

# *the* Behavior Therapist

## Contents

### Access and Equity

*Laura E. Sockol, Lata K. McGinn, Michelle G. Newman*

Women in ABCT: Where Did We Come From?

Where Are We Now? and Where Do We Go From Here? • 37

### Clinical Training Update

*Deepika Bose, Karen Guan, Ryan M. Beveridge,*

*Timothy R. Fowles, Amanda Jensen-Doss, Bruce F. Chorpita*

Graduate Clinical Training and Its Role in the

Dissemination of Evidence-Based Practice:

Expanding the Set of Opportunities • 46

*Peter F. Hitchcock, Evan M. Forman, James D. Herbert*

Best Learning Practices for Internet Treatments • 51

### Clinical Forum

*Robert D. Friedberg*

Who's on First? An Elementary Way to Teach CBT Skills • 55

### At ABCT

Minutes of the Annual Meeting of Members • 57

### Convention 2016 | ABCT's 50th Anniversary

▶ Call for Papers/General Sessions • 61

▶ Preparing to Submit an Abstract • 62

▶ Understanding the ABCT Convention • 63

### ACCESS AND EQUITY

## Women in ABCT: Where Did We Come From? Where Are We Now? and Where Do We Go From Here?

*Laura E. Sockol, Davidson College  
and Williams College*

*Lata K. McGinn, Ferkauf Graduate  
School of Psychology, Yeshiva  
University/Albert Einstein College  
of Medicine*

*Michelle G. Newman, Pennsylvania  
State University*

IN MANY WAYS, CLINICAL PSYCHOLOGY is a leader among STEM (science, technology, engineering, and math) fields with regard to gender equality. The past 50 years have seen great changes in the representation of women within our field. In 1960, less than a fifth of all psychology doctoral degrees were earned by women (Burrelli, 2008). By 1986, women earned the majority of doctoral degrees in psychology; as of 2010, 77% of students enrolled in doctoral programs in clinical psychology were women (American Psychological Association, 2010; Burrelli, 2008; National Science Foundation, 2014). Early in their professional careers, trailblazing female members of ABCT were often the sole woman in their departments (Jarrett, 2012), colleagues and hiring committees expected women's careers to take a back seat to their husbands' (Foa, 2012), and overt sexual harassment was both present and tolerated (McGinn & Newman, 2009). Since

[continued on p. 39]

## 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 . . . . .	Brett Deacon
Editorial Assistant . . . . .	Melissa Them
Access and Equity . . . . .	Monnica Williams
Behavior Assessment . . . . .	Matthew Tull
Book Reviews . . . . .	C. Alix Timko
Clinical Forum . . . . .	Kim Gratz
Clinical Dialogues . . . . .	Brian P. Marx
Clinical Training Update . . . . .	Steven E. Bruce
Institutional Settings . . . . .	Dennis Combs
Lighter Side . . . . .	Elizabeth Moore
Medical and Health Care Settings . . . . .	Laura E. Dreer
News and Notes . . . . .	Nicholas Forand Nathaniel Herr James W. Sturges Shannon Wiltsey-Stirman

Professional and Legislative Issues . . . . .	Susan Wenze
Public Health Issues . . . . .	Giao Tran
Research-Practice Links . . . . .	David J. Hansen
Research-Training Links . . . . .	Stephen Hupp
Science Forum . . . . .	Jeffrey M. Lohr Michael Anestis

Special Interest Groups . . . . .	Aleta Angelosante
Student Forum . . . . .	David DiLillo Shannon Blakey
Technology Update . . . . .	Steve Whiteside

ABCT President . . . . .	Michelle G. Craske
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 © 2016 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 air-mail 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.

# graduate Mentorship directory

*“Every student deserves to be treated  
as a potential genius.”* — Anton Ehrenzweig

ABCT’s Mentorship Directory connects exceptional students with the best mentors that psychology has to offer. Promote your lab, and allow your next student to find you by name, interest, location, or program. Signing up is easy and takes just 3 minutes!

