, ABPP, Ph.D., Dina Vivian, Ph.D.

3:30 p.m. – 5:00 p.m.

Panel Discussion 29

◆ *Participants earn 1.5 continuing education credits*

**A Panel Discussion Commemorating the 50th Anniversary of CBT for Serious Mental Illness: Where Have We Been? Where Are We Going?**

Moderators: Shirley Glynn, Ph.D., & Charlie A. Davidson, Ph.D.  
Panelists: David Penn, Ph.D., Kim Mueser, Ph.D., Steven Silverstein, Ph.D., William D. Spaulding, Ph.D.

Panel Discussion 30

◆ *Participants earn 1.5 continuing education credits*

**Adopting vs. Adapting DBT Across Cultures and Diagnoses**

Moderator: Andre Ivanoff, Ph.D.  
Panelists: Tony Dubose, Psy.D., Ahmed Abdelkarim, M.D., Helene Sher, M.D., A. Meltem Ustundag-Budak, M.D., Suhadee Henriquez, LCSW

Panel Discussion 31

◆ *Participants earn 1.5 continuing education credits*

**This Idea Must Die: Scientific Theories That Are Blocking Progress**

Moderator: Simon A. Rego, ABPP, Psy.D.  
Panelists: David H. Barlow, ABPP, Anne Marie Albano, ABPP, Ph.D., William C. Sanderson, Ph.D., G. Terence Wilson, Ph.D.

Panel Discussion 32

◆ *Participants earn 1.5 continuing education credits*

**Training as a Psychologist in Global Mental Health: Opportunities, Challenges, and the Expanding Role of Technology**

Moderator: Jessica F. Magidson, Ph.D.  
Panelists: Jennifer M. Belus, M.A., Lena S. Andersen, Ph.D., Alexandra Rose, M.S., Judith K. Bass, Ph.D., Steven A. Safren, Ph.D., Jessica N. Coleman, B.A.

Sunday, November 18, 2018

8:30 a.m. – 10:00 a.m.

Panel Discussion 33

◆ *Participants earn 1.5 continuing education credits*

**Integrating Physiological Tools and Technology Into CBT Prevention and Treatment Outcome Research**

Moderator: Elissa J. Brown, Ph.D.  
Panelists: Komal Sharma-Patel, Ph.D., Kate Nooner, Ph.D., Lily Brown, Ph.D., Desmond Oathes, Ph.D.

Panel Discussion 34

◆ *Participants earn 1.5 continuing education credits*

**Virtual Reality: Challenges and Opportunities in Clinical Research**

Moderator: Michelle Pelcovitz, Ph.D.  
Panelists: Patrick Bordnick, M.P.H., Ph.D., LCSW, JoAnn Difede, Ph.D., Azucena Garcia-Palacios, Ph.D., Hunter Hoffman, Ph.D.

10:15 a.m. – 11:15 a.m.

Panel Discussion 35

◆ *Participants earn 1 continuing education credit*

**Portals to Healing: How to Meet the Challenges of Treating Veterans and Military Families Through Telemental Health Services**

Moderator: Amanda Spray, Ph.D.  
Panelists: Laura Price, Ph.D., Megan Olden, Ph.D., Cory K. Chen, Ph.D.

10:15 a.m. – 11:45 a.m.

Panel Discussion 36

◆ *Participants earn 1.5 continuing education credits*

**Bridging the Gap Between Research and Practice in Clinical Applications of Digital Technology**

Moderator: Maren Westphal, Ph.D.  
Panelists: Maren Westphal, Ph.D., Per Carlbring, Ph.D., Patricia Frazier, Ph.D., Heather Hadjistavropoulos, Ph.D., Frederick Muench, Ph.D.

Panel Discussion 37

◆ *Participants earn 1.5 continuing education credits*

**Prevention of Depression: Current Status and Future Directions**

Moderators: Lata K. McGinn, Ph.D., & Judy Garber, Ph.D.  
Panelists: Judy Garber, Ph.D., Bruce Compas, Ph.D., Jane Gilham, Ph.D., V. Robin Weersing, Ph.D., Jami F. Young, Ph.D.

■ **SYMPOSIA**

Friday, November 16, 2018

8:30 a.m. - 10:00 a.m.

◆ *Participants earn 1.5 continuing education credits*

**Advances in the Use of Social Norms in Risky Drinking Research: From Conceptualization to Intervention**

Co-Chairs: Sarah A. Hines, M.A., & Roisin O'Connor, Ph.D.  
Discussant: Brian Borsari, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Applications of Bayesian Estimation in Clinical Research**

Co-Chairs: Alessandro De Nadai, Ph.D., & Craig Henderson, Ph.D.  
Discussant: Scott Baldwin, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Culture, Psychosis, and Help-Seeking Patterns for Mental Illness**

Chair: Ana Martinez de Andino, M.S.  
Discussant: Shirley Glynn, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Innovative Training Regimes in Psychopathology in Childhood, Adolescence, and Adulthood**

Co-Chairs: Ellen Greimel, Ph.D., & Charlotte E. Wittekind, Ph.D.  
Discussant: Mike Rinck, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Investigating Emotion Dysregulation in Worry: The Role of Emotional Contrast Avoidance**

Chair: Hanjoo Kim, M.S.  
Discussant: Michelle G. Newman, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Merging Theory With Methodological Advances: Empirical Applications of a Dynamical Systems Framework for an In-Depth Understanding of Couple Functioning**

Chair: Melanie S. Fischer  
Discussant: Steffany J. Fredman, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Novel Findings From the Fear Conditioning Laboratory: Fear Conditioning as a Modern Tool for Cognitive Behavioral Science**

Co-Chairs: Alexandra K. Gold, M.A., & M. Alexandra Kredlow, M.A.  
Discussant: Michael W. Otto, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Optimizing the Clinical Care of Youth With Tourette's Disorder**

Chair: Joseph McGuire, Ph.D.  
Discussant: Douglas W. Woods, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Promoting Recovery After Sexual Violence in Diverse Populations**

Chair: RaeAnn Anderson, Ph.D.  
Discussant: Patti A. Timmons. Fritz, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**To Accommodate or Not to Accommodate? Improving Academic Success for Children and Adolescents With Externalizing Problems**

Chair: Fiona L. Macphree, M.S.  
Discussant: George J. DuPaul, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Using Cutting-Edge Approaches to Advance our Understanding and Treatment of Self-Harming Thoughts and Behaviors**

Co-Chairs: Kiera James, B.A., & Aliona Tsypes, M.S.  
Discussant: Mitchell J. Prinstein, ABPP, Ph.D.

9:00 a.m.- 10:00 a.m.

◆ *Participants earn 1.5 continuing education credits*

**Parent-Child Relationships and Sexual Minority People's Mental Health**

Chair: Audrey Harkness, Ph.D.  
Discussant: John E. Pachankis, Ph.D.

◆ *Participants earn 1.5 continuing education credits*

**Training Novice and Lay Professionals in CBT**

Chair: Flint M. Espil, Ph.D.  
Discussant: Elizabeth Connors, Ph.D.

10:15 a.m. - 11:45 a.m.

◆ *Participants earn 1.5 continuing education credits*

**Behavioral and Cognitive Science-Based Treatment: Harnessing Technology to Enhance Accessibility and Outcomes**

Co-Chairs: Daniel W. McNeil, Ph.D., & Jennifer Dahne, Ph.D.  
Discussant: Stefan G. Hofmann, Ph.D.



- ◆ Participants earn 1.5 continuing education credits

**Harnessing Very Brief Interventions to Reduce Youth Anxiety and Depression at Scale: How, Where, and for Whom?**

Chair: Jessica L. Schleider, M.A.  
Discussant: Thomas H. Ollendick, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Improving Risk Assessment and Treatment Planning for Suicidal Emergency Department Patients**

Chair: Brooke A. Ammerman, M.A.  
Discussant: Evan M. Kleiman, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Leveraging Technology to Improve Autism Acceptance and Treatment**

Chair: Lauren Kenworthy, Ph.D.  
Discussant: Sharon daVanport

- ◆ Participants earn 1.5 continuing education credits

**Novel Research Approaches to Self-destructive Behaviors and Associated Psychopathology**

Chair: Kenneth J.D. Allen, Ph.D.  
Discussant: Michael F. Armev, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Online Relationship Interventions for Low-Income Couples: Results From a Nationwide RCT**

Chair: Brian D. Doss, Ph.D.  
Discussant: Alan J. Hawkins, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Recent Advances in OC Spectrum Disorders: A Transdiagnostic and Translational Perspective**

Co-Chairs: Berta Summers, M.S., & Brittany M. Mathes, B.A.  
Discussant: Eric A. Storch, Ph.D.

12:00 p.m. - 1:30 p.m.

