

the Behavior Therapist

Contents

Science Forum

Katharina Kircanski

A Conversation With Dr. Joshua Gordon,
Director of NIMH • 45

Research-Training Links

Ryan M. Beveridge, Timothy R. Fowles, Stevie N. Grasseti

The Delaware Project Then and Now: A Bold Vision Grows
and Shapes Clinical Science • 48

Research-Practice Links

Bethany A. Teachman

Working Together to Promote Clinical Science • 54

Clinical Training

*Sharon Berry, Brian Chu, Mitch Prinstein, Michael Roberts,
Ric Steele*

New Child and Adolescent Training Council • 55

News

Katherine J. W. Baucom

Awards Feature: The Recipient of the Anne Marie Albano
Early Career Award • 57

Lighter Side

Jonathan Hoffman and Dean McKay

Skinner Shrugged • 58

At ABCT

Minutes of the Annual Meeting of Members • 61

Call for Papers: 51st Annual Convention • 64

Preparing to Submit an Abstract • 65

Understanding the ABCT Convention • 66

SCIENCE FORUM

A Conversation With Dr. Joshua Gordon, Director of NIMH

*Katharina Kircanski, Emotion and
Development Branch, NIMH*

DR. JOSHUA GORDON is the new Director of the National Institute of Mental Health (NIMH). He received his combined M.D.-Ph.D. degree at the University of California, San Francisco, where he became devoted to psychiatry and neuroscience as fields to help serve people in need. After receiving his combined degree, Dr. Gordon moved to Columbia University to complete his psychiatry residency and research fellowship, and in 2004 he joined its faculty in the Department of Psychiatry. Dr. Gordon's lab at Columbia used systems neuroscience methods to study animal models of mental illness, including anxiety disorders, depression, and schizophrenia. In addition, Dr. Gordon was strongly involved in both clinical practice and supervision, as Associate Director of the Columbia University/New York State Psychiatric Institute Adult Psychiatry Residency Program and maintaining his own general psychiatric practice. Dr. Gordon has received numerous awards and honors for his work, including a Rising Star Award from the International Mental Health Research Organization, and a NARSAD Young Investigator Award from the Brain and Behavior Research Foundation.

Dr. Gordon has written candidly about the start of his next chapter as Director of NIMH (please see <https://www.nimh.nih.gov/about/director/messages/2016/freshman-year.shtml>). In December 2016, Dr. Gordon sat down with

[continued on p. 47]

the Behavior Therapist

Published by the Association for Behavioral and Cognitive Therapies
305 Seventh Avenue - 16th Floor
New York, NY 10001 | www.abct.org
(212) 647-1890 | Fax: (212) 647-1865

Editor: Kate Wolitzky-Taylor, Ph.D.

Editorial Assistant: Melissa Them, Ph.D.

Associate Editors

RaeAnn Anderson
Katherine Baucom
Sarah Kate Bearman
Shannon Blakey
Angela Cathey
Trent Codd
David DiLillo
Lisa Elwood
Clark Goldstein
David Hansen
Katharina Kircanski
Richard LeBeau
Angela Moreland
Blair Morris
Stephanie Mullins-Sweatt
Amy Murell
Alyssa Ward
Tony Wells
Steven Whiteside
Monnica Williams

ABCT President: Gail S. Steketee

Executive Director: Mary Jane Eimer

Director of Education & Meeting Services:
Linda M. Still

Director of Communications: David Teisler

Director of Outreach & Partnerships:
Tammy Schuler

Managing Editor: Stephanie Schwartz

Copyright © 2017 by the Association for Behavioral and Cognitive Therapies. All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.

Subscription information: *tBT* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at \$40.00 per year (+\$32.00 airmail postage outside North America). **Change of address:** 6 to 8 weeks are required for address changes. Send both old and new addresses to the ABCT office.

ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

All items published in *the Behavior Therapist*, including advertisements, are for the information of our readers, and publication does not imply endorsement by the Association.

[Faster, Easier, Cheaper]

If you are renewing your membership (and not joining for the first time), please visit <https://www.abctcentral.org/eStore/index.cfm> and then scroll to the top left corner where you will see "Member Log In" in teal font! Click it and follow the prompts. This will ensure that you avoid incurring new member fees if you're not a new member.

If you have any questions, please contact the Central Office (212-647-1890) and we'll be happy to help.

INSTRUCTIONS for AUTHORS

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

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

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

the *Behavior Therapist* and responded to questions about some of his visions for the future of mental health research and treatment, particularly with respect to empirically based psychological approaches.

As the new Director of NIMH, do you see any goals or initiatives relating to psychology, cognitive-behavioral research and treatment, or related fields?

I have specific priority areas that I've thought a lot about, but I would say that my larger goal is to achieve the NIMH mission, which is to transform the understanding and treatment of mental illnesses through research. And as a trained psychiatrist who had a practice up until the week before I came here, I used cognitive-behavioral and other psychotherapies in my practice, so I'm aware of how efficacious psychological treatments can be. As a neuroscientist, I also know that these therapies act on and through the brain. So, there are areas where these two fields can interact, for example, in understanding the mechanisms of brain plasticity and how they might apply to enhancing psychological treatments. And I also know that the study of these treatments in and of themselves is important, because they can be key treatment modalities.

During your work as a psychiatrist and neuroscientist, in what ways have you interfaced with evidence-based psychological treatments?

As a psychiatrist, I used these treatment modalities in my practice. As a neuroscientist, some of the work that we've done is in the area of anxiety and fear learning, where we've studied things like extinction, which has relevance to forms of CBT such as exposure therapy. So, I've been aware of these efforts in psychological treatments. As another example, I've been intrigued by studies that were conducted on enhancing the speed of CBT for agoraphobia, and like most, a little disappointed that this work hasn't really yet been able to be generalized. So again, I think that there's a lot of potential for future interfaces. I think the more that we learn about the brain, and the more that we learn about the mechanisms by which the brain learns, the more that we're going to be able to take advantage of that knowledge, both from a psychological treatment perspective and in terms of more biologically based treatment modalities such as pharmacology and brain stimulation. Because the more we learn about how to change the brain with any of these treat-

ment modalities, the better job we can do overall.

In what ways do you see the neuroscientific and cognitive-behavioral views currently informing one another? What might be some of your visions of the future of these fields and their interactions with one another?

One growth area is related to the NIMH Research Domain Criteria (RDoC) initiative, which is to try to understand the neural correlates of all different kinds of behaviors that are disrupted in psychiatric illness. And to do that, we need to be able to quantitatively analyze and characterize all sorts of different behaviors and understand the neural underpinnings of those behaviors. I think that there are tremendous opportunities within that context for people who take a behavioral approach, to utilize their expertise to both help pursue neurobiology and help pursue diagnostic and biomarker capabilities.

How do you think about assessing "target engagement" in treatment trials, including in psychological treatment trials such as CBT? What are your thoughts on behaviorally assessed targets?

I think that there are two ways that cognitive-behavioral or other psychosocial treatments can demonstrate target engagement. One is more neurobiological; for example, if I'm going to try to carry out an extinction-based psychotherapy, then I say I should be engaging the medial prefrontal cortex and diminishing amygdala activity as an index of target engagement. And those are things that you can figure out with a well-designed imaging experiment to go along with a clinical efficacy study. But that's not the only way to validate target engagement. I could also say, I'm doing an extinction-based therapy and should be able to see arousal measures to a probe stimulus decrease, or a behavioral measure of fear that I'm diminishing to indicate target engagement. The important thing is, if your treatment trial doesn't work, you want to be able to know whether you did what you wanted to do in terms of hitting your target. That way, the negative result becomes more valuable for the field. And that's something that we often think about in designing basic pathophysiology studies, but we don't as often think about in clinical studies. It's really important, and I think we should include psychological treatments and behavioral targets in that initiative.

What advice would you give to a young researcher working in the area of empirically supported psychological treatments?

That's a great area to be in. My advice would be, number one, try to learn both the psychology and the biology, because I think whether you're going to develop or improve treatments that are more psychologically based or more biologically based, learning both will help you be able to make transformative contributions. The second piece of advice, and this is one of my priority areas, would be to pay attention to and learn as much as you can about computational methodologies. I think we need to be quantitative in our approach to everything, from the molecular through to the behavioral, because that will enable us to be much more precise. Third, I think it's really helpful for people to be able to think transdiagnostically, because I don't think our psychiatric diagnoses hue close to natural cleavage points either in behavior or in etiology of disease. And so we'll probably make much better headway by being well-trained in behavior and neuroscience, and by applying computational methods to transdiagnostic studies. And finally, I would think strongly about trying to take advantage of these large databases that we're now collecting. Whether it be the human connectome, Adolescent Brain Cognitive Development (ABCD) project, or other large databases, there's going to be lots and lots of data out there that is going to have a mix of neurobiological and behavioral components. These are rich opportunities, especially for young investigators, to be able to have robust datasets that will really teach us things. And I think it's not going to be the people who collect these data that are going to come up with the most novel ideas and the most novel results from it — I think it's going to be the people who come into these datasets with a fresh perspective and say, what can we find in them about the area that we're interested in, or what if we look at the data in a slightly different way. And so I would encourage young investigators to make themselves facile with these large datasets.

Where do you see empirically supported psychological research and treatment heading?

I think that the people who will come up with the most promising developments are out there. I'd encourage people to not only think about what we do well in psychological treatments, because we know they can work. CBT is a fantastic treatment for all

different kinds of psychiatric disorders. I would also be thinking about what we don't know, about where the gaps are, and approaching problems that way — because I think that that's going to have the potential to be transformative.

If you are interested in learning more about Dr. Gordon, please visit his “Director’s Messages” at <https://www.nimh.nih.gov/about/director/messages/index.shtml>. The web page also includes links to the NIMH strategic plan and research priorities overview.

...

Correspondence to Katharina Kircanski, Ph.D., Emotion & Development Branch, NIMH, 6001 Executive Boulevard, Room 6200, MSC 9663, Bethesda, MD 20892; kircanskik@mail.nih.gov

RESEARCH-TRAINING LINKS

The Delaware Project Then and Now: A Bold Vision Grows and Shapes Clinical Science

Ryan M. Beveridge, Timothy R. Fowles, Stevie N. Grasseti,
University of Delaware

Then . . .

In the fall of 2011, we gathered as a group of innovative thinkers from clinical psychology programs across the country at the University of Delaware to consider some critical questions facing clinical science training. These challenges clustered under one overarching issue defined by Dr. Thomas Insel, then director of the National Institute of Mental Health (NIMH): *How do we leverage our scientific knowledge to reduce the burden of mental illness?* Dr. Insel had drawn a line in the sand, set the bar, and expected the field to rise to the occasion (see Insel, 2008). Named by Dr. Bruce Cuthbert for the location of the original meeting, the Delaware Project (DP) brought together leading academic clinical psychologists whose ideas coalesced around this key issue.

The planning team worked for months to identify a diverse group of game-changing thinkers to attend the conference who could re-envision how clinical psychological science could more effectively train clinical psychologists poised to meet the mental health needs of society. The initial meeting was a working conference, and we really worked! This was not a time to sit back and enjoy a symposium or browse posters. Instead, participants were assigned to groups that carefully examined questions engineered by the planning team and additional issues that arose during the conference itself. For example, groups discussed what skills, knowledge, and attitudes are essential for students to develop across different stages of training, what the

role of clinical training is in intervention research, and how to reliably evaluate short and longer-term outcomes of training activities. What emerged was a new vision for intervention science and a transformative strategy for training the next generation of clinical scientists. The linear path from basic research to intervention development and ending (prematurely) in efficacy trials was deemed insufficient to reach the larger goal of lifting the burden of mental illness. Instead, an integrative process of bi-directional translation was envisioned whereby the spectrum of intervention science would progress via multiple feedback systems from basic science all the way to effectiveness studies and dissemination and implementation (Onken, Carroll, Shoham, Cuthbert, & Riddle 2014). Preexisting silos of isolated research would give way to cross-area dialogue and innovation. New techniques based on cutting-edge science would be refined and packaged in a way that preserved precision, fidelity, and efficacy while maximizing disseminability and community fit.