- ◆ Participants earn 1.5 continuing education credits

**Interpersonal Dysfunction in Social Anxiety Disorder: The Role of Social Perceptions, Perfectionism, and Empathy**

Chair: Hanjoo Kim, M.S.  
Discussant: Richard G. Heimberg, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Couples With Marginalized Identities: The Effects of Minority Stressors on Relationship Functioning and How Couples Cope**

Chair: Sarah W. Whitton, Ph.D.  
Discussant: Anthony Chambers, ABPP, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Data-Informed Approaches to Pediatric OCD: New Directions for Research and Clinical Practice**

Co-Chairs: Amitai Abramovitch, Ph.D., & Alessandro De Nadai, Ph.D.  
Discussant: Eric A. Storch, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Enhancing Evidence-Based Treatments for Youth Depression: Implications for the Use of Biological and Behavioral Tools in Identifying Candidate Mechanisms of Change**

Co-Chairs: Rachel A. Vaughn-Coaxum, M.A., & Dikla Eckshtain, Ph.D.  
Discussant: V. Robin Weersing, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**In the Eye of the Beholder: Novel Approaches to Studying Mood Disorders Through the Use of Eyetracking and Pupillometry**

Chair: Kean J. Hsu, Ph.D.  
Discussant: Greg J. Siegle, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**New Directions in the Study of Nonsuicidal Self-Injury: Innovative Approaches to the Examination of NSSI in Understudied Populations**

Co-Chairs: Matthew T. Tull, Ph.D., & Courtney Forbes, M.A.  
Discussant: Zachary Rosenthal, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**The Identification and Treatment of Behavioral Health Problems in Pediatric Primary Care**

Co-Chairs: Jami F. Young, Ph.D., & Jennifer Mautone, Ph.D.  
Discussant: Eric Lewandowski, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Wisdom From the Front Line: Using Provider and Stakeholder Perspectives to Improve Implementation**

Chair: Elizabeth Connors, Ph.D.  
Discussant: Lauren Brookman-Frazer, Ph.D.

12:30 p.m. - 1:30 p.m.

- ◆ Participants earn 1 continuing education credit

**Innovative Approaches to Youth Dating and Sexual Violence Prevention**

Chair: Aliya R. Webermann, M.A.  
Discussant: Tara Cornelius, Ph.D.

1:45 p.m. - 3:15 p.m.

- ◆ Participants earn 1.5 continuing education credits

**Acceptance and Anxiety: Recent Advances in the Assessment and Treatment of Anxiety Disorders Using an ACT Framework**

Chair: Ryan J. Jacoby, Ph.D.  
Discussant: Joanna J. Arch, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Integrating Mobile and Internet Technology With Empirically Supported Treatments for Anxiety and Obsessive-Compulsive Disorder**

Chair: Jennifer L. Buchholz, M.A.  
Discussant: Jonathan S. Abramowitz, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Minority Stress, Gender Affirmation, and Mental Health in Transgender Individuals: Research and Clinical Perspectives**

Chair: Jae A. Puckett, Ph.D.  
Discussant: Jillian C. Shipherd, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Models and Methods for Capturing Affective Processes in Psychopathology**

Co-Chairs: Aaron S. Heller, Ph.D., & Aidan G. C. Wright, Ph.D.  
Discussant: Aidan G. C. Wright, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**On the Cusp of a "New Era": Integrating Technological Advances Into Evidence-Based Assessment and Treatment**

Chair: Lauren A. Rutter, Ph.D.  
Discussant: Per Carlbring, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Putative Mechanisms of Response to CBT in Youth With Transdiagnostic Mood Symptoms**

Co-Chairs: Amy West, Ph.D., & Victoria Cosgrove, Ph.D.  
Discussant: Edward Craighead, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Sustaining EBPs Within Large-Scale Implementation Efforts in Public Mental Health Systems**

Chair: Anna S. Lau, Ph.D.  
Discussant: Shannon Wiltsey-Stirman, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Transdiagnostic Cognitive-Affective Vulnerability Factors in the Context of Comorbid Emotional Problems and Opioid Misuse**

Co-Chairs: Andrew H. Rogers, B.A., & Jafar Bakhshaie, M.D.  
Discussant: Kevin E. Vowles, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Using Technology in the Treatment of Youth Anxiety Disorders**

Chair: Caroline Donovan, Ph.D.  
Discussant: Thomas H. Ollendick, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Using Technology to Improve the Effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Depression: Results From Two Large-Scale Randomized Trials**

Chair: Frenk Peeters, M.D.  
Discussant: Robert J. DeRubeis, Ph.D.

2:15 p.m.- 3:15 p.m.

- ◆ *Participants earn 1 continuing education credit*

**Mediators and Moderators of the Association Between PTSD and Suicide**

Chair: Lily Brown, Ph.D.  
Discussant: Jesse R. Coughle, Ph.D.

3:30 p.m.- 4:30 p.m.

- ◆ *Participants earn 1 continuing education credit*

**Disclosure and Help-Seeking After Interpersonal Violence: Understanding the Role of Social Responses in Improving Survivors' Outcomes and Access to Care**

Chair: C. J. E. Fleming, Ph.D.  
Discussant: Kathleen Palm Reed, Ph.D.

3:30 p.m.- 5:00 p.m.

- ◆ *Participants earn 1.5 continuing education credits*

**CBT for Anxiety and Emotion Dysregulation in ASD: New Tools and Clinical Trials**

Chair: Connor M. Kerns, Ph.D.  
Discussant: Judy Reaven, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Challenges and Opportunities in Conducting Research With Suicidal Older Adults**

Chair: Dimitris Kiosses, Ph.D.  
Discussant: Dora Kanellopoulos, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Digital Platforms for Young People With Psychosis: A Focus on Engagement and Treatment**

Discussant: David Penn, Ph.D.  
Chair: Michelle H. Lim, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Enhancing Evidence-Based Psychotherapies in Routine Care Through Fidelity Assessment**

Chair: Clara Johnson, B.A.  
Discussant: Aaron Hogue, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Innovating Mental Health Science With an Ecological Momentary**

**Approach: Applications to Clinical Samples, Treatment Data, and Treatment Delivery**

Chair: Ki Eun Shin, M.S.  
Discussant: Nader Amir, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Innovations in the Treatment of ADHD in College Students**

Co-Chairs: Andrea Chronis-Tuscano, Ph.D., & Michael Meinzer, Ph.D.  
Discussant: George J. DuPaul, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Mechanisms of Behavior Change in the Treatment of Alcohol and Other Substance Use Disorders: Disseminating CBT Research Protocols**

Chair: Brett T. Hagman, Ph.D.  
Discussant: Barbara McCrady, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Novel Methods in Clinical Psychology**

Chair: Alessandro De Nadai, Ph.D.  
Discussant: Scott Baldwin, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Sleep Disturbance as a Transdiagnostic Factor in Anxiety-Related Processes**

Chair: Rebecca Cox, M.A.  
Discussant: Colleen Carney, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Some Harm in Looking: Implications of Pornography Use for Relationship and Sexual Outcomes**

Chair: Charlie Huntington, B.A.  
Discussant: Sarah W. Whitton, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Thinking Beyond the Individual: Family Impacts of PTSD and Its Treatment**

Chair: Stefanie T. LoSavio, Ph.D.  
Discussant: Steffany J. Fredman, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Transdiagnostic Group Psychotherapy for Children and Adolescents**

Chair: Nina Shiffrin, Ph.D.  
Discussant: Mary Alvord, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Understanding and Addressing Substance Use and Related Psychological Barriers to HIV Prevention and Treatment Among Men Who Have Sex With Men**

Chair: Abigail W. Batchelder, M.P.H., Ph.D.

Discussant: Steven A. Safren, Ph.D.

Saturday, November 17, 2018

8:30 a.m.- 10:00 a.m.

- ◆ Participants earn 1.5 continuing education credits

**A Better Look at Attentional Bias to Threat: Influences of Attentional Control, Prefrontal Executive Function, and Stress**

Chair: Peter Putman, Ph.D.

Discussant: Willem van der Does, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Closing the Treatment Gap: Technological Applications of Evidence-Based Interventions for Treatment and Training**

Chair: Shona N. Vas, Ph.D.

Discussant: Aaron R. Lyon, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Cognitive-Behavioral Technological Interventions: A Focus on Military Populations**

Chair: Amanda Edwards-Stewart, ABPP

Discussant: Ari Lowell, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Diagnosing and Treating Callous-Unemotional Type Conduct Problems in Preschoolers: How Can We Do Better?**

Chair: Georgette E. Fleming, B.A.

Discussant: Cheryl McNeil, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Emotional Regulation in Youth: More than Keeping Calm and Carrying On**

Chair: Robert D. Friedberg, ABPP, Ph.D.

Discussant: Mary Fristad, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Flexing With Fidelity: Routine Care Delivery of Transdiagnostic and Modular Treatment**

Co-Chairs: Kate H. Bentley, Ph.D., & Cassidy Gutner, Ph.D.

Discussant: Shannon Wiltsey-Stirman, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Harnessing Neuroimaging Technology in Understanding Mental Health in the Real World: Implications for Psychosocial Interventions**

Co-Chairs: Thilo Deckersbach, Ph.D., & Alexandra K. Gold, M.A.

Discussant: Michael W. Otto, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Hello World: Applying Machine Learning Data Analytic Approaches to Clinical Psychology Research**

Co-Chairs: Megan Hughes-Feltenberger, Ph.D., & Madeline R. Marks, M.S.

Discussant: David H. Feltenberger, M.S.

- ◆ Participants earn 1.5 continuing education credits

**Intolerance of Uncertainty: Evidence From Experimental and Laboratory Tasks**

Co-Chairs: Evelyn Behar, Ph.D., & Rachel Ranney, M.A.

Discussant: Jonathan S. Abramowitz, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Mental Illness and Violence: Risks, Misconceptions, and the Role of Policy**

Chair: Miranda L. Beltzer, M.A.

Discussant: Heather O'Beirne Kelly, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

**Transdiagnostic Processes in Eating Disorders: How Shared Mechanisms Can Inform Treatment**

Chair: Leigh C. Brosof, B.A.

Discussant: Drew Anderson, Ph.D.

9:00 a.m.- 10:00 a.m.

- ◆ Participants earn 1 continuing education credit

**As If Parenting Wasn't Hard Enough: The Attenuating Role of Parental Psychopathology on Behavioral Parent Training**

Chair: Alexis M. Garcia, M.S.

Discussant: Andrea Chronis-Tuscano, Ph.D.

- ◆ Participants earn 1 continuing education credit

**Current Trends in Behavioral Medicine: Role of Cognitive Vulnerability in Chronic Health Conditions**

Chair: Samantha G. Farris, Ph.D.

Discussant: Ana M. Abrantes, Ph.D.

- ◆ Participants earn 1 continuing education credit

**Leveraging Technology to Understand and Address Bisexual Stigma and Health**

Chair: Brian A. Feinstein, Ph.D.

Discussant: Brian Dodge, Ph.D.

- ◆ Participants earn 1 continuing education credit

**Seeing the Trees for the Forest: Personalized and Precision Approaches to Discrete Behavior Change**

Co-Chairs: Aaron J. Fisher, Ph.D., & Peter D. Soyster, B.A.

Discussant: Aaron J. Fisher, Ph.D.

10:15 a.m.- 11:15 a.m.

- ◆ Participants earn 1 continuing education credit

**Applications of Individual Level Modeling: Promises, Pitfalls, and Possibilities**

Co-Chairs: Marilyn L. Piccirillo, M.A., & Natasha A. Tonge, M.A.

Discussant: Richard J. McNally, Ph.D.

- ◆ *Participants earn 1 continuing education credit*

**Translational Intervention Research in Depression: Exploring Mechanisms of Action**  
Discussant: Timothy J. Strauman, Ph.D.  
Chair: Jaimie Lunsford, M.A.

10:15 a.m.- 11:45 a.m.

- ◆ *Participants earn 1.5 continuing education credits*

**Looking Within the Black Box of Family Violence: How Assessment of Incidents of Aggression Can Inform Understanding of Etiological Processes**  
Chair: Amy D. Marshall, Ph.D.  
Discussant: Amy M. Smith Slep, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Promoting Mental Health Through Dyadic Functioning in Same-Sex Couples: From Basic Relationship Science to Technology-Based Intervention Development**  
Chair: Kimberly Z. Pentel, M.A.  
Discussant: Joanne Davila, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**A Revolution in Care: Updating Knowledge and Achieving Implementable Solutions in Digital Mental Health**  
Chair: Cristina Botella, Ph.D.  
Discussant: Stefan G. Hofmann, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Bringing People Together: Using Technology to Broaden the Reach, Improve the Impact, and Evaluate the Effectiveness of Relationship Interventions**  
Chair: Tatiana D. Gray, Ph.D.  
Discussant: Brian D. Doss, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Cognitions, Behaviors, and Emotions Across the Romantic Relationship Life Span: Assessing Relational Conflict Competencies Using Novel Methodology**  
Co-Chairs: Binghuang Wang, & Judith Biesen, M.A.  
Discussant: Christina Balderrama-Durbin, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Examining the Role of Anxiety in Maladaptive Health Behaviors**  
Co-Chairs: Andrew H. Rogers, B.A., & Arielle Horenstein, M.A.  
Discussant: Jasper Smits, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Executive Function in Anxiety and Depressive Disorders**  
Co-Chairs: Hani Zainal, M.S., & Michelle G. Newman, Ph.D.  
Discussant: Thomas H. Ollendick, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Getting Specific About Emotion Dysregulation in Borderline Personality Disorder: A Multi-method Approach**  
Chair: Matthew W. Southward, M.A.  
Discussant: Kim Gratz, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Investigating Substance Use Motives to Inform Intervention and Prevention Efforts**  
Chair: Samuel R. Davis, B.A.  
Discussant: Mark Prince, M.S., Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Longitudinal Investigations of the Complex Relationships Between Body Dissatisfaction, Coping Behaviors, and Health Outcomes**  
Chair: Lauren A. Stutts, Ph.D.  
Discussant: C. Alix Timko, Ph.D.

- ◆ *Participants earn 1.5 continuing education creditstion*

**Motivational and Self-Regulatory Processes Associated With Complicated Grieving**  
Chair: Joah Williams, Ph.D.  
Discussant: Alyssa Rheingold, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Neural Mechanisms of Emotion Dysregulation in Autism Spectrum Disorder: How Neuroimaging Informs Next-Generation Treatments and the Development of Biomarkers**  
Co-Chairs: Denis G. Sukhodolsky, Ph.D., & Karim Ibrahim, Psy.D.  
Discussant: Kevin Pelphrey, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**School-Based Treatment of High School Students With ADHD: Results of a Large Randomized Controlled Trial**  
Chair: Steven W. Evans, Ph.D.  
Discussant: Joshua Langberg, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**The Hierarchical Taxonomy of Psychopathology: An Emerging Dimensional Approach to Mental Disorder Research and Treatment**  
Chair: Christopher C. Conway, Ph.D.  
Discussant: Jennifer Tackett, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**Transcultural and Transdiagnostic Application of Behavioral Activation**  
Chair: Yun Chen, M.A.  
Discussant: Stacey B. Daughters, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*

**What's Going on in the Therapy Room? Measuring in-Session Client and Provider Behaviors Within the Community Implementation of Evidence-Based Practices for Youth**  
Chair: Bryce McLeod, Ph.D.  
Discussant: Aaron Hogue, Ph.D.

12:00 p.m.- 1:30 p.m.

- ◆ *Participants earn 1.5 continuing education credits*

**Residential Dialectical Behavior Therapy for Adolescents: An Overview of Treatment Outcomes**  
Chair: Luciana G. Payne, Ph.D.  
Discussant: Alec L. Miller, Psy.D.

- ◆ *Participants earn 1.5 continuing education credits*

**What Can We Learn About CBT by Studying Trajectories of Change?**  
Chair: Jacqueline B. Persons, Ph.D.  
Discussant: Stefan G. Hofmann, Ph.D.

**12:30 p.m.- 1:30 p.m.**

- ◆ *Participants earn 1 continuing education credit*  
**Participant Observations: Considerations and Applications Across Home, Outpatient, and School Contexts**  
Chair: Michelle Grimes, Ph.D.  
Discussant: David Reitman, Ph.D.

**1:45p.m.- 3:15p.m.**

- ◆ *Participants earn 1.5 continuing education credits*  
**A Loneliness Epidemic? Examining Causes, Correlates, and Interventions for Social Disconnection in the Modern Age**  
Co-Chairs: Nicole J. LeBlanc, M.A., & Emily E. Bernstein, M.A.  
Discussant: Thomas L. Rodebaugh, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**A Multimodal Approach to Abnormal Reward Processing and Affective Psychopathology**  
Chair: Benjamin A. Katz, M.A.  
Discussant: Lauren B. Alloy, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Adding to the CBT Evidence Database: Including Costs, and Benefits, for Cost-Effectiveness and Cost-Benefit Analyses**  
Chair: Brian T. Yates, Ph.D.  
Discussant: Michael C. Freed, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Conceptualization of Sensory Overresponsivity: Implications for Classification of Psychopathology**  
Co-Chairs: Martha Falkenstein, Ph.D., & David A. F. Haaga, Ph.D.  
Discussant: Eric A. Storch, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Early Identification of Risk for ADHD in Infancy, Toddlerhood, and Preschool: A Series of Longitudinal Investigations**  
Chair: Natalie Miller, Ph.D.  
Discussant: Andrea Chronis-Tuscano, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*  
**Examination of Implementation Leadership and Climate on Implementation in Schools and Community Mental Health Services**  
Chair: Kelsey S. Dickson, Ph.D.  
Discussant: Gregory S. Aarons, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Helping Others Help Less: Assessing and Reducing Symptom Accommodation in Fear-Based Disorders**  
Chair: Lillian Reuman, M.A.  
Discussant: Stephen Whiteside, ABPP
- ◆ *Participants earn 1.5 continuing education credits*  
**Increasing the Reach of Exposure Therapy for PTSD: The Latest in Randomized Controlled Trials Designed to Reduce Implementation Barriers**  
Chair: Laurie J. Zandberg, Psy.D.  
Discussant: Shannon Wiltsey-Stirman, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Novel Approaches to Understanding and Treating OCD**  
Chair: Amanda M. Raines, Ph.D.  
Discussant: Bunmi Olatunji, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Risk, Resilience, and Treatment Response: Statistical and Computational Advances in Understanding Mental Health**  
Chair: Michael Mullarkey, M.A.  
Discussant: Richard J. McNally, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Using Technology to Advance Methods in Treatment Development Research for Couples**  
Chair: Julianne C. Flanagan, Ph.D.  
Discussant: Dominic J. Parrott, Ph.D.