The interdependent intervention science vision that was developed demanded novel and innovative initiatives that would result in real change across the spectrum of clinical science training. This included specialty clinics in graduate programs (Levenson, 2014) to predoctoral internships grounded in public health and clinical competence (Atkins, Strauman, Cyranowski, & Kolden, 2014).

The DP coincided with the continued development of the Psychological Clinical

Science Accreditation System (PCSAS). Established just a few years prior to the DP conference, PCSAS was gaining momentum and providing greater flexibility and efficiency while upping the ante for scientific rigor in clinical psychological science training (Bootzin & Treat, 2015). PCSAS's emphasis in making program accreditation decisions on the basis of graduates' success in obtaining clinical science positions fit nicely with the DP's focus on preparing students for a workforce with new roles for psychologists focused on treatment development, supervision, training, and evaluation. In other words, PCSAS created a firm foundation on which ideas like those generated through the DP could flourish.

The landmark ideas developed at the initial meetings were published in a special issue of *Clinical Psychological Science* (Shoham et al., 2014). The intention was not only to highlight some of the solutions envisioned during the 2011 DP meeting, but also to spur new thinking and foster continual innovation aimed at Dr. Insel's overarching goal: reduce the burden of mental illness. In the end, the DP became defined not by the 2011 conference, or the special issue, but by the larger vision put forward by these events. This vision has continued and expanded in the years since as new partners and new exemplars transform the way we think about intervention science and clinical science training.

Now . . .

The DP is first and foremost a vision focused on creating and sharing innovative clinical science training opportunities that prepare the next generation of clinical psychologists to reduce the burden of mental illness on individuals and society. As a training vision, the Project is decentralized. It is not an organization with a specific structure and membership. Instead, it represents ideas larger than the conference, larger than Delaware, NIMH, ABCT, the Academy of Psychological Clinical Science (APCS), the Society for a Science of Clinical Psychology (SSCP), or any of the indi-

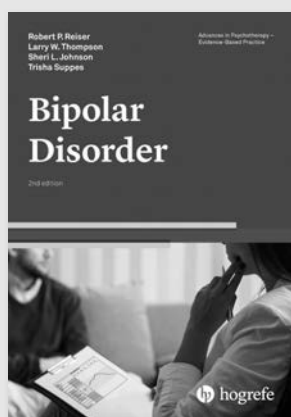
Advances in Psychotherapy

Evidence-Based Practice



“The first edition of *Bipolar Disorder* was the most widely read and circulated of any in this series by Hogrefe. This second edition is several steps above the first in thoroughness, practicality, and ease of communication. It is packed with useful information, an education in itself. And *The Schizophrenia Spectrum* is simply the best book I have read in recent years on the topic of schizophrenia spectrum disorders. The authors have done a remarkable job of making a complex topic into a simple and enjoyable read.”

Larry E. Beutler, PhD, Associate Editor of the *Advances in Psychotherapy* book series



Robert P. Reiser /
Larry W. Thompson /
Sheri L. Johnson /
Trisha Suppes
Bipolar Disorder

Volume 1
2nd edition 2017, viii + 120 pp.
US \$29.80
ISBN 978-0-88937-410-2

This extensively updated new edition of this acclaimed book integrates empirical research from the last 10 years to provide clear and up-to-date guidance on the assessment and effective treatment of bipolar disorder. The expert authors, a team of psychotherapists and medical practitioners, begin by describing the main features of bipolar disorder based on DSM-5 and ICD-10 criteria. Current theories and models are described, along with decision trees for evaluating the best treatment options. They then outline a systematic, integrated, and empirically supported treatment approach involving structured, directive therapy that is collaborative and client-centered.



William D. Spaulding /
Steven M. Silverstein /
Anthony A. Menditto
The Schizophrenia Spectrum

Volume 5
2nd edition 2017, viii + 94 pp.
US \$29.80
ISBN 978-0-88937-504-8

The new edition of this highly acclaimed volume provides a fully updated and comprehensive account of the psychopathology, clinical assessment, and treatment of schizophrenia spectrum disorders. It emphasizes functional assessment and modern psychological treatment and rehabilitation methods, which continue to be under-used despite overwhelming evidence that they improve outcomes. The compact and easy-to-read text provides both experienced practitioners and students with an evidence-based guide incorporating the major developments of the last decade.

Hogrefe Publishing
30 Amberwood Parkway
Ashland, OH 44805, USA
Tel. 800 228-3749 (toll-free in North America)
Fax 419 281-6883
customerservice@hogrefe.com
www.hogrefe.com

 **hogrefe**

vidual stakeholders. It is continually being redefined and amplified as scientists and practitioners create new partnerships and new programs. For those who are interested in learning more or becoming involved, the DP vision, conference proceedings, and ongoing initiatives are available on the DP's website (www.delawareproject.org).

As a decentralized training vision for clinical science programs, faculty and students across the country have implemented the ideas developed at the conference in diverse ways that optimize their training resources or fill gaps in training and scientific approaches. For examples of how the DP vision is growing and being implemented, below we highlight a few ongoing initiatives of the DP. These examples are not exhaustive, but show the breadth and depth of the vision as it has been disseminated by faculty and, more important, by graduate students whose work exemplifies the cohesion needed to advance a more impactful and relevant intervention science. The examples highlighted include a new partnership the Project formed with NIMH and ABCT to create webinars aimed at disseminating innovative intervention science informed by Research Domain Criteria (RDoC; Cuthbert & Insel, 2013; Insel et al., 2010), a new training center at the University of Delaware, and the work of several graduate students who were honored with the inaugural DP student awards.

The DP/NIMH/ABCT Webinars

The DP, NIMH, and ABCT have partnered to develop a series of webinars to highlight and explore interdependence among basic psychological research, treatment development, and the dissemination and implementation of evidence-based practices. Like the original conference, the DP webinar series is bringing together scientists with diverse expertise and creating a context for innovation. The series is informed by several new tools that are becoming part of the revolution in clinical science. First, the series draws from the RDoC (Cuthbert & Insel, 2013; Insel et al., 2010) approach to understanding and studying psychopathology. Each webinar centers on a specific treatment target—a psychopathological mechanism relevant to clinical practice. The experts on the panel outline the target and describe the mechanisms of adaptive and pathological processes. They draw on new developments including the exciting field of experimental therapeutics in which underlying

mechanisms of mental illness are first targeted for intervention, before evaluating clinical outcomes, in order to discuss how research can be translated into new treatments. Finally, each webinar applies new knowledge and practices from dissemination and implementation science to the target in question.

The series is intended to be exploratory in nature and not explicitly didactic or prescriptive. Instead, each webinar:

- Highlights ways in which different facets of intervention science connect and inform one another toward the mutual goal of reducing the burden of mental illness.
- Inspires audience members to explore/apply research outside of their area of primary expertise.
- Creates brief, scientifically accurate resources for practitioners and system-developers to use in adopting, implementing, and sustaining evidence-based care.
- Facilitates an atmosphere of innovation where barriers only visible from the shared vantage point can be identified and addressed.

The initial webinar occurred in November of 2016 and focused on anxiety, fear, and similar constructs related to negative valence systems per the NIMH's RDoC framework. Consistent with the integrative goals of the series, this initial webinar featured Drs. Stewart Shankman (basic research), Alicia Meuret (translational treatment research), Shannon Stirman (dissemination and implementation), with Tim Fowles moderating. Each expert presented key findings and developments in their area, then discussed integration. A diverse group of participants logged on, including clinical scientists, practitioners, and community members. Their questions and comments created a rich discussion that realized the DP's integrative vision. This initial webinar, along with future webinars (as conducted), will be archived and made available via websites like NIMH and delawareproject.org for use in classrooms and clinics.

The University of Delaware's Center for Training, Evaluation, and Community Collaboration

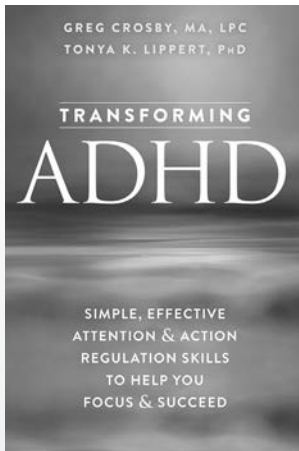
In 2012, the University of Delaware launched the Center for Training, Evaluation, and Community Collaboration (C-TECC; www.ctecc.net). C-TECC is an

application of the DP training mission focused on the delivery and evaluation of evidence-based mental health services in complex community settings. At C-TECC, clinical science training is expanded by placing students in community-based clinical settings where they identify mental health needs and provide research-based solutions to those needs. Students are trained through project-based learning while collaborating with state administrators and stakeholders, training and consulting with community clinicians, and collecting and analyzing evaluation data on the success and implementation of clinical service delivery. Students and postdoctoral trainees work on a wide variety of funded projects involving the dissemination, implementation, and evaluation of several evidence-based services. Example services include Parent Child Interaction Therapy (PCIT; McNeil & Hembree-Kigin, 2010; Zisser & Eyberg, 2010), a treatment for young children with severe behavior problems), Attachment and Biobehavioral Catch-up (ABC; Dozier, Lindhiem, & Ackerman, 2005), a treatment for infants who experience early adversity (and their parents), the Global Appraisal of Individual Needs (GAIN; Dennis, 1999), an evidence-based diagnostic and treatment planning tool for adolescents with substance use disorders, and the Portland Identification and Early Referral (PIER; McFarlane et al., 2010), a program for catching emerging psychosis in young adults and providing early intervention.

Students are also involved in adapting and combining existing evidence-based practices into new delivery models that could reach populations in need in new ways, thus maximizing impact, according to Dr. Insel's line in the sand and the DP vision. For example, C-TECC worked with PCIT experts to develop and test a home-based adaptation of PCIT and found comparable effectiveness and dramatically improved completion rates (Fowles et al., 2016). Likewise, a new project is combining evidence-based parenting approaches and established financial coaching strategies to reach parents of young children living in poverty. This new approach is in the development-pilot phase but, ultimately, will be tested in a randomized-controlled trial.

The skills students learn at C-TECC prepare them to advance clinical science in a variety of academic, government, and community roles, and are designed to reduce the science-to-service gap typically observed in mental health practice. Thus,

BOOKS TO HELP CLIENTS CULTIVATE CHANGE



Transforming ADHD
 Help clients find focus and reach their goals
 ISBN: 978-1626254459 / US \$16.95

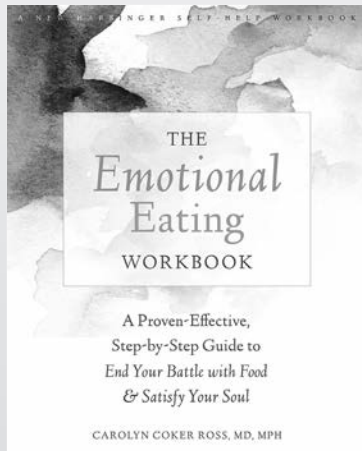
for teens



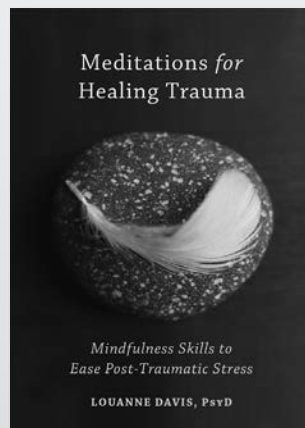
How to Like Yourself
 Help teens quiet their inner critic
 ISBN: 978-1626253483 / US \$16.95



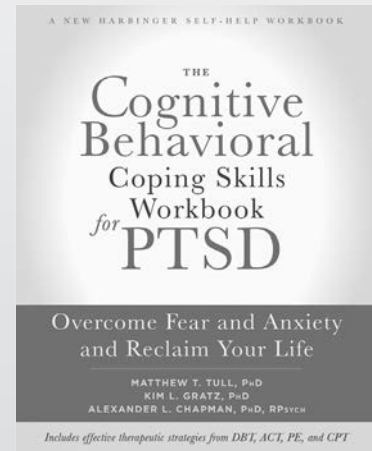
Helping Your Anxious Teen
 A compassionate guide for parents and teens
 ISBN: 978-1626254657 / US \$16.95



The Emotional Eating Workbook
 Help clients uncover the real reason they overeat
 ISBN: 978-1626252127 / US \$21.95



Meditations for Healing Trauma
 A gentle guide to finding peace in the aftermath of trauma
 ISBN: 978-1626255029 / US \$16.95



Cognitive Behavioral Coping Skills Workbook for PTSD
 Evidence-based skills to help clients recover from PTSD
 ISBN: 978-1626252240 / US \$21.95

 newharbingerpublications

1-800-748-6273 / newharbinger.com



Sign-up for Quick Tips for Therapists at newharbinger.com/quicktips

students appreciate the breadth of the DP vision through experiential, problem, and project-based learning techniques.