**3:30 p.m.- 4:30 p.m.**

- ◆ *Participants earn 1 continuing education credit*  
**Clinical Utility of Novel Psychophysiological Measures of Depression and Anxiety in the Age of RDoC**  
Chair: Emily Meissel, B.A.  
Discussant: Nader Amir, Ph.D.
  - ◆ *Participants earn 1.5 continuing education credits*  
**Preventing Prescription Stimulant Misuse: Insights From Ecological Momentary Assessment and Simulation Studies**  
Chair: Laura Holt, Ph.D.  
Discussant: Christopher J. Correia, Ph.D.
- 3:30 p.m.- 5:00 p.m.**
- ◆ *Participants earn 1.5 continuing education credits*  
**“Positively Terrifying”: Multimethod Examinations of Positivity Impairments as an Integral Feature of SAD**  
Chair: Justin W. Weeks, Ph.D.  
Discussant: Lynn Alden, Ph.D.
  - ◆ *Participants earn 1.5 continuing education credits*  
**Building Trauma-Informed Systems for Our Youth: Perspectives From Implementing Trauma-Focused CBT in the Community**  
Chair: Briana S. Last, M.A.  
Discussant: Rinad Beidas, Ph.D.
  - ◆ *Participants earn 1.5 continuing education credits*  
**Capitalizing on Children and Teens’ Engagement With Technology to Improve Behavioral Health: Preliminary Progress and Pitfalls**  
Chair: Jennifer S. Silk, Ph.D.  
Discussant: Tina Goldstein, Ph.D.
  - ◆ *Participants earn 1.5 continuing education credits*  
**Disseminating CBT for OCD: Moving Exposure From the Clinic to the Community and the Computer**  
Chair: Ryan J. Jacoby, Ph.D.  
Discussant: Pim Cuijpers, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*  
**Evidence-Based Treatment With Gender Minority Individuals: Considerations for Affirmative Practice**  
Chair: Debra A. Hope, Ph.D.  
Discussant: John Pachankis, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**From Intuition to Machine Learning: How Is Technology Changing Ways We Assess and See Progress With Clients With Mood Disorders?**  
Chair: Stephanie Salcedo, M.A.  
Discussant: Eric A. Youngstrom, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**If You Build It, They Will Come... But How Do We Get Them to Stay? The Role of Support in e-Health Interventions**  
Chair: Carmen McLean, Ph.D.  
Discussant: Michelle G. Newman, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Improving the Inclusivity, Replicability, and Generalizability of Couples Research Through Technological and Methodological Innovations**  
Chair: Feea Leifker, M.P.H., Ph.D.  
Discussant: Brian D. Doss, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovative Approaches to Studying the Co-Occurrence of Post-traumatic Stress Disorder and Risky, Self-Destructive, and Health-Compromising Behaviors**  
Chair: Nicole H. Weiss, Ph.D.  
Discussant: Carla Danielson, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovative Technology to Assess and Treat Core and Co-Occurring Problems in Autism**  
Chair: Daniel L. Hoffman, ABPP, Ph.D.  
Discussant: Judith Reaven, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Multilocus Genetic Profile Scores: A Cutting-Edge Tool for Examining Genetic Risk for Depression and Related Constructs**  
Chair: Suzanne Vrshek-Schallhorn, Ph.D.  
Discussant: Lea R. Dougherty, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Multimodal Measurement of Emotion and Emotion Regulation: Opportunities for Enhancing Clinical Science and Treatment**  
Chair: Vera Vine, Ph.D.  
Discussant: Ann Kring, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Predictors, Moderators, and Mediators in Youth Anxiety Disorders**  
Chair: Dean McKay, ABPP, Ph.D.  
Discussant: Thomas H. Ollendick, Ph.D.
- Sunday, November 18**  
8:30 a.m.- 10:00 a.m.
- ◆ *Participants earn 1.5 continuing education credits*  
**Global Mental Health Applications of CBT: Contextual Adaptation and Outcomes of an RCT of the Unified Protocol for the Treatment of Emotional Disorders in Victims of Armed Conflict in Colombia**  
Chair: Leonidas Castro-Camacho, ABPP, Ph.D.  
Discussant: David H. Barlow, ABPP
- ◆ *Participants earn 1.5 continuing education credits*  
**Interpersonal Violence and Intersecting Health Risks Among Young Women**  
Co-Chairs: Lindsay Orchowski, Ph.D., & Miryam Yusufov, Ph.D.  
Discussant: Kathleen Palm Reed, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Bridging the Gap Between Observed and Real-World Behavior and in-lab Self-Report: Applications of Technology to Understanding Psychosis and Related Psychopathology**  
Chair: Charlie A. Davidson, Ph.D.  
Discussant: William Spaulding, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Clinic-Based Research to Enhance the Effectiveness of Couple and Family Therapy**  
Chair: Steven L. Sayers, Ph.D.  
Discussant: Shirley Glynn, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Couple and Family Functioning in the Face of Adversity: Examining the Intra- and Inter-Personal Consequences of Spousal and Parental Psychopathology Using Longitudinal Methodology**  
Chair: Judith Biesen, M.A.  
Discussant: Keith Renshaw, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Friend or Foe? Technology Use in Individuals With ADHD**  
Chair: Rosanna Breaux, Ph.D.  
Discussant: Amori Mikami, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovations in Behavioral Interventions for Disturbed Sleep**  
Chair: Jessica C. Levenson, Ph.D.  
Discussant: Colleen Carney, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovative and Brief Methods to Decrease Rumination and Associated Outcomes**  
Chair: Ashley Borders, Ph.D.  
Discussant: Edward Watkins, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovative Psychological Approaches to Assessing and Treating Pediatric Patients With Autonomic Dysfunction**  
Chair: Jessica Malmberg, Ph.D.  
Discussant: Sally Tarbell, Ph.D.

- ◆ *Participants earn 1.5 continuing education credits*  
**Measurement-Based Care for Depression: Understanding the Current State and Large Scale Implementation Efforts**  
Chair: Kelli Scott, B.A.  
Discussant: Aaron R. Lyon, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Mediators of Change and Predictors of Outcome With Exposure-Based CBT for OCD**  
Chair: Michael Wheaton, Ph.D.  
Discussant: Bunmi Olatunji, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Novel Insights on Eating Disorder Treatment and Etiology From Network and Complexity Science**  
Co-Chair: Shirley B. Wang, B.A., & Payton Jones, B.S.  
Discussant: Cheri A. Levinson, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Out of the Ivory Tower, and Into the Real World: Effectiveness and Sustainability of CBT in Naturalistic Settings**  
Chair: Jeremy Tyler, Psy.D.  
Discussant: Michael Southam-Gerow, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Pediatric Irritability: Current Understandings and Implications for Care**  
Chair: Karen T. G. Schwartz, M.S.  
Discussant: Melissa A. Brotman, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Predictors of Treatment Response and Novel Strategies for the Augmentation of CBT for Body Dysmorphic Disorder**  
Chair: Fanny Alexandra Dietel, M.S.  
Discussant: Jamie Feusner, M.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Reducing Disparities: Strategies for Engaging Minority and Low-Income Families in Mental Health Care**  
Chair: Amanda L. Sanchez, M.S.  
Discussant: Antonio Polo, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Using Technology and Diverse Measurement Methodologies to Examine the Influence of Community Context on Children's Adjustment**  
Discussant: John Lochman, Ph.D.  
Chair: Francesca Kassing, M.A.
- 9:00 a.m.- 10:00 a.m.
- ◆ *Participants earn 1 continuing education credit*  
**Mapping the Functions of Self-Destructive Behaviors**  
Chair: Emily B. Cooney, Ph.D.  
Discussant: Kim L. Gratz, Ph.D.
- 10:15 a.m.- 11:15 a.m.
- ◆ *Participants earn 1 continuing education credit*  
**Ecological Momentary Assessment of Self-Injurious Thoughts and Behaviors: Identifying Near-Term Risk Factors in Daily Life**  
Chair: Sarah E. Victor, Ph.D.  
Discussant: Heather T. Schatten, Ph.D.
- ◆ *Participants earn 1 continuing education credit*  
**Implications of a Complex Behavioral Health Workforce for Implementing Cognitive-Behavioral Therapy: Challenges and Potential Solutions**  
Chair: Emily M. Becker-Haimes, Ph.D.  
Discussant: Kristin Hawley, Ph.D.
- ◆ *Participants earn 1 continuing education credit*  
**Treatment Implications for Working with Diverse Clients at Clinical High Risk for Psychosis**  
Chair: Emily He, M.A.  
Discussant: Alex Kopelowicz, M.D.
- ◆ *Participants earn 1 continuing education credit*  
**Using Mobile Apps to Achieve Cognitive and Behavioral Change: Three Different Approaches**  
Chair: Guy Doron, Ph.D.  
Discussant: Anat Anat Brunstein-Klomek, Ph.D.
- 10:15 a.m.- 11:45 a.m.
- ◆ *Participants earn 1.5 continuing education credits*  
**A Gender-Responsive Analysis of Criminal Thinking: Elucidating the Role of Gender in the Nature and Impact of Criminal Thinking in Justice-Involved Clients**  
Chair: Natalie J. Jones, Ph.D.  
Discussant: Raymond A. DiGiuseppe, ABPP, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Beyond Symptoms: Novel Applications of Network Analysis in Clinical Psychology**  
Chair: Richard J. McNally, Ph.D.  
Discussant: Richard J. McNally, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Developing and Testing Novel Treatments for Comorbid Anxiety and Addiction**  
Chair: Nicole A. Short, M.Sc.  
Discussant: Sherry Stewart, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Exploring Difficulties in Decision Making in Hoarding: A Focus on Cognitive, Emotional, and Motivational Factors**  
Chair: Kiara R. Timpano, Ph.D.  
Discussant: Randy Frost, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**How Do Different PTSD Treatments Work? Clues From Media-tion Research**  
Co-Chairs: Carmen McLean, Ph.D., & Thea Gallagher, Psy.D.  
Discussant: Denise Sloan, Ph.D.
- ◆ *Participants earn 1.5 continuing education credits*  
**Innovative Interventions for Perinatal Mood Disorders: Developing and Evaluating Strategies to Improve Maternal and Child Outcomes**  
Chair: Cynthia L. Battle, Ph.D.  
Discussant: Robert Ammerman, Ph.D.

(Symposia, continued)

- ◆ Participants earn 1.5 continuing education credits

### **Methodological Innovations in the Investigation of Refugee Mental Health**

Chair: Yulisha Byrow, Ph.D.  
Discussant: Anu Asnaani, Ph.D.

- ◆ Participants earn 1.5 continuing education creditstion

### **Methodological Innovations: Precision Neuroimaging, Machine Learning Tournaments, and Computational Modeling to Accelerate Clinical Science**

Co-Chairs: Zachary D. Cohen, M.A., & Peter F. Hitchcock, M.S.  
Discussant: Greg J. Siegle, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### **Novel Applications of Behavioral Economic Theory: Alcohol Misuse and PTSD**

Chair: Meghan McDevitt-Murphy, Ph.D.  
Discussant: Brian Borsari, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### **Novel, Group-Based Relationship Interventions: The Use of Technology in Implementation and Preliminary Evidence of Effectiveness**

Chair: Galena Rhoades, Ph.D.  
Discussant: Kristina C. Gordon, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### **Repetitive Negative Thinking as a Transdiagnostic Vulnerability Factor: A Focus on Mechanisms and Cognition-Emotion Interactions**

Chair: Caitlin A. Brown, M.S.  
Discussant: Douglas Mennin, Ph.D.

- ◆ Participants earn 1.5 continuing education credits

### **The Transdiagnostic Role of Anxiety-Related Factors in Treatment Outcomes Across Weight-Related Disorders**

Co-Chairs: Diana Rancourt, Ph.D., & Nicholas R. Farrell, Ph.D.  
Discussant: Carolyn B. Becker, Ph.D.

## **RESEARCH AND PROFESSIONAL DEVELOPMENT**

**Friday, November 16**  
**10:00 a.m.–11:15 a.m.**

Research and Professional Development 1

- ◆ Participants earn 1.5 continuing education credits

### **Conversation With NIMH Director Dr. Joshua Gordon on Clinical Psychological Science, and ABCT and NIMH's Shared Mission to Reduce the Burden of Mental Illness**

Chair: Kiara Timpano, Ph.D., University of Miami  
Speakers: Joshua Gordon, M.D., Ph.D., National Institute of Mental Health, Bethany Teachman, Ph.D., University of Virginia & Coalition for the Advancement and Application of Psychological Science

**1:45 p.m.–3:15 p.m.**

Research and Professional Development 2

- ◆ Participants earn 1.5 continuing education credits

### **Translating Clinical Science to Enhance Practice: Policy and Products**

Chair: Lynn F. Bufka, Ph.D., American Psychological Association  
Speakers: Lynn F. Bufka, Ph.D., Raquel G. Halfond, Ph.D., and Vaile Wright, Ph.D., American Psychological Association, and Dean McKay, Ph.D., Fordham University

Research and Professional Development 3

- ◆ Participants earn 1.5 continuing education credits

### **Q & A With NIMH Program Staff: Current Priorities and Funding Opportunities for Clinical Research and Research Training**

Chairs: Joel Sherrill, Ph.D., NIMH  
Speakers: Adam Haim, Ph.D., Division of Services and Intervention Research (NIMH), Lauren Hill, Ph.D., Division of Services and Intervention Research (NIMH), Sarah Morris, Ph.D., Division of Translational Research (NIMH), Denise Pintello, Ph.D., Division of Services and Intervention Research

(NIMH), Mary Rooney, Ph.D., Division of Services and Intervention Research (NIMH)

**3:30 p.m.–5:00 p.m.**

Research and Professional Development 4

- ◆ Participants earn 1.5 continuing education credits

### **Disseminating Psychology in a Post-Truth and Anti-Science World: How to Communicate Science Directly to the Public**

Chair: Mitchell J. Prinstein, ABPP, Ph.D., University of North Carolina at Chapel Hill  
Speakers: Mitchell J. Prinstein, ABPP, Ph.D., University of North Carolina at Chapel Hill, Stephen Hinshaw, Ph.D., UC-Berkeley, Joanne Davila, Ph.D., Stony Brook University, Anne Marie Albano, ABPP, Ph.D., Columbia University Medical Center, Dean McKay, ABPP, Ph.D., Fordham University

**Saturday, November 17**

**10:15 a.m.–11:45 a.m.**

Research and Professional Development 5

- ◆ Participants earn 1.5 continuing education credits

### **Translating Research Into Action: Forming a Link Between Evidence and Policy**

Co-Chairs: Cassidy Gutner, Ph.D., Boston University, VA National Center for PTSD, & Courtney Benjamin Wolk, Ph.D., University of Pennsylvania  
Speakers: Jillian Shipherd, Ph.D., VA National Center for PTSD, Jonathan Purtle, DrPH, Drexel University, Lynn F. Bufka, Ph.D., American Psychological Association

Research and Professional Development 6

- ◆ Participants earn 1.5 continuing education credits

### **Mentoring in the Age of #MeToo**

Co-Chairs: Barbara W. Kamholz, ABPP, Ph.D., VA Boston HCS/ BU School of Medicine, & Risa Weisberg, Ph.D., VA Boston Healthcare System and Boston University School of Medicine  
Speakers: Elizabeth Meadows, Ph.D.,



Trauma & Anxiety Disorders Clinic, Central Michigan University, Megan Pinkston, Ph.D., Miriam Hospital, Mitchell J. Prinstein, ABPP, Ph.D., University of North Carolina at Chapel Hill, Keith Renshaw, Ph.D., George Mason University, Monnica Williams, Ph.D., University of Connecticut

10:15 a.m.–11:45 a.m.

Research and Professional Development 7

◆ *Participants earn 1.5 continuing education credits*

**Getting the Grant: A Discussion With Funding Agency Representatives About Priorities and Application Strategies for the Researchers of ABCT**

Chair: Nathaniel R. Herr, Ph.D., American University  
Speakers: Joel Sherrill, Ph.D., National Institute of Mental Health, Jill Harkavy-Friedman, Ph.D., American Foundation for Suicide Prevention, Will M. Aklin, Ph.D., National Institute on Drug Abuse, Holly Ramsawh, Ph.D., Patient-Centered Outcomes Research Institute, Brett T. Hagman, Ph.D., National Institute on Alcohol Abuse and Alcoholism

Sunday, November 18

8:30 a.m.–10:00 a.m.

Research and Professional Development 8

◆ *Participants earn 1.5 continuing education credits*

**Conducting Research in Your Private Practice: Tips and Pointers**

Chair: Jacqueline B. Persons, Ph.D., Oakland Cognitive Behavior Therapy Center  
Speakers: Jacqueline B. Persons, Ph.D., Oakland Cognitive Behavior Therapy Center, Kelly Koerner, Ph.D., Evidence-Based Practice Institute, LLC, Linda A. Dimeff, Ph.D., Evidence-Based Practice Institute, LLC, Travis L. Osborne, Ph.D., Evidence Based Treatment Centers of Seattle, Jason B. Luoma, Ph.D., Portland Psychotherapy Clinic, Research, and Training Center

10:15 a.m.–11:45 a.m.

Research and Professional Development 9

◆ *Participants earn 1.5 continuing education credits*

**Becoming the Most Prolific Writer You Know: Evidence-Based Strategies for Boosting Productivity in Your Academic Writing**

Chair: Andres De Los Reyes, Ph.D., University of Maryland  
Speaker: Andres De Los Reyes, Ph.D., University of Maryland

Research and Professional Development 10

◆ *Participants earn 1.5 continuing education credits*

**Adding Cost Data to Make Your Research More Impactful (and Used): Cost-Effectiveness, Cost-Benefit, Cost-Utility Analyses for Psychological Treatments**

Chair: Brian T. Yates, Ph.D., American University  
Speaker: Brian T. Yates, Ph.D., American University

## Invited Addresses

Invited Address 1

Friday, 12:30 p.m.– 1:30 p.m.

**The Dodo Bird in the Digital Age: How E-Mental Health Can Improve Prevention and Treatment of Mental Health Problems**

Pim Cuijpers, Ph.D., *Vrije Universiteit Amsterdam*

Invited Address 2

Saturday, 12:00 p.m.– 1:00 p.m.

**Improving the Quality of Evidence-Based Treatments: Can (and Should) Technology Help?**

Patricia A. Areán, Ph.D., *University of Washington*

Invited Address 3

Saturday, 1:45 p.m.– 2:45 p.m.

**Using New Technologies to Better Understand, Predict, and Prevent Suicidal Behavior**

Matthew K. Nock, Ph.D., *Harvard University*

### SPOTLIGHT RESEARCH ◆ *Participants earn 1 continuing education credit*

Friday, November 16

1:45 p.m.–2:45 p.m.

SPOTLIGHT Research 1

**Using Technology to Target Risk Factors for Psychopathology**

Chair: Kiara Timpano, Ph.D., *University of Miami*  
Panelist: Brad B. Schmidt, Ph.D., *Florida State University*

3:00 p.m.–4:00 p.m.

SPOTLIGHT Research 2

**Technological Advances in Clinical Consultation: Enhancing Practitioner Engagement**

Chair: Tanya Freedland, MPS, *University of Minnesota*  
Panelist: Julie Rohovit, Ph.D., *University of Minnesota*

Saturday, November 17

3:30 p.m.–4:30 p.m.

SPOTLIGHT Research 3

**Treatment for Anhedonia: A Neuroscience Driven Approach**

Chair: Alicia E. Meuret, Ph.D., *Southern Methodist University*  
Panelist: Michelle Craske, Ph.D., *UCLA*

Sunday, November 18

10:15 a.m.–11:15 a.m.