The DP Student Award

To emphasize the central role of student training in the DP vision, an annual DP graduate student award was developed in 2015. This award recognizes excellence in research that emphasizes continuity across laboratory and community clinical settings. As such, the award is presented to a student whose work generates new knowledge that helps bridge the science-to-service gap we see in community mental health care. Successful applicants' work has the potential to impact the community by reducing the burden of mental illness on society through scientific solutions to real-world problems. Consistent with the DP vision, special consideration is given to innovative research that highlights a necessary interdependence and cohesion across the intervention science spectrum, from basic research to the dissemination and implementation of evidence-based practices.

The DP award winner receives funds to support attendance at two important meetings where their work is recognized: the APCS meetings associated with the APS conference, and the Dissemination & Implementation Science Special Interest Group (DIS-SIG) meeting at ABCT. The recognition of the award winner at these two meetings is an important practical and symbolic connection between two previously largely disconnected groups in clinical psychology, both interested in treatment development and delivery. The student award winner serves as an active liaison between these two groups, with a vision of forming new collaborations that will create innovative research and training opportunities that will ultimately relieve human suffering through psychological clinical science.

The inaugural award announcement in 2015 garnered a high number of quality applications from graduate students across the country. Representatives from sponsoring organizations (the DP, ABCT DIS-SIG, and APCS) evaluated the applications and one winner and five honorable mentions were chosen by the committee to represent the DP (see delawareproject.org for the winner, honorable mentions, and 2017 due dates). The students' work is inspiring and provides excellent examples of the type of research and training the DP is focused on developing.

For example, Nicole Gumport (award winner) is conducting a study of the Transdiagnostic Sleep and Circadian Intervention (Trans-C; Harvey, 2016). This evidence-based practice has already garnered considerable empirical support grounding it in the basic, translational, and efficacy science that lays the foundation of the DP. Gumport's work extends this science in true DP fashion by examining the Trans-C in a community setting where barriers and facilitators can be studied. This critical dissemination and implementation work, combined with the strong research base of the Trans-C, not only contributes to the field, but shows how the DP vision is being realized as students like Nicole Gumport are being trained with integrative clinical science in mind.

While each award winner's project exemplifies the DP vision per se, the true breadth and reach of the DP vision is shown through the diversity and innovation of the awards as a set. The honorable mention award winners include projects focusing on interventions targeting trauma, memory in depression, interventions for first responders, and single-session interventions for high-risk youth. One honorable mention went to Mina-Li Ong, whose project is designed to promote evidence-based assessment using Wikipedia and Wikiversity. This work exemplifies the DP in content — by creating scientifically sound, easily accessible resources for improving assessment across intervention science. Moreover, and perhaps most important, it has required Ong and colleagues to build multidisciplinary partnerships across psychology, library sciences, and health care. Thus, the process is as much an example of the DP vision as the product itself.

From the sample of the 2016 awardees, it is clear to see how today's graduate students are breaking down barriers in ways that reduce the burden of mental illness. In the process, they are being trained to take on these roles in shaping the future of intervention science. There were many more nominees whose work likewise exemplifies this vision, and the selection committee struggled to select awardees. Perhaps the most exciting feature of the student awards is how well they demonstrate that the DP vision is more than the 2011 conference, the special issue, delawareproject.org, or the webinar series. Instead, it represents a paradigm shift that is expanding across clinical science.

Conclusion

A project that once included just a few clinical psychology faculty members concerned about translating clinical science into impactful mental health care has developed into an important national vision that has inspired and organized innovative training opportunities, research projects, and cross-institution partnerships. These diverse initiatives all share a common thread that emphasizes the need for collaboration and cohesion across the spectrum of intervention science, from laboratories to community practice. In order to reduce the suffering of individuals and decrease the burden of mental illness on society, those adopting the DP vision aim to train clinical psychologists who understand the dynamic interplay among basic psychopathology research, treatment development, and the dissemination and implementation of evidence-based practices. The next generation of psychologists will need to develop new knowledge about the mechanisms of psychopathology, create new treatments informed by this knowledge, and also deliver, train, implement, and evaluate evidence-based mental health care.

The DP is interested in disseminating a training vision and framework that is well exemplified by the work of excellent students, faculty, and programs that emphasize interdependence across intervention science and practice. As such, those interested in being involved in the DP are encouraged to reach out via our website (www.delawareproject.org) to brainstorm how they might highlight or connect their work to the broader vision and initiatives. Graduate students in clinical psychology are encouraged to apply for the student award. Students and post-docs should also consider attending the annual APCS and ABCT DIS-SIG meetings to get DP updates and see how these entities can work together to produce innovative and cohesive intervention science. Interested faculty who have ideas about innovative training methods for clinical science or whose work is appropriate to highlight in the RDoC webinar series may contact us to explore options. The DP has been successful because of the many stakeholders that have worked to develop and implement the vision in their own unique ways. Therefore, we continue to be interested in new ideas and new partnerships that can strengthen the way we train and implement clinical science in academia and community settings. Please reach out!

The DP vision is admittedly grand and far reaching. However, our experience in the last several years of involvement with the DP inspires optimism that our field is up to the task. If we are to truly move the needle in reducing the burden of mental illness per Dr. Insel's original challenge, we need a grand and far-reaching vision that sets a high bar and then provides continued resources, innovation, and enthusiasm to accomplish it. Ultimately, this is what the DP is all about.

References

- Atkins, M.S., Strauman, T.J., Cryanowski, J.M., & Kolden, G.G. (2014). Reconceptualizing internship training within the evolving clinical science training model. *Clinical Psychological Science, 2*, 46-57.
- Bootzin, R. R., & Treat, T. A. (2015). Psychological Clinical Science Accreditation System (PCSAS). *The Encyclopedia of Clinical Psychology*, 1-4.
- Cuthbert, B. N., & Insel, T. R. (2013). Toward the future of psychiatric diagnosis: The seven pillars of RDoC. *BMC Medicine, 11*, 1-8.
- Dennis, M. L. (1999). *Global Appraisal of Individual Needs (GAIN): Administration Guide for the GAIN and Related Measures, version 1299*. Bloomington, IL: Chestnut Health Systems. Available at: <http://www.chestnut.org/li/gain>
- Dozier, M., Lindhiem, O., & Ackerman, J. P. (2005). Attachment and Biobehavioral Catch-Up: An intervention targeting empirically identified needs of foster infants. In L. Berlin, Y., Ziv, L., Amaya-Jackson, & M.T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 178-194). New York, NY: Guilford Press.
- Fowles, T.R., Mase, J.J., McGoron, K.L., Beveridge, R., Williamson, A., Smith, M.S., & Parrish, B. (2016). *Home vs. clinic-based Parent-Child Interaction Therapy (PCIT): Comparative effectiveness and attrition in the context of implementation*. Manuscript submitted for publication.
- Harvey, A.G. (2016). A transdiagnostic intervention for youth sleep and circadian problems. *Cognitive and Behavioral Practice, 23*, 341-355.
- Insel, T.R. (2008). Assessing the economic costs of serious mental illness. *American Journal of Psychiatry, 165*, 703-711.
- Insel, T., Cuthbert, B., Garvey, M., Heinszen, R., Pine, D. S., Quinn, K., ... Wang, P. (2010). Research domain criteria (RDoC): Toward a new classification framework for research on mental disorders. *American Journal of Psychiatry, 167*, 748-751.
- Levenson, R.W. (2014). The future of clinical science training: new challenges and opportunities. *Clinical Psychological Science, 2*, 35-45.
- McFarlane, W. R., Cook, W. L., Downing, D., Verdi, M. B., Woodberry, K. A., & Ruff, A. (2010). Portland identification and early referral: a community-based system for identifying and treating youths at high risk of psychosis. *Psychiatric Services, 61*, 512-515.
- McNeil, C.B. & Hembree-Kigin, T.L. (2010). *Parent-Child Interaction Therapy* (2nd ed.). New York: Springer Science and Business Media.
- Onken L.S., Carroll, K.M., Shoham, V., Cuthbert, B.N., & Riddle, M. (2014). Re-envisioning clinical science: Unifying the discipline to improve the public health. *Clinical Psychological Science, 2*, 22-34.
- Shoham, V., Rohrbach, M.J., Onken, L.S., Cuthbert, B.N., Beveridge, R.M., & Fowles, T.R. (2014). Redefining clinical science training: Purpose and products of the Delaware Project. *Clinical Psychological Science, 2*, 8-21
- Zisser, A., & Eyberg, S. (2010). Treating oppositional behavior in children using parent-child interaction therapy. In A. Kazdin & J. Weisz (Eds.), *Evidence based psychotherapies for children and adolescents* (pp. 179-193). New York: Guilford Press.

...

The authors would like to thank the many sponsors and partners that have joined and supported the DP vision. These include the National Institute of Mental Health; Academy of Psychological Clinical Science; Society for a Science of Clinical Psychology; Association for Behavioral and Cognitive Therapies, especially the DIS-SIG; SAGE Publications; and the DP Student Award winners who contributed to the descriptions of their work for this piece. We'd also like to acknowledge Varda Shoham, whose early leadership on the DP was instrumental to its success.

Correspondence to Ryan M. Beveridge, Ph.D., University of Delaware, 108 Wolf Hall, Department of Psychological and Brain Sciences, Newark, DE 19716; rbeveridge@psych.udel.edu

Call for Award Nominations . . .
Nominate **ON-LINE** www.abct.org

- ◆ Career/Lifetime Achievement
- ◆ Outstanding Research Contributions
- ◆ Outstanding Training Program
- ◆ Distinguished Friend to Behavior Therapy
- ◆ Anne Marie Albano Early Career Award
- ◆ Outstanding Service to ABCT

STUDENT AWARDS:

- ◆ President's New Researcher (*deadline: Aug. 1*)
- ◆ Virginia A. Roswell Student Dissertation
- ◆ Leonard Krasner Student Dissertation
- ◆ John R. Z. Abela Student Dissertation
- ◆ Elsie Ramos Memorial Student Poster Awards
- ◆ Student Travel Award

Deadline: March 1, 2017

Working Together to Promote Clinical Science

Bethany A. Teachman, *Chair, Coalition for the Advancement and Application of Psychological Science*

THE COALITION FOR THE ADVANCEMENT and Application of Psychological Science (CAAPS) strives to promote science to understand, reduce, and prevent the burden of mental illness, and foster adaptive development and well being. CAAPS is an umbrella organization that was formed in 2016 to provide an opportunity for organizations committed to clinical science to have a means for working together productively on shared goals. Our member organizations work on many different aspects of the creation, dissemination, and application of clinical science and the training of clinical scientists, but share a commitment to prioritizing a scientific epistemology to advance knowledge and improve human well being.

The coalition emerged from two clinical summit meetings in 2015 as numerous groups expressed a desire to come together to discuss common concerns, such as how to ensure the public understood the value of clinical psychological science. The original two meetings were coordinated and generously hosted by the Association for Psychological Science, and brought together eight organizations to seek ways to work together to advance clinical science and increase its impact in reducing the burden of mental and behavioral illness. At these meetings, it soon became evident that despite serving unique roles in the field, the groups had much in common and many of the groups shared a commitment to training, promoting innovative research, and the dissemination and implementation of research-supported clinical practice. Thus, at the end of the second meeting it was decided that it would be helpful to have a more formal way to continue meeting and working together.