SPOTLIGHT Research 4

**CBT for Core Autism Symptoms in Children: Extending CBT to the Treatment of Autism Spectrum Disorders Using Technology-Assisted Outcomes Measurement**

Chair: Jeffrey J. Wood, Ph.D., *UCLA*  
Panelist: Karen Wood, Ph.D., *UCLA School of Medicine*

# Special Interest Group Meetings

*Attendance at an ABCT SIG meeting is a wonderful networking opportunity. The SIGs focus on a diverse range of topics, including treatment approaches, specific disorders, or unique populations.*

**Addictive Behaviors** • Saturday, 12:00 p.m.- 1:30 p.m.,  
Marriott Balcony A, Mezzanine Level

**African Americans in Behavior Therapy** • Friday, 10:15  
a.m.- 11:45 a.m., Truman, Mezzanine Level

**Aging Behavior & Cognitive Therapy** • Friday, 11:30 a.m.-  
12:30 p.m., Taft, Mezzanine Level

**Anxiety Disorders** • Saturday, 1:45 p.m.- 3:15 p.m., Taft,  
Mezzanine Level

**Attention-Deficit/Hyperactivity Disorder** • Friday, 1:45  
p.m.- 3:15 p.m., Coolidge, Mezzanine Level

**Autism Spectrum and Developmental Disorders**  
Friday, 8:30 a.m.- 10:00 a.m., Madison B, Mezzanine Level

**Behavior Analysis** • Friday, 12:30 p.m.- 1:30 p.m., Cleveland  
2, Mezzanine Level

**Behavioral Medicine and Integrated Primary Care**  
Saturday, 1:45 p.m.- 3:15 p.m., Wilson C, Mezzanine Level

**Behavioral Sleep Medicine** • Saturday, 10:15a.m.- 11:45  
a.m., Wilson C, Mezzanine Level

**Bipolar Disorders** • Friday, 3:30 p.m.- 5:00 p.m., Taft,  
Mezzanine Level

**Child and Adolescent Anxiety** • Saturday, 10:15 a.m.- 11:45  
a.m., McKinley, Mezzanine Level

**Child and Adolescent Depression** • Friday, 9:00 a.m.-  
10:00 a.m., Taft, Mezzanine Level

**Child Maltreatment and Interpersonal Violence**  
Friday, 3:30 p.m.- 5:00 p.m., Taylor, Mezzanine Level

**Child and School-Related Issues** • Friday, 10:00 a.m.-  
11:00 a.m., Taft, Mezzanine Level

**Clinical Psychology at Liberal Arts Colleges**  
Saturday, 10:15 a.m.- 11:45 a.m., Virginia C, Lobby Level

**Clinical Research Methods and Statistics** • Saturday,  
12:00 p.m.- 1:00 p.m., Taft, Mezzanine Level

**Cognitive Therapy** • Saturday, 10:45 a.m.- 11:45 a.m., Taft,  
Mezzanine Level

**Couples Research and Treatment** • Friday, 2:30 p.m.- 3:30  
p.m., McKinley, Mezzanine Level

**Dissemination and Implementation Science**  
Saturday, 1:45 p.m.- 3:15 p.m., Lincoln 2, Exhibition Level

**Forensic Issues and Externalizing Behaviors**  
Friday, 10:15 a.m.- 11:45 a.m., McKinley, Mezzanine Level

**Hispanic Issues in Behavior Therapy** • Sunday, 10:00  
a.m.- 11:00 a.m., Buchanan, Mezzanine Level

**Men's Mental and Physical Health** • Saturday, 9:00 a.m.-  
10:00 a.m., Taft, Mezzanine Level

**Military Psychology** • Friday, 1:00 p.m.- 2:00 p.m., Taft,  
Mezzanine Level

**Mindfulness and Acceptance** • Saturday, 3:30 p.m.- 4:30  
p.m., Taft, Mezzanine Level

**Native American Issues in Behavior Therapy and  
Research** • Friday, 10:15 a.m.- 11:45 a.m., Cleveland 2,  
Mezzanine Level

**Neurocognitive Therapies/Translational Research**  
Saturday, 2:30 p.m.- 3:30 p.m., Virginia C, Lobby Level

**Obesity and Eating Disorders** • Saturday, 3:30 p.m.- 5:00  
p.m., Wilson C, Mezzanine Level

**Oppression and Resilience: Minority Mental Health**  
Sunday, 10:15 a.m.- 11:45 a.m., Roosevelt 4, Exhibition Level

**Parenting and Families** • Saturday, 3:30 p.m.- 5:00 p.m.,  
McKinley, Mezzanine Level

**Schizophrenia and Other Serious Mental Disorders**  
Saturday, 8:30 a.m.- 10:00 a.m., Wilson C, Mezzanine Level

**Sexual and Gender Minority** • Sunday, 8:30 a.m.- 10:00  
a.m., Wilson A, Mezzanine Level

**Spiritual and Religious Issues in Behavior Change**  
Friday, 10:15 a.m.- 11:45 a.m., Buchanan, Mezzanine Level

**Student** • Sunday, 10:15 a.m.- 11:15 a.m., Taft, Mezzanine Level

**Suicide and Self-Injury** • Friday, 1:45 p.m.- 2:45 p.m.,  
Madison A, Mezzanine Level

**Technology and Behavior Change** • Friday, 12:00 p.m.-  
1:30 p.m., McKinley, Mezzanine Level

**TIC and Impulse Control Disorders** • Friday, 2:00 p.m.-  
3:00 p.m., Taft, Mezzanine Level

**Trauma and PTSD** • Sunday, 9:00 a.m.- 10:00 a.m., Taft,  
Mezzanine Level

**Women's Issues in Behavior Therapy** • Sunday, 9:00 a.m.-  
10:00 a.m., Cleveland 2, Mezzanine Level

# Registration

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Preregister on-line at [www.abct.org](http://www.abct.org). To pay by check, complete the registration form available in PDF format on the ABCT website. Participants are strongly urged to register by the preregistration deadline of October 15. Beginning October 16 all registrations will be processed at the on-site rates.

**Please note: Convention Program Books will be distributed on-site.** (To view the entire program, access the Itinerary Planner at [www.abct.org/conv2018](http://www.abct.org/conv2018); also, a PDF of the program book will be online after November 1.)

To receive member registration fees, members must renew for 2019 before completing their registration process or to join as a New Member of ABCT: (<https://www.abctcentral.org/eStore/index.cfm>)

Preconvention Ticketed Sessions & Registration Preconvention Sessions will be held on Thursday, November 16 at the Washington Marriott Wardman Park Hotel. All preconvention sessions are designed to be intensive learning experiences. Preregister to ensure participation.

Registration for all PRE-Convention Sessions (AMASS, Clinical Intervention Seminars, Institutes) will take place in the Washington Marriott Wardman Park Hotel at the ABCT Onsite Registration area in the Atrium, Exhibition Level.

- Thursday, November 15: 7:30 a.m. – 6:30 p.m.

## General Registration

Upon arrival at the Washington Marriott Wardman Park Hotel, you can pick up the program book, addendum, additional convention information, and ribbons at the Pre-Registration Desk in the Atrium, Exhibition Level.

## PLEASE REMEMBER to BRING CONFIRMATION LETTER WITH YOU to the MEETING.

Onsite Registration AND Preregistration pickup will be open:

- Thursday, November 15: 7:30 a.m. – 6:30 p.m.
- Friday, November 16: 7:30 a.m. – 6:30 p.m.
- Saturday, November 17: 7:30 a.m. – 6:30 p.m.
- Sunday, November 18: 7:30 a.m. – 1:00 p.m.

The general registration fee entitles the registrant to attend all events on November 15 – November 18 except for ticketed sessions. Your canceled check is your receipt. Email confirmation notices will be generated automatically for on-line registrations and will be sent via email the same day you register. Email confirmations will be sent within 1 week for faxed and mailed registrations. If you do not receive an email confirmation in the time specified, please call the ABCT central office, (212) 647-1890, or email Tonya Childers-Collens at [tchilders@abct.org](mailto:tchilders@abct.org).

You must wear your badge at all times to be admitted to all official ABCT sessions, events, and the exhibits. If you lose your badge there will be a \$15 charge for the replacement.

All presenters (except for the first two presenters of ticketed CE sessions) must pay the general registration fee. Leaders of ticketed session will receive information regarding their registration procedure from the ABCT Central Office.

Admission to all ticketed sessions is by ticket only. Preregis-

tration is strongly advised as ticketed sessions are sold on a first-come, first-served basis.

Please note: **NO PURCHASE ORDERS WILL BE ACCEPTED.**

*To register, please choose one format:*

**Registering On-Line** The quickest method is to register on-line (go to [abct.org](http://abct.org) and click on the convention banner on the home page, or go to [www.abct.org/conv2018](http://www.abct.org/conv2018)). Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members' discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to renew (<https://www.abctcentral.org/eStore/index.cfm>).

To get member rates at this conference, your ABCT dues must be paid through October 31, 2019. The ABCT membership year is November 1, 2018 – October 31, 2019. To renew, go to [abct.org](http://abct.org) or the on-site membership booth.

**Registering by Fax** You may fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method please DO NOT send a follow-up hard copy. This will cause double payment. For preregistration rates, please register BEFORE the deadline date of October 15.

**Registering by Mail** All preregistrations that are paid by check must be mailed to ABCT, 305 Seventh Avenue, 16th Floor, New York, NY, 10001. For preregistration rates, forms must be postmarked by the deadline date of Monday, October 15. Forms postmarked beginning Tuesday, October 16 will be processed at on-site rates. Forms postmarked October 23, or later will be processed on-site. There will be no exceptions. Refund Policy Cancellation refund requests must be in writing. Refunds will be made until the October 15 deadline, and a \$40 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after October 15.

## Payment Policy

All fees must be paid in U.S. currency on a U.S. bank. Any bank fees charged to the Association will be passed along to the attendee. Please make checks payable to ABCT.

## Exhibits, ABCT Information Booth Hours

*New for 2018:* Exhibitor Reception, Thursday, November 15, 6:00 p.m. – 8:00 p.m.

- Friday & Saturday: 8:00 a.m. – 5:30 p.m.
- Sunday, 8:00 a.m. – 1:00 p.m.

# Hotel

Washington Marriott Wardman Park  
2600 Woodley Park Road NW,  
Washington, DC 20008

To make a reservation online, go to:  
<https://book.passkey.com/e/49544704>

To make a reservation by phone, call +1 800-228-9290 and use the group code ABCT for the ABCT Convention group rate.

Through this website, you can book, modify or cancel your hotel reservations at any time. When making your reservation you will be asked for a one night deposit, which is refundable up to 72 hours prior to date of arrival.

We look forward to seeing you!

The special ABCT Convention rate is \$225 single/double, \$275 concierge level room, per night plus 14.5% tax. These rates will be offered, based on mutual agreement with the Hotel, 3 days before and 3 days after the official Convention dates of November 15–18, 2018. The block is limited and available on a first-come basis until the block is depleted. If you are interested in upgrading your hotel accommodations, there are limited options available, at an increased rate. Contact the hotel directly.

All ABCT Convention scientific sessions will take place at the Washington Marriott Wardman Park Hotel. General registration includes panel discussions, clinical round tables, symposia, mini-workshops, and dozens of poster sessions. SIG meetings and social events will enable non-stop networking. And don't forget to check out the limited-attendance CE events—both on Thursday and throughout the Convention on Friday through Sunday. Register for the mHealth and Technology preconference session on Thursday that will feature two mini-keynotes and a demo fair.

Also new for 2018—don't miss the exhibitor reception that will take place on Thursday from 6:00 p.m. to 8:00 p.m. in the exhibit hall. One complimentary drink will be provided for use either at the Exhibitor Reception on Thursday or the Saturday-night party (10:30 p.m.–1:00 a.m.).

Stay at the Headquarters Hotel to meet your friends and colleagues on the elevator, in the coffee shop, as well as in the meeting rooms. Your support of the headquarter hotel also helps to keep the overall convention expenses to a minimum.

Rooms are available at the ABCT Convention rate until Monday, October 15, 2018. After this date, rooms and rates are subject to rate and room availability. Please be sure to book your reservation early!

## mHealth Preconference

**Join us on Thursday, November 15, 2018  
for the 2018 ABCT mHealth Preconference—**

*An Innovation Forum sponsored by the Technology  
& Neurocognitive Therapies/Translational Research SIGs*

*Chairs:* Kiara Timpano, Kristin Ellard, Emily Lattie,  
Christina Boisseau

*Sponsors:* Technology SIG & Neurocognitive Therapies/  
Translational Research SIG

**Full-day pre-conference from 8:30 a.m. – 5:00 p.m.**  
3 sessions plus a demonstration fair

◆ *Participants earn 5 continuing education credits*

Interdisciplinary mobile health (mHealth) and neuroscience-based technologies and approaches are changing the nature of health research, providing the opportunity to shift from more reactive approaches for patient care to a more proactive stance. mHealth offers exciting possibilities for “P5 medicine,” which applies a prevention focus, is dedicated to personalized care, increases the predictive specificity of our methods, and emphasizes participatory aspects for individual clients with an eye on reducing the public health impact of disease. As with the larger field of medicine, mHealth and neuroscience-informed approaches in psychiatry are opening an unparalleled number of avenues to help reduce the risk for psychiatric disease and increase well-being for our patients. The 2018 ABCT mHealth pre-conference represents an innovative forum that will highlight a number of issues, including: new mHealth and neuroscience-based technologies as applied to psychological problems within the framework of CBT, empirical research support for these technologies, and the challenges to disseminating and implementing psychiatric mHealth and neuroscience advances. The ABCT mHealth pre-conference will bring together key leaders focused on developing new methodologies, those who are devoted to evaluating the effectiveness of these approaches, and who are engaged in disseminating their gained knowledge. A series of presentations will focus on: (1) evaluating and disseminating mhealth and neuroscience-based tools, (2) harnessing mobile and neuroscience-based technology to enhance CBT, and (3) considering the ethical and interdisciplinary considerations for implementing mHealth and neuroscience-based interventions. Discussions throughout the day will ensure a dynamic and interactive forum, which will conclude with hands-on demonstrations of actual technologies.

This preconference is designed to help you:

1. Understand research on evaluation and dissemination of technology-based tools.
2. Explain efforts to use mHealth technologies to enhance CBT interventions.
3. Discuss efforts to use neuroscience-based advances to enhance existing CBT interventions
4. Present considerations for future research at the intersection of mHealth, neuroscience, and CBT, including national funding priorities, the ethics involved with technology, and interdisciplinary collaborations.
5. Give hands-on demonstrations of actual mHealth technologies and neurocognitive interventions.

For more information and a listing of all the speakers, visit:  
[http://www.abct.org/conv2018/?mn=15&fn=ss\\_mHealth](http://www.abct.org/conv2018/?mn=15&fn=ss_mHealth)

## Building the Future of ABCT: Fundraising to Benefit Our Members

Gail Steketee, *Past President, Development Committee Chair*

### History of Fundraising Within ABCT

The Association for Advancement of Behavior Therapy's first fundraising effort was to raise funds for the purchase of a permanent headquarters. Although we did raise a few thousand dollars, it was not a project to which many of our members were interested in devoting their time or name. Things changed when we began to offer "named awards" for the student dissertation awards.

Over the years, ABCT's finance committees have worked to develop policies for donations that enabled us to award special prizes in various categories. Recipients of these prizes submit their work for review by the Awards and Recognition Committee, which makes recommendations to the Board of Directors, which makes the final decision. These prizes include three student dissertation awards that are usually given annually: the Virginia A. Roswell Fund, the Leonard Krasner Fund, the John R.Z. Abela Fund, as well as the Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice (given to ABCT by an anonymous donor). In 2013 the ABCT Board set aside funds for our first Student Travel Award and established the Student Research Grant in 2014. In 2016, ABCT utilized the 50th anniversary Gold Challenge to support both the Student Travel Award and Student Research Grant.

In the past decade, ABCT's voluntary contributions have ranged from \$1,200 to \$8,500, averaging around \$3,750 per year. These generous member donations typically occur at the time they are renewing their membership and/or registering for the Annual Convention. These funds help supplement the modest endowment funds from which the prizes described above are awarded. Donors can give to ABCT's general fund or designate where their contribution should be used.

Currently, the ABCT Board is seeking to increase its own internal donations, as well as donations from members and supporters. The goal is to build the future for ABCT's promising scholars—both stu-

dents and early career professionals—and to promote the innovative use of research and practice methods to improve mental health.

### Consultant Recommendations

In 2015, in advance of our 50th Anniversary, ABCT engaged a fundraising consultant with several goals in mind: (a) to advise the organization on the feasibility of various fundraising options, (b) to consider which ABCT programs were appropriate for internal fundraising and for external funding, and (c) to recommend a technology infrastructure to manage our fundraising efforts. The consultant issued a report based on interviews with members of the ABCT staff, Board, donors, and nonprofit organization leaders to provide benchmarks for planning.

Emerging from the consultant's assessment were several recommendations that ABCT has begun to implement over the past two to three years. The following goals were outlined:

- Make fundraising a priority for ABCT
- Define funding priorities for ABCT
- Foster donors, both from among ABCT's members and foundations that provide grants
- Raise awareness and funds for the 50th Anniversary of ABCT

ABCT has begun to make good progress toward several of these goals as described below. Of course, much more work will be needed to help ABCT achieve its goal to build the future of its members.

### Development Committee

Development efforts within ABCT were initially lodged within the Secretary-Treasurer's role and in recent years took the form of fundraising during the ABCT convention, for example, at the Saturday-night party. Following earlier efforts to launch a Development Committee by Secretary-Treasurer Denise Davis, under then President Gail Steketee, the Board approved a

stand-alone Development Committee (DC) in 2017 and removed development duties from the Secretary-Treasurer's role. She agreed to serve as Chair through 2021. Four past presidents—David Barlow, Tom Ollendick, Anne Marie Albano and Michelle Craske—have agreed to serve on the committee. The current president, Sabine Wilhelm, and the president-elect, Bruce Chorpita, also serve on the committee, along with Executive Director Mary Jane Eimer, who is an ex-officio member. She attends all meetings and actively facilitates the work of the committee. According to its charter, the DC will continue to consist of the chair, the three presidents (current, incoming, and immediate past), and four additional members plus the ex-officio member. Like many of ABCT's strong committees, the DC contains very active proponents of ABCT, who are effective advisors and fundraisers.

The DC communicates regularly with the ABCT Board, the Finance Committee, along with the Awards and Recognition Committee and the Convention Program Chair to ensure internal coordination of efforts within ABCT. We will also provide regular updates and an annual report on progress toward development goals to all ABCT members, past presidents, fellows, and others who are involved in development projects. Of course, DC members and ABCT staff will adhere to strict rules of confidentiality in describing any donations to the organization. We will also celebrate donors who are comfortable having their names known.