This led to the birth of CAAPS, which became incorporated as a nonprofit in 2016. The coalition holds bi-annual meetings, bringing together the leadership of various clinical science organizations to discuss issues of common concern in the field. CAAPS focuses on two complementary and intersecting goals:

1. Use the current state of the science to reduce the burden of mental illness.

- a. promote adoption, and safe, reliable delivery of empirically validated assessment, prevention, and treatment approaches
- b. ensure the public's access to high-quality mental and behavior health care
- c. optimize the sustainable implementation of effective services
- d. encourage bidirectional communication and partnerships between researchers and practitioners

2. Improve the science and the field to be better positioned to reduce the burden of mental illness in the future.

- e. reconsider and develop new clinical science training models
- f. increase understanding of mental illness through research innovation
- g. promote research participation and create systems of routinized large-scale collection of data that would be shared freely with researchers

We strive to operate in a way that is inclusive, collaborative, and transparent, and have made a commitment to value and respect equally the generation and application of clinical science. The guiding principles for the group include the following: (a) give priority to the public's welfare over all other competing interests (e.g., guild, personal); (b) as a public trust, prioritize acting ethically with transparency and integrity; and (c) prioritize a scientific epistemology to advance knowledge and improve human well being.

Current member organizations include: Academy of Psychological Clinical Science (APCS), American Psychological Association (Clinical Practice Guidelines Advisory Steering Committee), Association for Behavioral and Cognitive Therapies (ABCT), Society for a Science of Clinical Psychology (SSCP), Council of Graduate Departments of Psychology (COGDOP), Council of University Directors of Clinical Psychology (CUDCP), Society of Clinical Child and Adolescent Psychology, and the

Society for Research in Psychopathology (SRP).

Organizations currently in an observer role include: Association for Psychological Science (APS), Association of Psychology Postdoctoral and Internship Centers (APPIC), and the Psychological Clinical Science Accreditation System (PCSAS).

The coalition is at very early stages, so both its membership and its agenda are likely to grow as CAAPS determines how it can best contribute. The group has begun some collaborative projects across organizations (e.g., developing a media kit for journalists; conducting focus groups with junior and senior members of the field to explore innovative ways to advance training of clinical researchers and practitioners; creating a clearinghouse of tools for providers and educators that focus on how to apply evidence-based principles of change). Joint initiatives will occur whenever organizations feel they can achieve their shared goals most effectively by working together. In addition, having the umbrella structure is intended to allow organizations to easily share information to keep track of trends and learn from each other's prior successes and failures. Moreover, the hope is that we can have opportunities through CAAPS to think more "big picture" about the field than typically occurs within a given organization as a function of having so many different perspectives represented in the coalition.

In many ways, CAAPS' unique role is less about doing some specific initiative that no other group does and more about the benefits that follow from having a coalition so that work can be coordinated and more effective, and there can be a strong voice for the science of clinical psychology. Along these lines, our most recent meeting, which was held at the ABCT Annual Convention in New York, focused on changes in funding for psychosocial research at the National Institute of Mental Health (NIMH), and was followed by conversation with the new NIMH director, Dr. Joshua Gordon, about the ways psychosocial research can help NIMH achieve its mission. As another example, the coalition is pursuing grant support to encourage data sharing in the clinical field. While there are many groups within the open science movement advocating for sharing data, there has been less uptake of these resources and services by the clinical field, so CAAPS aims to serve as a bridge between the open and clinical science fields.

As CAAPS evolves and grows, we are very appreciative of the support we have received from ABCT, which has helped with both practical aid (e.g., hosting meetings and providing administrative support) and a greatly valued partnership as we jointly strive to promote clinical science to understand, reduce, and prevent the burden of mental illness.

...

Correspondence to Bethany A. Teachman, Ph.D., University of Virginia, Department of Psychology, 485 McCormick Road, Gilmer Hall, Room 102, Charlottesville, VA 22903; bteachman@virginia.edu

did
you
miss
it?

www.abct.org

Videos on-line from ABCT's 50th Annual Convention

- ▶ *Michelle Craske's Presidential Address, "Honoring the Past, Envisioning the Future"*
- ▶ *Invited Panel 1: Technology and Treatment*
Chair and Moderator: Christopher Fairburn; Panelists: Kathleen Carroll, Ellen Frank, David Mohr, Ricardo Muñoz
- ▶ *Invited Panel 2: Cognitive Science and Transdiagnostic Principles*
Chair and Moderator: Steven Hollon; Panelists: Emily Holmes, Jutta Joormann, Matthew Nock, Bethany Teachman
- ▶ *Invited Panel 3: Neuroscience and Psychological Treatment*
Chair and Moderator: Michelle G. Craske; Panelists: Eric Nestler, Elizabeth Phelps, Mary Phillips, Daniel Pine
- ▶ *Invited Panel 4: Dissemination and Implementation*
Chair and Moderator: David Barlow; Panelists: Bruce Chorpita, David Clark, Edna Foa, Vikram Patel
- ▶ *Lifetime Achievement Award Address*
David M. Clark, Ph.D., University of Oxford

CLINICAL TRAINING

New Child and Adolescent Training Council

Sharon Berry, *Children's Hospitals and Clinics of Minnesota*

Brian Chu, *Rutgers University*

Mitch Prinstein, *University of North Carolina, Chapel Hill*

Michael Roberts and Ric Steele, *University of Kansas*

A NEW TRAINING COUNCIL has been established to promote the advancement of graduate and postgraduate education and training within the fields of clinical child/adolescent psychology and pediatric psychology: CCApPTC—the Clinical Child and Pediatric Psychology Training Council. After several years of planning and development, the inaugural meeting was held in September 2016 in conjunction with the Kansas National Conference in Clinical Child and Adolescent Psychology.

The field of Clinical Child and Adolescent Psychology (encompassing Pediatric Psychology) has been recognized by the Council of Specialties in Professional Psychology and the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) since 1998. The specialty ("synarchy") of Clinical Child Psychology is comprised of APA Divisions 53 (the Society of Clinical Child and Adolescent Psychology) and 54

(the Society of Pediatric Psychology), and the American Board of Clinical Child and Adolescent Psychology (ABCCAP). However, despite the recognition of the specialty area, and despite the articulation of specific training and educational guidelines (e.g., Roberts et al., 1998), Clinical Child and Pediatric Psychology has lacked a training council. Established training councils in Health, Clinical, School, and Counseling Psychology (as well as other specialty areas) suggested that a training council dedicated to education in an established specialty area offers an important benefit not only to constituent members of the specialty, but also to the training community more broadly. Thus, in 2013, Michael Roberts and Mitch Prinstein requested startup funds from APA Divisions 53 and 54 to begin the formation of a new training council focused on educational issues in Clinical Child and Adolescent Psychology, and Pediatric Psychology.

Since January 2014, interest meetings were conducted in a variety of venues including the Association for Behavioral and Cognitive Therapies Annual Convention, the Council of University Directors of Clinical Psychology Meeting, the Society of Pediatric Psychology Annual Conference (SPPAC), the Association of Psychology Postdoctoral and Internship Meeting, the American Psychological Association Convention, and the National Kansas Conference in Clinical Child and Adolescent Psychology. These meetings were useful for gauging interest in the formation of a new training council, discussing logistics, and developing preliminary agenda items. A number of items to address through development of a training council emerged from these meetings, including the development of training guidelines in clinical child and pediatric psychology, advocacy for child/pediatric training issues within broader training policies (e.g., accreditation, licensure), sharing of resources among training directors, cross-talk between trainers at different stages of the training pipeline to ensure continuity in training, discussion of future directions in the field and necessary revisions to training, helping share resources to allow more sites to develop clinical child/pediatric training, discussing adherence to accreditation guidelines within the context of clinical child and pediatric training, reviewing training competencies for clinical supervision skills in clinical child and pediatric psychology practice, discussing research training curricula at each stage of the edu-

cational pipeline, sharing and collaborating on course syllabi or online didactic presentations, discussing how integrated care changes training needs at each stage of training, and developing and sharing behaviorally anchored rating scales to measure trainee competencies (readiness for internship, etc.).

Steering Committee, Listserv, and Bylaws

As a result of these meetings and the enthusiasm of the training programs, Drs. Roberts and Prinstein developed a listserv for interested programs to further discuss the new training council, to review possible criteria and costs for membership, and to propose possible meeting locations/times. In December 2014, Drs. Roberts and Prinstein invited Drs. Sharon Berry, Ric Steele, and Brian Chu to form a steering committee to move the training council forward. This committee was charged with drafting bylaws and disseminating to interested members for review and comment, creating a membership application procedure, petitioning potential sponsors for funds to legally incorporate the group, reviewing applications and “accepting” first members, collecting dues, developing a set of possible member working groups to advance agenda, and dissolving the steering committee so members could elect a board of directors for the training council that will organize an initial meeting of the training council board and its members. With iterative input from a number of doctoral, internship, and postdoctoral training programs, the steering committee has successfully developed bylaws, incorporated the Training Council as a nonprofit advocacy corporation [501(c)(3)], developed an application procedure, and accepted new program members of the Training Council.

Future Directions

The Steering Committee will facilitate an election process with volunteers committed to CCaPPTC. The Council will address Council business and determine when and where to host the next meeting. Potential agenda items generated at the September 2016 inaugural meeting include key issues such as developing training guidelines following further assessment of needs (recognizing the importance of supervision, leadership, and other modern needs), developing a training conference to discuss the competences and experiences

needed, creating a document that delineates what and how to advocate for child/pediatric training needs, identifying preparation for each stage of training and communicate with undergraduates about training expectations and needs (including ABPP board certification), establishing communication between stages of training (doctoral, internship, postdoctoral), determining the paths for training for competency or certification, developing competency-based assessment measures, improving gate-keeping across the sequence of training, providing a resource toolbox for training directors (including papers on training guidelines and competencies), encouraging diversity in the field and multiculturalism in training, and seeking representation on the Council of Chairs of Training Councils.

Join CCaPPTC!

We welcome all training programs that include clinical child, adolescent, and/or pediatric psychology. The council covers the entire spectrum of training, including doctoral, internship, and postdoctoral fellowship programs. See application materials on our website: <http://www.clinical-childpsychology.com/clinical-child-and-pediatric-psychology-training-council/>

For more information, please contact us: ccapptc@gmail.com

...

Correspondence to Sharon Berry, Ph.D., Children's Hospitals and Clinics of Minnesota, 2525 Chicago Ave. S, 17-217, Minneapolis, MN 55404; sharon.berry@childrensmn.org

Find a CBT Therapist



ABCT's Find a CBT Therapist directory is a compilation of practitioners schooled in cognitive and behavioral techniques. In addition to standard search capabilities (name, location, and area of expertise), ABCT's Find a CBT Therapist offers a range of advanced search capabilities, enabling the user to take a Symptom Checklist, review specialties, link to self-help books, and search for therapists based on insurance accepted.

We urge you to sign up for the Expanded Find a CBT Therapist (an extra \$50 per year). With this addition, potential clients will see what insurance you accept, your practice philosophy, your website, and other practice particulars.

To sign up for the Expanded Find a CBT Therapist, click on the Renew/Join ABCT icon on the right-hand side of the home page; then click on the PDF “2017 Membership Application.” You will find the Expanded Find a CBT Therapist form on p. 6.

Awards Feature: The Recipient of the Anne Marie Albano Early Career Award

Katherine J. W. Baucom, *Chair, Awards & Recognition Committee*



Nicole Caporino,
**Anne Marie
Albano Early
Career Award
for Excellence in
the Integration
of Science and
Practice**

This month we're happy to feature Dr. Nicole Caporino, recipient of the Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice. The purpose of this award, which was made possible by a generous donation to ABCT, is to recognize early-career professionals (within 5 years of doctoral degree) who share Dr. Albano's core commitments.

Dr. Caporino is an Assistant Professor of Psychology at American University, where she trains undergraduate and graduate students in the science of clinical psychology. She received her Ph.D. in 2011 from the University of South Florida under the mentorship of Drs. Eric Storch and Vicky Phares, and completed a postdoctoral fellowship at Temple University under Dr. Philip Kendall. Despite her early

career stage, at the time of her nomination Dr. Caporino had delivered or supervised the delivery of clinical services to over 300 youth with anxiety disorders and OCD!

Dr. Caporino's research focuses on maximizing the efficacy of CBT for OCD and anxiety disorders in children and adolescents, as well as on improving access to treatments with empirical support by identifying and addressing barriers to their utilization. Her extensive record of publications in high-impact journals includes examinations of predictors of treatment response and mechanisms of change in CBT, as well as investigations of treatment acceptability and the utility of technology to improve treatment access. Given her record, it is not surprising that Dr. Caporino has received several other early-career awards (e.g., Anxiety and Depression Association of America's Career Development Travel Award).

Dr. Caporino is an active ABCT member with a strong commitment to improving child and adolescent mental health care. The Awards Committee agreed wholeheartedly with her nominators that she "truly follows in the footsteps of Anne Marie Albano." ■



INSTITUTE *for* BEHAVIOR THERAPY

New York City

Celebrating Its 45th Anniversary

Steven T. Fishman, Ph.D., ABPP | Barry S. Lubetkin, Ph.D., ABPP
Directors and Founders

Since 1971, our professional staff has treated over 30,000 patients with compassionate, empirically-based CBT. Our specialty programs include: OCD, Social Anxiety Disorder, Panic Disorder, Depression, Phobias, Personality Disorders, and ADHD-Linked Disorders, and Child/Adolescent/Parenting Problems.

Our externs, interns, post-doctoral fellows and staff are from many of the area's most prestigious universities specializing in CBT, including: Columbia, Fordham, Hofstra, Rutgers, Stony Brook, St. John's, and Yeshiva Universities.

Conveniently located in the heart of Manhattan just one block from Rockefeller Center. Fees are affordable, and a range of fees are offered.

For referrals and/or information, please call: (212) 692-9288

20 East 49th St., Second Floor, New York, NY 10017

e-mail: info@ifbt.com | web: www.ifbt.com

Skinner Shrugged

Jonathan Hoffman, *Neurobehavioral Institute, Weston, FL*

Dean McKay, *Fordham University*

Present Time

Who is Don Pault? All over the CBT world, there is a vague yet palpable sense that something is wrong. The cognitivists state definitively that it is not a distorted belief. The mindfulness experts say they cannot defuse the feeling from the distressing thoughts. Even the radical behaviorists admit they “feel” it.

This uneasiness is accompanied by a nagging impression that there is a dearth of fresh ideas in our field, and that there is far more “new mechanism-of-action-lacking wine in old bottles” than there used to be. Walking through the corridors of the hotel at the latest CBT conference, attendees exchange knowing glances as they enter salons to hear talks on . . . what? The topics under discussion seem to bear a striking resemblance to the ones heard last year, and the year before, and the one before that. A baleful learned helplessness descends on the conference as it draws to a close, one that is experienced by the attendees as a dispiriting and growing ennui that’s hard to experientially tolerate. It’s become commonplace to overhear some iteration of, “I think I’ve attended that presentation before,” from the perplexed scientist-practitioners and clinical scientists meandering about at CBT gatherings—yet openly conversing with colleagues about this shared observation appears implicitly taboo, no one can say why. Some liken it to *déjà vu*, except with different speakers saying strangely familiar words. But this is the most telling sign of all: On the hallway announcement boards of academia, and on the waiting room walls of clinicians, Post-it notes bearing the same inscrutable words “Who is Don Pault?” seem as if they are spontaneously sprouting everywhere. No one’s ever seen doing it, or owns up to placing them there. And if they are taken down they soon re-appear, like crop circles in the UK.

Fade to 10 Years Earlier

Rock Star graduate student Don Pault had all the qualities that should spell global success in academia: he’s around 5’10, cul-

tivates a sparse goatee, is thin, wiry but not muscular, and maintains an air that’s a combination of mild bemusement with just a hint of irritation, almost like he was made to order for his chosen profession by a barista in an organic coffee bar in Park Slope, Brooklyn. Early in his graduate career he attended conferences and held court with other students and junior faculty, regaling them with his astute observations about the interplay of mindfulness and basic behavioral models, ending many of his sentences with “but if you didn’t already know that, I don’t how you can practice.” Upon prevailing in a debate with one of the few in his academic circle that dared to present an alternative viewpoint, he would invariably congratulate his opponent with the seemingly deferential, but actually faint praise comment of, “I can understand why you would see it that way, considering your mentor’s academic lineage.” Ouch! Yes, he had it all, plus a level of arrogance befitting long-tenured professors sporting h-indexes in the high 30s.

Re-imagining a CBT model that would put its founders to shame, Pault submits his dissertation proposal; in it, he describes a theory and experimental methodology so groundbreaking that, in his not-so-humble opinion, it would usher in a total paradigm shift in CBT, one that he already referred to in his own mind as “Paultian.” After all, he aimed to accomplish no less than prying open CBT’s hitherto impenetrable black box, which only presumes, not explains, how learning and memory actually occur.

But Pault’s proposal was “rejected, needs numerous revisions” by his advisor, who had made a number of guiding recommendations, but all in the direction of changes that would force Pault’s ideas back into congruence with the prevailing CBT

black-box zeitgeist. Pault had heard of advisors who, when feeling threatened by their mentees’ brilliant ideas, engage in subtle, but clear, sabotage to protect their little fiefdoms. However, Pault had so strongly believed that his own advisor had integrity that it bordered on overvalued ideation, and even if he did not, it wouldn’t matter because he would be so awestruck by his protégé’s perspicacity. When this bubble burst, he was disillusioned, crestfallen, and other adjectives that are hard even for Ph.D.s to comprehend, but that all effectively describe melancholia.¹

So, rather than heat up another cup of ramen noodles and burn the midnight oil making the necessary revisions, Pault simply stopped working on his visionary project. He never submitted a revised proposal. Instead, he resolved to take the only stand he could cognitively restructure in a way that was consilient with APA’s ethical standards, and, more importantly, his own. In a selfless act with potentially devastating personal consequences, Pault deterministically vowed to uphold his core belief that CBT must be connected with modern neuroscience via a biopsychological explanatory system. This was not the result of a narcissistic wound (you read that right folks, we “went” there), but instead was an act of supreme ideological purity, borne of the same admirable self-destructiveness that one might find in the extreme fringes of political activism, or possibly among devotees of rare indie films about the political and economic suppression of the Inuits.

After leaving his doctoral program, Pault faded from the scientist-practitioner and clinical scientist radar, and just as quickly from CBT’s collective memory, that is until the deluge of baffling Post-its referencing his name started appearing. Incidentally, any record of his transcript or enrollment was deleted when the university he attended switched to the “Cloud” for enhanced data security: A spurious correlation?

Perhaps not. In the years since his matriculation, the most promising doctoral students have “withdrawn” from the CBT-oriented programs with the most rigorous acceptance policies at a statistically improbable rate. Often an early warning

¹We appreciate that the intelligentsia perusing *tBT* are learned folk. But as we have been advised to respect the limits of vocabulary builder programs, we will attempt to keep this material within the appropriate reading level. For any of you who are yearning for a more challenging lexicon, contact the authors for our unpublished, but hilarious, manuscript describing CBT delivered in an unusual format by a legendary therapist who might also qualify for the endangered species list.

sign would emerge, with these gifted students adopting Pault's style of dress and insufferable attitude just before "going rogue." In each known instance "Who is Don Pault?" Post-its began to mysteriously appear at the programs one of them had recently left.

Obviously, there was an urgent need to get to the bottom of these troubling events. Our first step was to conduct a solid social media search and soon we were hot on Pault's trail. He was surprisingly easy to find, regularly posting pictures on his Instagram account, wearing his by now trademarked smirk, corduroy sport jacket with elbow patches, soul patch just under his lower lip replacing the goatee, while striking an ironic pose holding a large soy chai latte. He was always in an exotic locale, such as Central Park in New York, Fort Tryon Park in New York, Bryant Park in New York, or even such far-flung locales as Prospect Park in New York. Interestingly, he also regularly shared articles on Facebook from The Allium, the satirical science web page. He would usually write captions with these posts such as "This article is not satire," or "I know people who genuinely believe this."

But before contacting Pault, our first priority was to ascertain the safety and whereabouts of the other doctoral students who had inexplicably left such coveted spots at their universities. What had become of them?

Here are just a few examples of the dire straits our lost lambs were suffering: One of the erstwhile grad students had become a screenwriter of popular psychological thrillers; another was the author of a series of best-selling, but non evidence supported, "self-help" books; a third had opened a treatment center in Malibu utilizing techniques based upon the lyrics from the song "Don't worry, be happy."

The final and most audacious instance we will mention here was an exceptional but disaffected CBT dropout who had started a clothing company called "The Human Jean-ohm." He had merged science with fashion in an exquisite manner. His line included such gems as "Significant these!" skinny jeans, Latin Squares sunglasses, and so-called "Ugly Sweaters" for the holidays that have reindeer flying over a Genome-Wide Association Study Manhattan plot. The company slogan, "Clothes that will target your polymorphic mindfulness," captured public imagination and sales quickly went through the roof. Dropping this catchphrase into any verbal exchange became synonymous with "being

in the know," but in an analogous fashion to the often referred to but seldom finished or comprehended book *A Brief History of Time* (Hawking, 1988), almost nobody actually had the slightest idea what these words meant.

Clearly, the new career paths these unfortunates were on represented the antithesis of the value-based aspirations to study CBT that each of them had so beguilingly espoused during the graduate admissions process. And it did not escape our attention that, without exception, all of these sadly compensatory enterprises had been made possible with unrestricted angel grants from the Don Pault Foundation (DPF).

But turning back to our quest for Pault: From the DPF website, we learned (and not only at the emergent cognitive level, but in the physical reality of our own neurobiological circuitry) that he was now a billionaire corporate raider who translated CBT mechanisms and principles into strategies for hostile takeovers of behavioral healthcare facilities. Egad, how far he had fallen from ABD status!

Your devoted authors then web searched their way to the now not-so-obscure-yet-enigmatic Don Pault's Twitter, and Tweeted the man himself (#WhoisDonPault?).

However, no reply was forthcoming. We decided that this situation was so urgent that it merited an intervention, even without informed consent. The upshot is that we implemented a Twitter-based Motivational Interviewing (MI) protocol to help this confused and disenfranchised individual comply with our agenda, which isn't easy in 140 characters! Within short order, though, he was able to overcome his ambivalence about interacting with dues-paying ABCT members and agreed to an in-depth interview. As this was not feasible due to our busy schedules, we slapped a Survey Monkey questionnaire together and sent it to him. These are a sample of his responses:

QUESTION: Have you knowingly sought to deprive CBT of its most promising future theorists, researchers, and practitioners?

ANSWER: Yes

QUESTION: Was this intended as tough love for CBT?

ANSWER: Yes

QUESTION: Are you behind the "Who is Don Pault?" Post-it movement?

ANSWER: Yes

After a long pause, Pault finally replied to say he would address the next ABCT conference, but mainly because it would be held in NY and within walking distance of his favorite local non-GMO French bistro.

Fade to the Conference Ballroom, Packed to Capacity

MODERATOR: I know a lot of you have heard, but dared not utter in conversation, that Don Pault had self-exiled from academia, and despite his brilliance, has not attended a conference in over a decade. I am delighted to have the opportunity to introduce the man himself, Don Pault.

<Thunderous applause>

"Thank you for your kind and entirely deserved welcome. I am going to start with a warning. You want the truth? You can't handle the truth! But I was invited here to reveal some uncomfortable realities that have led to your severe discomfort with the content of the conference the past several years, the numbing sameness where new advances never seem to materialize, and your hoped for zeitgeist-altering new model of CBT has remained only a dream.

"Some of what I am about to say is because I simply cannot constrain my urge to share my every thought. Of course this is caused by mechanistic insufficiencies in my inhibitory synaptic cascades, a problem I've had since childhood that piqued my interest in becoming a CBT me-searcher, er, researcher.

"But I digress: When my dissertation focusing on a paradigm shift to a biopsychological explanatory system that would henceforth connect clinical psychology to neuroscience was summarily dismissed, I realized that someone needed to roust CBT out of its longstanding inability to reconcile psychological and physical events to explain psychopathology and its treatment. I had this discussion with my advisor many times, and in each instance the feedback I received was "that's magnificent!" and "of course, I cannot believe I didn't see it myself!" I mean, those kinds of responses were always routine for me, so how on earth could my advisor deny me the dissertation approval to which I was obviously entitled? And right then I knew beyond a shadow of a doubt that only I had the objectivism to save CBT from all the 'takers' in academia, sucking out the vision of their mentees through jejune comments

on what was clearly staggering intellectual prowess.