The DC held its first meeting in November 2017 at the Annual Convention in San Diego. The second meeting was held by conference call in June 2018. Going forward, the DC will meet four times per year: three by conference call plus an in-person meeting at our Annual Convention.

The committee's role is to support ABCT's activities through fundraising that includes seeking donations and gifts, planning fundraising events, identifying external sponsors, and other activities that aid our goals. DC members will be reaching out to those who may be able to assist the organization through direct gifts and raising funds. The DC will also help develop, implement, and evaluate fundraising efforts at the Annual Convention and similar efforts in other potential venues. Members will seek help identifying and approaching potential corporate and foundation donors, potential sponsors, and other friends of ABCT. The DC will set funding goals annually and develop a

strategic plan that clarifies the activities and milestones for achieving ABCT's funding goals.

**ABCT's Fundraising Goals**

Recently, the ABCT Board voted that fundraising is an important priority among the organization's 2018–2020 Strategic Plan goals. The Board identified several priorities with the overarching goal of "Building the Future of ABCT."

*Create a Culture of Giving*

Among the immediate goals is to promote a culture of giving within ABCT, an important professional home for so many longstanding members. A donor culture begins at the senior organizational level—with the members of the Board. In strong support of this goal, at its April meeting Board members agreed that Board member giving sets an important tone in supporting ABCT's development efforts, and committed themselves to providing personal financial support to ABCT to the best of their ability. Of course, Board members will continue to be elected by the membership *without regard* to their ability to support the organization financially. The Board and the DC have also agreed to promote a culture of giving with the clear understanding that early career professionals and student members are rarely able to make significant donations at this early stage of their careers.

*Explore Donor Opportunities Outside of ABCT*

Exploring potential donation opportunities with foundations and corporations is an important role for the DC. The committee also welcomes recommendations from ABCT members for potential opportunities of this type.

*Initial Fundraising Goals*

The Board identified five potential internal and external goals:

1. Expand support for student research, dissertation projects, and travel to the ABCT convention by increasing funds in ABCT's existing awards and/or creating new funds.
2. Develop funding opportunities for early career investigators who are seeking funding for pilot projects.
3. Expand ABCT's scientific influence by hosting think tanks that bring together colleagues across various disciplines not limited to mental health. In fact, the 2017 Think Tank, "Digital CBT Technologies to Provide Care to Difficult-to-Reach and Underserved Populations," has already produced several products and activities for ABCT members and the public, including a webinar, published papers, and ongoing collaborative research.
4. Support highly respected convention speakers from outside of the ABCT membership in order to infuse multiple perspectives into the CBT interests of our members.
5. Fund new technology projects that are consistent with ABCT's goals to advance research and practice in CBT and related evidence-based practices.

The DC will use these goals to develop priorities for immediate and long-range fundraising efforts. The committee agrees that a very important goal is to support ABCT's talented early career scholar and practitioner members in order to help them launch their careers successfully. This is especially important as funding for pilot research is very limited. Advancing this goal will require a major fundraising campaign that can provide significant awards to support early career projects that develop innovative CBT programs and projects. Indeed, highlighting innovations in our field is an essential overall goal for ABCT.

**Development Activities and Plans**

Upcoming fundraising activities include promoting the above goals to ABCT

members, beginning with the annual appeal for membership renewal in September and a separate appeal for fundraising in early fall or this winter. Convention attendees can also make a donation on the annual convention registration form. The DC will work closely with the Executive Director to develop an appeal to our senior members (for example, ABCT's past presidents and fellows) for support for travel and research awards and other activities of interest. The DC is also considering potential fundraising plans for the Washington, DC, convention. All of these activities must be accompanied by updates to our website that facilitate donations toward the goals described above. ABCT will also be developing policies and procedures for donations. It is likely that ABCT will hire a consultant to assist with these and other next steps.

ABCT's donation page on its website lists the giving opportunities. If you would like to establish a new gift, please do not hesitate to contact me, Gail Steketee, Development Committee Chair, or Mary Jane Eimer, our Executive Director.

**Summary**

These are exciting times for ABCT as it moves into its second 50 years as a professional organization committed to enhancing mental health through scientific understanding and treatment using evidence-based principles. We have so many opportunities to build the future by supporting the early careers of scholars, researchers, and practitioners. These efforts require intellectual and technical innovations that cross disciplinary boundaries. ABCT has a special opportunity to promote these developments through internal and external fundraising that builds this future.

...

*Correspondence to* Gail S. Steketee, Ph.D.: [steketee@bu.edu](mailto:steketee@bu.edu)

RESOURCES

teaching resources | research resources | clinical resources

[www.abct.org](http://www.abct.org)

VISIT OUR FACEBOOK PAGE



## When the Public Meets Science and CBT Therapy

Robert Schachter, *Chair, Public Education and Media Relations Committee*

DISSEMINATION OF INFORMATION about CBT and the related therapies is one of ABCT's priorities, as designated in our strategic plan. Committees engaged in this endeavor include the Clinical Directory and Referral Issues Committee, the Social Media Committee, the Web Editor, and the Public Education and Media Relations Committee.

The latter, which I chair, has been following a multipronged approach to dissemination and increasing public awareness of the effectiveness of CBT. First, it developed a Speakers Bureau, which is further divided into several different components. The Bureau is intended to serve as a passive resource resident on the web where the media may search the list of people who might be an appropriate resource on given topics. To see the Speakers Bureau, visit <http://www.abct.org/xMedia/>.

We also maintain a list of speakers, the ABCT Bureau of Experts and Authorities.

These individuals, recognized as top experts in one or more areas, have all agreed to be available on short notice. When members of the media seek information on various subjects, they are directed to individuals in this group who specialize in the corresponding area of interest.

We have been working with a professional service, Meltwater, that monitors media coverage of topics of relevance to CBT practitioners. Reports showing these citations are reviewed and, when one is found that is particularly germane, featured on the website, our Facebook page, or both. Our web page "CBT in the News" is one place where these stories often find a home. Usually we add additional relevant material, such as fact sheets or videos, to complement the article and to further assist readers in understanding what's at stake and how CBT might help them.

We also use Meltwater to help us make contact with media sources. They provide us with lists of media contacts, which can be organized by different criteria, including stories worked on in the past. Our primary objective at this point is to make the media aware of ABCT as an information source. This community consists of several hundred writers, producers, and bloggers who write about anything that has a psychological element. Our aim is to develop individual relationships with people in this group. For example, we recently tracked all writers who have reported on gun violence, and are communicating with them directly.

For those who are speaking with the media, we have developed media kits that describe the best way to conduct an interview. Contact me to get access to them.

We welcome your questions and comments. If you have not signed up for the Speakers Bureau and are interested in participating, contact David Teisler, Director of Communications and Deputy Executive Director, at [teisler@abct.org](mailto:teisler@abct.org); those who want to be on call, contact me at [experts@abct.org](mailto:experts@abct.org).

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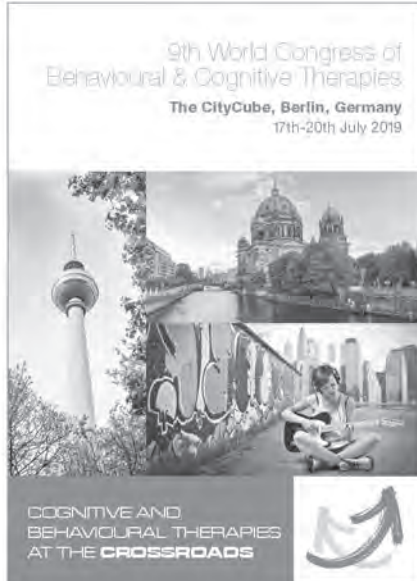
**Correspondence to** Robert Schachter, Ed.D., Icahn School of Medicine at Mount Sinai, 136 East 57th Street, Suite 120, New York, NY 10022-2959; [experts@abct.org](mailto:experts@abct.org)



**Registration opened on 18th June on [wcbct2019.org](http://wcbct2019.org)**



Download the Call for Papers too at [wcbct2019.org](http://wcbct2019.org)



9th World Congress of Behavioural & Cognitive Therapies  
The CityCube, Berlin, Germany  
17th-20th July 2019

COGNITIVE AND BEHAVIOURAL THERAPIES AT THE CROSSROADS

The Congress theme "Cognitive and Behavioural Therapies at the Crossroads" addresses the reality that CBT is currently evolving at a rapid pace and in many directions, such that we may well be at the crossroads in terms of maintaining a unified field of theory and practice. The Scientific Committee especially encourages submissions that target the World Congress theme. In particular, contributions regarding a) conceptualisations of the theory and practice of contemporary CBT, b) inter-disciplinary models of disorders and their treatment c) the role of CBT in different health systems and d) the international context and collaboration in CBT interventions and research, will be welcomed.

*the Behavior Therapist*

Association for Behavioral  
and Cognitive Therapies

305 Seventh Avenue, 16th floor

New York, NY 10001-6008

212-647-1890 | [www.abct.org](http://www.abct.org)

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# MOVING SOON?

UPDATE YOUR MAILING ADDRESS

*To continue receiving issues of the Behavior Therapist  
and other important ABCT communications:*

- ✓ Visit [www.abct.org](http://www.abct.org)
  - ✓ Click “Member Log In”
  - ✓ Update the “Addresses” section of your member profile
- 
-