< a gasp roils through half the audience at his severe slight to academia >

“The system was suffused with coercion, and I hatched an elegant and parsimonious schema to flip the script—I would extract the “beautiful minds” of the doctoral candidates that they took for granted right out of their undeserving programs.

< a gasp roils the other half of the audience as they have learned, through quick Google searches, the meaning of the word “jejune” >

“Once we had accomplished this aim, we all swore our allegiance to a pact that we would not return to our grad schools until CBT admitted it needed us and was in the action stage of readiness to eschew group-think, pseudo-explanations, and hypothetical constructs so that it could take its rightful place amongst the true natural sciences.

“Of course, all in our cabal’s membership desperately longed to renounce our huge incomes, non-existent student debt, excellent working conditions, and comprehensive medical and retirement benefits in favor of the Spartan, marginally reinforced doctoral student lifestyle. No matter how long it might take, we were bound and determined to get back the respect of academia and the drastically reduced income to which we felt richly entitled. Regretfully, we have been forced by circumstances to live by the external locus of control of the \$,

rather than by the internal one of our beloved ψ .

“So, as the time is not yet nigh for our grad school re-applications we will faithfully stand by, consoling ourselves by glamping in exotic locales: that’s how much we are committed to saving CBT from itself.

“Take heed: We’re on a lot of CBT list-serves, and you’ll never know when we will be reviewing your pubs and practice websites. *<and now, Paul’s voice dripping with sarcasm>* This is the last address I will give this audience until the proper theoretical reforms are made. Until then, good luck in your efforts to challenge dysfunctional ideas, to inhibit the fear learning through your ‘clever’ exposure exercises, and with your precious ‘mindfulness’ as you live with the knowledge that out there, a corporate raider with bottomless resources is waiting to consume your new-paradigm deprived ‘science’ and will reap the financial benefits on the backs of your daily sessions until CBT repents and changes its ways.”

Stunned silence grips the audience, but mostly because the attendees are defocused from truly dealing with Paul’s ideas by checking out what’s trending on social media.

Fast Forward to a Time a Bit More Mindfully Present

As we left our offices for the day, one of our recent hires asked why we each had “Who is Don Paul” Post-its on our shirt backs. Is there any limit to Paul’s scope of

practice? (Actually no, as he is not a licensable behavioral healthcare professional.)

Authors’ note: Frankly, we were both a bit taken aback by Don Paul not recognizing us as kindred spirits and sending back an invite to join him in his dis-dissemination of current CBT protocols as highly compensated stakeholders in his company. At one point in our tweeting however, he had referred to having access to our slides from past presentations . . . hmmm.

P.S.: Despite Paul’s call to action to save CBT, the conference attendees left in a dissociative state, descending on all who attended, which could only be construed as indicative of mass “denial” (yes, we “went there” again). But knowing the size and influence of our “Lighter Side” readership, he made it a point to mention that if any of you want to place “Who is Don Paul” Post-its wherever they might do the most good for the sake of CBT, a DPF angel grant just might be in your future.

Reference

Hawking, S. (1988). *A brief history of time*. New York: Bantam.

. . .

Correspondence to Dr. Jonathan Hoffman, Neurobehavioral Institute, 2233 Commerce Pkwy., Weston, FL 33326; drhoffman@nbiweston.com

Do you consider ABCT your professional home? If yes, why not consider applying for Fellow Status?

If you have the following:

1. Receipt of a graduate degree in an area relevant to behavioral and cognitive therapies;
2. Full (not Student) membership in ABCT for at least 10 years (does not have to be continuous);
3. Active engagement at the time of nomination/application in the advancement of behavioral and/or cognitive therapies;
4. Fifteen years of acceptable professional experience subsequent to the granting of the graduate degree;
5. Clear evidence of outstanding and unusual contributions to cognitive behavioral therapy or related areas;
6. Recognition by your peers that you have achieved great distinction in the field or have had significant influence,

Then we hope you will consider applying for ABCT Fellow status. Visit our website for the criteria and application information at: <http://www.abct.org/Members/?m=mMembers&fa=Fellow>

All materials must be received by **April 3**. Members will be informed by September 1.

The 2017 ABCT Class of Fellows will be acknowledged at the Friday, November 17 Awards Ceremony in San Diego, CA.

Minutes of the Annual Meeting of Members

Saturday, October 29, 2016 | Marriott Marquis, New York, New York

Call to Order

President Craske welcomed members to the 50th Annual Meeting of Members and called the meeting to order at 12:20 p.m. Notice of the meeting had been sent to all members in August.

Minutes

Secretary-Treasurer-Elect Larimer, reporting for Secretary-Treasurer Schmal-ing, asked for any comments or corrections on the minutes from last year's meeting. M/S/U: The November 14, 2015, minutes were accepted as distributed.

Expressions of Gratitude

President Craske thanked the members of the organization for their hard work this year. She thanked Jonathan S. Abramowitz, rotating off as Immediate Past President; Maureen Whittal, Representative-at-Large, 2013-2016; Jeffrey L. Goodie, 2013-2016 Convention & Education Issues Coordinator; Barbara W. Kamholz, 2013-2016 Workshop Committee Chair; Lauren M. Weinstock, 2013-2016 Institutes Committee Chair; Thomas H. Ollendick, 2013-2016 International Associates Committee Chair; Christopher R. Martell, 2013-2016 Leadership and Elections Committee Chair; and Katharina Kircanski, 2016 Program Chair.

President Craske noted, "We all know that to put together a program of this size takes a lot of time and dedication. This year we had an astonishing 347 members help review program submissions—the largest number of reviewers in our history!" She gave a heartfelt thank-you to the 2016 Program Committee members as follows: Amitai Abramovitch, Zachary Adams, Amelia Aldao, Lauren Alloy, Drew Anderson, Joye Anestis, Michael Anestis, Laura Anthony, Michael Armev, Marc Atkins, Andrea Avila, Courtney Bagge, Amanda Baker, Kimberly Becker, Rinad Beidas, Kathryn Bell, Kristen Benito, Courtney Benjamin Wolk, Robert Berchick, Erin Berenz, Noah Berman, Alex Bettis, Justin Birnholz, Abby Blankenship, Jennifer Block-Lerner, Heidemarie Blumenthal, Jamie Bodenlos, Christina Boisseau, James Boswell, Maya

Boustani, Frances Bozsk, Scott Braithwaite, Allison Bray, Ana Bridges, Rebecca Brock, Lauren Brookman-Fraze, Vanessa Brown, Lily Brown, Timothy Brown, Shandra Brown Levey, Steven Bruce, Jackie Bullis, Alexandra Burgess, Andrea Busby, Will Canu, Matthew Capriotti, Daniel Capron, Alice Carter, Jennifer Carty, Mark Celio, Anil Chacko, Alexander Chapman, Greg Chasson, Joshua Clapp, Elise Clerkin, Rebecca Cobb, Meghan Cody, Christine Conelea, Laren Conklin, Elizabeth Connors, James Cordova, Tara Cornelius, Travis Cos, Shannon Couture, Suzannah Creech, Kristy Dalrymple, Charlie Davidson, Thompson Davis, Brett Deacon, Thilo Deckersbach, Tamara Del Vecchio, Patricia DiBartolo, Angelo DiBello, Kimberly Dienes, David DiLillo, Linda Dimeff, Katherine Dixon-Gordon, Deidre Donaldson, Katherine Dondanville, Alex Dopp, Brian Doss, Sheila Dowd, Amy Drahota, Chris Eckhardt, Barry Edelstein, Jill Ehrenreich-May, Polina Eidelman, Kristen Ellard, Thane Erickson, Melissa Faith, Thomas Fergus, Brooke Fina, Aaron Fisher, Julianne Flanagan, Nicholas Forand, Elisabeth Frazier, Steffany Fredman, David Fresco, Steven Friedman, Dara Friedman-Wheeler, Patti Fritz, Matthew Gallagher, Richard Gallagher, Sarah Garnaat, Brandon Gaudiano, Merage Ghane, Erin Girio-Herrera, Andrea Gold, Philippe Goldin, Jeffrey Goodie, Cameron Gordon, DeMond Grant, Kim Gratz, Jonathan Green, Kelly Green, Amie Grills, John Guerry, Cassidy Gutner, Emily Haigh, Kevin Hallgren, Lauren Hallion, Lindsay Ham, David Hansen, Shelby Harris, Ashley Harrison, Kathleen Hart, Tae Hart, Trevor Hart, Cynthia Hartung, Kristin Hawley, Loran Hayes, Sarah Hayes-Skelton, Alexandre Heeren, Sarah Helseth, Aude Henin, Debra Herman, Nathaniel Herr, Kathleen Herzig, Crystal Hill-Chapman, Daniel Hoffman, Stefan Hofmann, Janie Hong, Cole Hooley, Debra Hope, Lindsey Hopkins, William Horan, Kean Hsu, Marlene Huff, Megan Hughes-Feltenberger, Nuwan Jayawickreme, Amanda Jensen-Doss, Robert Johnson, Heather Jones, Kathryn Kanzler, Heather Kapson, Maria Karekla, Amy Keefer, Megan Kelly, Robert Kern, Connor Kerns, Sarah Kertz, Elizabeth Kiel,

Lisa Kilpela, John Klocek, Ellen Koch, Nancy Kocovski, Felicitas Kort, Amelia Kotte, Kevin Krull, Magdalena Kulesza, Steven Kurtz, Caleb Lack, Sara Landes, Ryan Landoll, Jenny Langhinrichsen-Rohling, Matthew Lehman, Penny Leising, Michelle Leonard, Marie LePage, Matthew Lerner, Crystal Lim, Noriel Lim, Kristen Lindgren, Danielle Lindner, Jessica Lipschitz, Richard Liu, Sandra Llera, Christopher Lootens, Aaron Lyon, Sally MacKain, Brenna Maddox, Brittain Mahaffey, Maria Mancebo, Sarah Markowitz, Donald Marks, Carrie Masia, Ali Mattu, Michael McCloskey, Joseph McGuire, Kathryn McHugh, Carmen McLean, Alison McLeish, Daniel McNeil, Elizabeth Meadows, Douglas Mennin, Jennifer Merrill, Thomas Meyer, Robert Meyers, Jamie Micco, Mary Beth Miller, John Mitchell, Damon Mitchell, Michael Moore, Zella Moore, Lauren Moskowitz, James Murphy, Laura Murray, Taryn Myers, Brad Nakamura, Douglas Nangle, Lisa Napolitano, Kristin Naragon-Gainey, Lawrence Needleman, Timothy Nelson, Michelle Newman, Kate Nooner, Roisin O'Connor, Sarah O'Rourke, Bunmi Olatunji, Trina Orimoto, Camilo Ortiz, Julie Owens, David Pantalone, Rebecca Pasillas, Laura Payne, Jennifer Penberthy, David Penn, Jacqueline Persons, Sandra Pimentel, Donna Posluszny, Kristina Post, Mark Powers, Loren Prado, Rebecca Price, Matthew Price, Amy Przeworski, Cara Pugliese, Cynthia Ramirez, Holly Ramsawh, Lance Rappaport, Carla Rash, Sheila Rauch, Judy Reaven, Madhavi Reddy, Hannah Reese, Simon Rego, Keith Renshaw, Alyssa Rheingold, Jessica Richards, John Richey, Kelly Rohan, George Ronan, Anthony Rosellini, Paul Rosen, Rebecca Sachs, Shannon Sauer-Zavala, Steven Sayers, Tracy Sbrocco, Heather Schatten, Katherine Schaumberg, Brad Schmidt, Brent Schneider, Amie Schry, Jill Scott, Edward Selby, Benjamin Shapero, Tomer Shechner, Erin Sheets, Frederick Shic, Nicholas Sibrava, Greg Siegle, Jediah Siev, Timothy Sisemore, Monica Skewes, Rebecca Skolnick, Stephanie Smith, April Smith, Jasper Smits, Moria Smoski, Jennifer Snyder, Laura Sockol, Claire Spears, Susan Sprich, Jonathan Stange, Shari Steinman, Jill

Stoddard, Eric Storch, Maureen Sullivan, Corinne Sweeney, Louisa Sylvia, Robyn Sysko, Raymond Tafate, Jennifer Taitz, Jeff Temple, Alysha Thompson, Alix Timko, Theodore Tomeny, Casey Trainor, Kimberli Treadwell, Lindsay Trent, Matthew Tull, Cynthia Turk, Brianna Turner, David Valentiner, Shona Vas, Clorinda Velez, Andres Viana, Christine Vinci, Jason Vogler, Suzanne Vrshek-Schallhorn, Anka Vujanovic, Melanie Wadkins, Michael Walther, Alyssa Ward, Jason Washburn, Allison Waters, Laura Watkins, Elliot Weiner, Hilary Weingarden, Jeremiah Weinstock, Lauren Weinstock, Risa Weisberg, Susan Wenze, Chad Wetterneck, Michael Wheaton, Bradley White, Kamila White, Stephen Whiteside, Shannon Wiltsey Stirman, Jamie Winters, Shirley Yen, Jerome Yoman, Matthew Young, Alexandra Zagoloff, Alyson Zalta, Laurie Zandberg, and Eric Zhou.

President Craske thanked the Local Arrangements Committee for a terrific job and making us all feel very welcome in New York: Rebecca B. Skolnick, 2016 Local Arrangements Committee Chair, and committee members Lisa Napolitano, Ilana Luft, and Jeneane Solz. She encouraged members to attend the Masquerade/Costume Party scheduled for later this evening.

Appointments

President Craske announced the new appointments to ABCT governance: Barbara W. Kamholz, 2016-2019 Convention & Education Issues Coordinator; Jordana Muroff, 2017 Program Chair; Kiara R. Timpano, 2017 Associate Program Chair; Lauren M. Weinstock, 2016-2019 Workshop Committee Chair; Christina L. Boisseau, 2016-2019 Institutes Committee Chair; Nader Amir and Robin Weersing, 2017 Local Arrangements Committee Co-Chairs; Lata McGinn, 2016-2019 International Associates Committee Chair; Erin Ward-Ciesielski, 2016-2019 Self Help Book Recommendations Committee Chair; David Pantalone, 2016-2019 Leadership and Elections Committee Chair; Kate Wolitzky-Taylor, Editor of *the Behavior Therapist*; and Denise Sloan, Editor-Elect, *Behavior Therapy*.

Finance Committee Report

Mary Larimer, reporting on behalf of Karen Schmalig, introduced the members of the Finance Committee: Ted Cooper and Katie Witkiewitz, plus the President-Elect, Sabine Wilhelm. President Gail Stetekete and

ABCT's Executive Director Mary Jane Eimer serve as ex officio members.

She reported that for fiscal 2016, the year just ended, we project a Gross Income of \$2,311,509, with Gross Expenses of \$2,093,214, giving ABCT a Net Income \$218,295. In the coming year, fiscal 2017, we project a similar bottom line, with Net Income of \$212.864.

Coordinators Reports

Academic and Professional Issues

Shireen Rizvi, Coordinator of Academic and Professional Issues, reported that Academic Training and Education Training Standards Committee, headed by Sarah Kate Bearman, has embarked on the second round of web posts for the "Spotlight on a Mentor," which they launched last year. Last night's Award Ceremony acknowledged Drs. DiLillo, Read, and Stuart as this year's Spotlitged Mentors recipients. She encouraged the membership to nominate outstanding mentors when the call appears in 2017. They are continuing to develop syllabi, the Medical Educator Directory, and the Mentorship Directory. The Committee had conducted a survey for CUDCP to determine if the IOTF guidelines, initiated under Bob Klepac and George Ronan several years ago, were being implemented and others ways ABCT can be supportive to Directors of Clinical Training when preparing for an accreditation review. The results of the survey will be circulated shortly.

Katie Baucom, Chair of the Awards Committee, gets to tell people some wonderful, well-deserved news. She reported that Marsha M. Linehan recieved the Career/Lifetime Achievement Award; Christine Maguth Nezu received the Outstanding Educator/Trainer Award; Patrick L. Kerr received the Outstanding Service to ABCT Award; Evan M. Forman was the Outstanding Mentor; the Distinguished Friend to Behavior Therapy Award was presented to Patrick J. Kennedy; Nicole Caporino received the Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice; Cara C. Lewis was selected as the President's New Researcher; the Virginia Roswell Dissertation Award was presented to Emily Georgia; Tomislav Damir Zbozinek was selected for the Leonard Krasner Student Dissertation Award; and the John R. Z. Abela Student Dissertation Award was given to Faith Orchard. The 2016 Class of ABCT Fellows was acknowledged during the ceremony. Members were encouraged to look at ABCT's website to see the 2017 Call for

Awards, which has a deadline of March 1, 2017.

Mike McCloskey now has 12 members serving on the Dissemination of CBT and Evidence-Based Treatments Committee. This committee is a counterpart to the Committee on Academic Training and Education/Training Standards. Lata McGinn will be replacing Tom Ollendick as Chair of the International Associates Committee, which has been incredibly busy of late—just take a look at the International Section in our 50th Anniversary edition of the Behavior Therapist. The Chair of the International Associates Committee serves as ABCT's delegate to the World Congress Committee. The WCC met during our convention and officially endorsed South Korea to host the WCBC in 2022. The Research Facilitation, chaired by Nate Herr, is now working on its third year of student research grant awards. The Self-Help Book Recommendations Committee is now headed by Erin Ward-Ciesielski.

Convention and Continuing Education

Jeff Goodie, Convention and Continuing Education Coordinator, thanked the members who helped put this great convention together: Lauren Weinstock at Institutes; Barbara Kamholz for Workshops; Aidan Wright for AMASS; Sarah Kertz for Master Clinician Seminars; Risa Weisberg, Research and Professional Development Seminars; Sandy Pimentel, who represents us all as Representative-at-Large on the Board; Linda Still, our Director of Education and Meeting Services in Central Office; and, the star of the show, Katharina Kircanski, this year's Program Chair. Thanks to the vision and coordination by President Craske, Program Chair Kircanski, and Dr. Terry Wilson, 50th Anniversary Advisor, we offered 4 international panels that were thought-provoking and captured on video. Expect to see them on our website if you were unable to attend. He hoped everyone had an opportunity to listen to the ABCT 50th Anniversary Play-It-Forward music CD, coordinated by Steve Mazza and featuring a cast of members with great talents that they showcase in their spare time, put together to help raise funds for students. We also had an incredible silent art auction, thanks to the talents of coordinator Hadar Naftalovich.

New York had more submissions than any other convention, ever. We weren't able to take all the great ones, in large part because of the tight quarters. It looks as if this will be our second-highest attended

convention, second only to the 2009 New York convention.

We're already working on the submissions for next year: ticketed session proposals are due February 1; all others are due March 15; and, in a departure from previous conventions, all submissions for our San Diego convention will be through the portal, even ticketed ones. We haven't been to San Diego since 1994.

Membership Issues

Hilary Vidair, Membership Issues Coordinator, reported that we continue to have more than 5,000 members and are well represented in all categories. We have 25 new fellows this year.

She noted that Laura Payne, Chair of the Clinical Directory and Referral Issues Committee, and her committee are working to make the directory, Find a CBT Therapist, more user-friendly; they're also producing, with Publications' help, videos and fact sheets corresponding to the monthly mental health and other federal and Canadian observances. They also launched a new series on the web entitled CBT Pioneers, with David Burns and Dave Barlow the first two headliners.

The coordinator noted that the Social Networking Media Committee, chaired by Emily Bilek, has been hard at work, and it's evident from the traffic and likes on our Facebook page. They have expanded their reach and presence to Twitter and our convention app. She noted that there were 1,000 likes 4 years ago at its start; today there's more than 7,000. We have 39 active SIGs and a slew of proactive Ambassadors. New this year, we added student Ambassadors.

Publications Committee

Steve Safren reported that *Behavior Therapy* enjoyed a 5-year impact factor of 4.334 along with its 2-year impact factor of 3.276; its acceptance rate is 23% and is averaging 45 days to decision on its reviews. Denise Sloan, incoming *Behavior Therapy* Editor, is slated to begin accepting new manuscripts in preparation for her first volume in 2018. In the meantime, congratulations for these great stats to Michelle Newman, current Editor, and her team at *BT*. *C&BP* now has an impact factor of 2.150, its highest ever; of course, clinical journals have a tougher time with this measure. Brian Chu is handling manuscripts there. And their embedded videos continue to be among the most popular and downloaded articles. Kate Wolitzky-Taylor takes over the reins as Editor at *tBT*.

Kristene Doyle is entering her final year as web editor, so we'll be looking for nominations. She's added many new columns, notably Presidential Musings and 50th Anniversary discussions. Bob Schachter is leading the Public Education and Media Dissemination Committee, working with the media and developing a speakers bureau. As we have heard with other committee reports, fact sheets are getting lots of play, and Susan Sprich is heading this up. She's also looking to begin translating them into other languages. And we are now poised to move forward with a new book series in conjunction with Oxford University Press, facilitated by Susan White.

Executive Director's Report

Mary Jane Eimer, Executive Director, commented, "This year has been focused on the 50th Anniversary; you can see it everywhere from the special October issue of *tBT* to the journals to the 50 Fun Awards to the Gold Challenge, culminating in this very special convention and anniversary celebration. It's been a fun and memorable year."

Ms. Eimer stated that the organization has made some changes to the registration process for the convention, expressing hope that the changes have made it easier to register and pick up on-site materials. Specifically, she pointed out the new, improved feature of barcodes on badges, which will help to capture attendance at sessions for CE.

Mary Jane was enthusiastic about the Gold Challenge, remarking that it was great fun and showcased our members' talents: "That was one way we promoted donations; another is the addition of a donate field on the registration form, and idea from our Finance Committee." She thanked President Craske for "challenging us" to be creative. The monies raised will be split between the Student Travel Award and the Student Research Grant.

In addressing issues of ABCT organizational/management, Ms. Eimer stated, "This is a high-expectations organization, and we're concentrating on making how we run this organization a center piece of the board's mission. Our last two presidents both attended CEO symposia intended to help them manage this task, and from my vantage point, both Drs. Craske and Steketee are making great use of it. In addition, Tammy Schuler, our Director of Outreach and Partnerships, attended a COSSA meeting at which she undertook a crash course in lobbying." She stated that members are better served by ABCT joining various coalitions

and creating partnerships to increase awareness and education to the public and government entities.

The Executive Director then introduced the central office staff, many of whom were working on-site at the convention: "In addition to Dr. Schuler, we have Sue Bezares, our Membership Services Associate, who is new but already taking charge of membership; Jeff Gamble, also new as our Technology Administrator, is working on the web and will soon start tackling the more intricate AMS. Barbara Mazzella and Tonya Childers-Collens are staffing registration and they are our problem solvers, although this year they seem to have had little to do. Linda Still, of course, worked closely with our Program Chair, Katrina Kircanski, to put all this together. Kelli Jatta-Long, another relatively new staffer, is back at the office handling the books; Stephanie Schwarz is there, too, handling the phones when she's not editing our journals or designing the logos for our 50th, our convention, or our brand-new organizational logo. David Teisler, our Director of Communications and Deputy Director, runs publications and the web. These are the incredible professionals who staff ABCT and I thank them all for their care, dedication, and professionalism."

Ms. Eimer expressed her pleasure in serving as Executive Director, and in being able to share the 50th anniversary in New York City.

President's Report

The President noted that "it's been an honor and a privilege to serve as your president. I admire and appreciate Mary Jane and the staff for the great work they do. You, we, are in good hands."

She then introduced the new officers for the coming year: Simon Rego, 2016-2019 Representative-at-Large and Liaison to Academic and Professional Issues; Mary Larimer, 2016-2019 Secretary Treasurer; Sabine Wilhelm, 2016-2017 President-Elect; and Gail Steketee, President.

Adjournment: President Craske turned the gavel over to President Steketee. There being no more business, the meeting was adjourned at 1:15 p.m. ■

Call *for* Papers

APPLYING CBT IN DIVERSE CONTEXTS

Program Chair: Jordana Muroff, Ph.D.

As ABCT moves into its 51st year, the frontier of behavioral and cognitive therapies is the broad context surrounding the delivery of these therapies. Woven into the fabric of CBT is close attention to contextual cues when developing hypotheses and treatment strategies for clients. The theories and models of CBT practice are well-defined and many interventions have proven efficacious for subsets of the population. However, we must represent diverse settings and populations (e.g., ethno-racial minorities, LGBTQ, children, older adults) as we examine the social and cultural aspects of CBT research and practice, expand external validity, and maximize CBT benefits. Our scientific knowledge and our perspectives continue to develop and evolve. How do we incorporate new research evidence, models, and methods into effective practice with a very broad reach?

The theme of ABCT's 51st Annual Convention, "Applying CBT in Diverse Contexts" is intended to showcase research, clinical practice, and training to:

- increase our understanding of mental health problems and mechanisms across contexts
- establish or broaden the efficacy and effectiveness of interventions across diverse populations and settings
- disseminate effective cognitive, behavioral, and related treatments across professions

The convention will highlight how our scientific advances inform the who, what, and how of reaching diverse communities with effective treatments.

Submissions may be in the form of symposia, clinical round tables, panel discussions, and posters. Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2017. The online submission portal will open on Wednesday, February 15, 2017.

Deadline for submissions: 11:59 P.M. ET on Wednesday, **March 15, 2017**

Portal opens
February 15, 2017

Deadline
for submissions:
March 15, 2017

See p. 36
for information
about preparing
your abstract

ABCT's 51st Annual Convention

November 16–19, 2017 • San Diego, CA

Preparing to Submit an Abstract

The ABCT Convention is designed for scientists, practitioners, students, and scholars who come from a broad range of disciplines. The central goal is to provide educational experiences related to behavioral and cognitive therapies that meet the needs of attendees across experience levels, interest areas, and behavioral and cognitive theoretical orientations. Some presentations offer the chance to learn what is new and exciting in behavioral and cognitive assessment and treatment. Other presentations address the clinical-scientific issues of how we develop empirical support for our work. The convention also provides opportunities for professional networking. The ABCT Convention consists of General Sessions, Targeted and Special Programming, and Ticketed Events.

ABCT uses the Cadmium Scorecard system for the submission of general session events. The step-by-step instructions are easily accessed from the Abstract Submission Portal, and the ABCT home page. Attendees are limited to speaking (e.g., presenter, panelist, discussant) during no more than FOUR events. As you prepare your submission, please keep in mind:

- **Presentation type:** Please see the two right-hand columns on this page for descriptions of the various presentation types.
 - **Number of presenters/papers:** For Symposia please have a minimum of four presenters, including one or two chairs, only one discussant, and 3 to 5 papers. The chair may present a paper, but the discussant may not. For Panel Discussions and Clinical Round tables, please have one moderator and between three to five panelists.
 - **Title:** Be succinct.
 - **Authors/Presenters:** Be sure to indicate the appropriate order. Please ask all authors whether they prefer their middle initial used or not. Please ask all authors their ABCT category. Possibilities are current member; lapsed member or nonmember; postbaccalaureate; student member; student nonmember; new professional; emeritus.
 - **Institutions:** The system requires that you enter institutions before entering authors. This allows you to enter an affiliation one time for multiple authors. DO NOT LIST DEPARTMENTS. In the following step you will be asked to attach affiliations with appropriate authors.
 - **Key Words:** Please read carefully through the pull-down menu of already defined keywords and use one of the already existing keywords, if appropriate. For example, the keyword “military” is already on the list and should be used rather than adding the word “Army.” Do not list behavior therapy, cognitive therapy, or cognitive behavior therapy.
 - **Objectives:** For Symposia, Panel Discussions, and Clinical Round Tables, write three statements of no more than 125 characters each, describing the objectives of the event. Sample statements are: “Described a variety of dissemination strategies pertaining to the treatment of insomnia”; “Presented data on novel direction in the dissemination of mindfulness-based clinical interventions.”
- Overall:** Ask a colleague to proof your abstract for inconsistencies or typos.

Thinking about submitting an abstract for the ABCT 51st Annual Convention in San Diego?

The submission portal will be opened from February 15–March 15. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 51st Annual Convention. The deadline for submissions will be 11:59 P.M. (EST), Tuesday, March 15, 2017. We look forward to seeing you in San Diego!

Understanding the ABCT Convention

General Sessions

There are between 150 and 200 general sessions each year competing for your attention. An individual must LIMIT TO 6 the number of general session submissions in which he or she is a SPEAKER (including symposia, panel discussions, clinical roundtables, and research spotlights). The term SPEAKER includes roles of chair, moderator, presenter, panelist, and discussant. Acceptances for any given speaker will be limited to 4. All general sessions are included with the registration fee. These events are all submitted through the ABCT submission system. The deadline for these submissions is 11:59 PM, Wednesday, March 15, 2017. General session types include:

Symposia

In response to convention feedback requesting that symposia include more presentations by established researchers/faculty along with their graduate students, preference will be given to symposia submissions that include non-student researchers and faculty members as first-author presenters.

Symposia are presentations of data, usually investigating the efficacy or effectiveness of treatment protocols. Symposia are either 60 or 90 minutes in length. They have one or two chairs, one discussant, and between three and five papers. No more than 6 presenters are allowed.

Panel Discussions and Clinical Round Tables

Discussions (or debates) by informed individuals on a current important topic. These are organized by a moderator and include between three and six panelists with a range of experiences and attitudes. No more than 6 presenters are allowed.

Spotlight Research Presentations

This format provides a forum to debut new findings considered to be groundbreaking or innovative for the field. A limited number of extended-format sessions consisting of a 45-minute research presentation and a 15-minute question-and-answer period allows for more in-depth presentation than is permitted by symposia or other formats.

Poster Sessions

One-on-one discussions between researchers, who display graphic representations of the results of their studies, and interested attendees. Because of the variety of interests and research areas of the ABCT attendees, between 1,200 and 1,400 posters are presented each year.

Targeted and Special Programing

Targeted and special programing events are also included with the registration fee. These events are designed to address a range of scientific, clinical, and professional development topics. They also provide unique opportunities for networking.

Invited Addresses/Panels

Speakers well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge.

Mini Workshops

Designed to address direct clinical care or training at a broad introductory level and are 90 minutes long.

Clinical Grand Rounds

Clinical experts engage in simulated live demonstrations of therapy with clients, who are generally portrayed by graduate students studying with the presenter.

Research and Professional Development

Provides opportunities for attendees to learn from experts about the development of a range of research and professional skills, such as grant writing, reviewing manuscripts, and professional practice.

Membership Panel Discussion

Organized by representatives of the Membership Committees, these events generally emphasize training or career development.

Special Sessions

These events are designed to provide useful information regarding professional rather than scientific issues. For more than 20 years, the Internship and Postdoctoral Overviews have helped attendees find their educational path. Other special sessions often include expert panels on getting into graduate

school, career development, information on grant applications, and a meeting of the Directors of Clinical Training.

Special Interest Group (SIG) Meetings

More than 39 SIGs meet each year to accomplish business (such as electing officers), renew relationships, and often offer presentations. SIG talks are not peer-reviewed by the Association.

Ticketed Events

Ticketed events offer educational opportunities to enhance knowledge and skills. These events are targeted for attendees with a particular level of expertise (e.g., basic, moderate, and/or advanced). Ticketed sessions require an additional payment.

Clinical Intervention Training

One- and two-day events emphasizing the “how-to” of clinical interventions. The extended length allows for exceptional interaction.

Institutes

Leaders and topics for Institutes are selected from previous ABCT workshop presentations. Institutes are offered as a 5- or 7-hour session on Thursday, and are generally limited to 40 attendees.

Workshops

Covering concerns of the practitioner/educator/researcher, these remain an anchor of the Convention. Workshops are offered on Friday and Saturday, are 3 hours long, and are generally limited to 60 attendees.

Master Clinician Seminars

The most skilled clinicians explain their methods and show videos of sessions. These 2-hour sessions are offered throughout the Convention and are generally limited to 40 to 45 attendees.

Advanced Methodology and Statistics Seminars

Designed to enhance researchers' abilities, they are 4 hours long and limited to 40 attendees.

Continuing Education

Visit http://www.abct.org/conv2016/?mn=21&fn=CE_Credit

New!

● *complex cases* } **Clinical**
 ● *master clinicians* } **Grand**
 ● *live sessions* } **Rounds**

- Steven C. Hayes, Acceptance and Commitment Therapy
- Ray DiGiuseppe, Redirecting Anger Toward Self-Change
- Art Freeman, Personality Disorder
- Howard Kassanove & Raymond Tafrate, Preparation, Change, and Forgiveness Strategies for Treating Angry Clients
- Jonathan Grayson, Using Scripts to Enhance Exposure in OCD
- Mark G. Williams, Mindfulness-Based Cognitive Therapy and the Prevention of Depression
- Donald Baucom, Cognitive Behavioral Couples Therapy and the Role of the Individual
- Patricia Resick, Cognitive Processing Therapy for PTSD and Associated Depression
- Edna B. Foa, Imaginal Exposure
- Frank Dattilio, Cognitive Behavior Therapy With a Couple
- Christopher Fairburn, Cognitive Behavior Therapy for Eating Disorders
- Lars-Goran Öst, One-Session Treatment of a Patient With Specific Phobias
- E. Thomas Dowd, Cognitive Hypnotherapy in Anxiety Management
- Judith Beck, Cognitive Therapy for Depression and Suicidal Ideation
- Marsha Linehan, Dialectical Behavior Therapy for Suicidal Clients Meeting Criteria for Borderline Personality Disorder—*Opening Sessions*
- Marsha Linehan, Dialectical Behavior Therapy for Suicidal Clients Meeting Criteria for Borderline Personality Disorder—*The Later Sessions*

3-SESSION SERIES

- DOING PSYCHOTHERAPY: Different Approaches to Comorbid Systems of Anxiety and Depression

(Available as individual DVDs or the complete set)

- Session 1 Using Cognitive Behavioral Case Formulation in Treating a Client With Anxiety and Depression (**Jacqueline B. Persons**)
- Session 2 Using an Integrated Psychotherapy Approach When Treating a Client With Anxiety and Depression (**Marvin Goldfried**)
- Session 3 Comparing Treatment Approaches (moderated by Joanne Davila and panelists Bonnie Conklin, Marvin Goldfried, Robert Kohlenberg, and Jacqueline Persons)

TO ORDER

OR, ORDER ONLINE AT www.abct.org | click on **ABCT STORE**

Individual DVDs— \$55 each • “Doing Psychotherapy”: Individual sessions — \$55 / set of three—\$200

shipping & handling

U.S./Canada/Mexico 1–3 videos: \$5.00 per video
 4 or more videos: \$20.00
Other countries 1 video: \$10.00
 2 or more videos: \$20.00

Visa | MasterCard | American Express

Name on Card _____

Card Number _____ CVV _____ Expiration _____

Signature _____

Deepen your understanding

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

ADDRESS SERVICE REQUESTED

PRSRT STD
U.S. POSTAGE
PAID
Hanover, PA
Permit No. 4

ABCT 50th Anniversary Album

P L A Y I T F O R W A R D

Jon Abramowitz, Ph.D. • Jon Comer, Ph.D. • Aaron Fisher, Ph.D. • Elizabeth Hall, Ed.D., Ph.D. • Steve Hayes, Ph.D. • Jon Hershfield, MFT • David Juncos, Psy.D. • Reed Kendall • Sam Kramer, MA • Adam LaMotte, M.A. • Jaimie Lunsford, B.S. • Steve Mazza, M.A. • Tony Puliafico, Ph.D. • Jose Soler-Baillo, M.A. • Dennis Tirch, Ph.D. • Tim Verduin, Ph.D. • Jerome Yoman, Ph.D., ABPP



To celebrate the 50th anniversary of ABCT, **Play It Forward** has released a compilation album featuring 14 songs written and performed by ABCT members. Proceeds go to the ABCT student research grant and travel award funds.

Those who donate at least \$10 will receive a CD in the mail in addition to the digital download

Now available for download

All donations go to ABCT

MINIMUM DONATION: \$5.00

ABCT  50

donate
here!

<https://www.playitforward.com/projects/14>