**Join the ABCT Mentorship Directory**

<http://www.abct.org/Mentorship>

## 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** (a form is printed on p. 35 of the February 2011 issue of *tBT*, or download a form from our website): *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, Brett Deacon, Ph.D., at [bdeacon@uow.edu.au](mailto:bdeacon@uow.edu.au). 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.

AABT/ABCT\* was founded, our field has become a much more accessible and supportive environment for women.

While overall representation of women within the field of clinical psychology has increased dramatically over the past generation, gender differences in prestige and compensation persist. Within doctoral departments of psychology, male faculty are more likely to be tenured than women (52% versus 30%). Women's representation decreases as rank increases: from 59% of assistant professors to 48% of associate professors to only 33% of full professors (Wicherski, Mulvey, Hart, & Kohout, 2011; see Figure 1). The average annual salary for full-time male faculty members exceeds that for female faculty members by over \$11,000 (Wicherski et al., 2011; see Figure 1). Although much of this difference can be accounted for by the greater representation of men at the level of full professor, when average salaries are broken down by rank, men continue to out-earn women at every level (Wicherski et al.; see Figure 1).

Although more women now serve in leadership and administrative positions, these roles may be a double-edged sword for the women who attain them. At the associate professor level, women spend more time on teaching, mentoring, and service than their male colleagues, and their service contributions are more likely to be in less-prestigious positions (Misra, Lundquist, Holmes, & Agiomavritis, 2011). The "ivory ceiling"—academia's version of the invisible barriers to women's professional success at the highest levels—has been suggested as one reason women are less likely to be promoted to full professor, and why they take 1 to 3 years longer to advance when they do so (Misra et al., 2011). Women are more likely than their male counterparts to assume major service roles, such as directing undergraduate programs—but serving in this role has been shown to delay women's promotion to full professor by an average of 5 years (Misra et al.). In contrast, men often take on major service roles later in their careers (after promotion to full professor), in positions in which their status is enhanced rather than diminished, such as department chair. Women continue to be underrepresented in the most prestigious administrative positions, including provost (24%; Bilen-Green, Froelich & Jacobson, 2008) and

president (26%; Lapovsky, 2014). The presence of more women within institutions of higher education has not yet resulted in equal recognition and power.

### History of Women in AABT/ABCT

As a leading professional organization, not only for clinical psychologists but for those from many related fields, ABCT is a microcosm of the changes that have been occurring at a broader level. When it was founded in 1966, only 1 of the 10 founding members was a woman (ABCT, 2015). Dorothy Susskind served as executive secretary-treasurer from 1967-1968 and executive secretary from 1969-1974 (ABCT, 2006a; 2015). Fifteen years passed between the founding of AABT and election of its first female president, Rosemary Nelson-Gray, in 1981 (ABCT, 2015). Today, 52% of ABCT's nearly 5,000 members are women, and women hold a variety of leadership positions—including our current President, Michelle Craske, and President-Elect, Gail Steketee.

The Women's Special Interest Group was founded in 1977 by Marsha Linehan and Stephanie Stoltz (Seligman & Anderson, 2015). The impetus for forming the group was a Board meeting at which Dr. Linehan and Dr. Stoltz were the only women in attendance, at which they noticed that all of the invited speakers were men (ABCT, 2006b). The Women's SIG advocated for more research and funding in areas related to women's mental health at the national level, promoted greater attention to research on women's issues at the annual meeting, and worked to increase the number of women involved in ABCT itself (Seligman & Anderson, 2015).

### Women in ABCT Today

We investigated whether women's participation in the 48th Annual Convention (2014) was comparable to the overall membership of ABCT and compared women's participation in the conference to historic data. Women's participation in the meeting was coded using the program book and compared to data compiled by RaeAnn Anderson in 2008 and Sandra Sigmon in 1998 (Ham & Anderson, 2012). Information regarding ABCT leadership and awards was also coded using information available through the ABCT website.

Overall, we found that, for most types of conference participation, women's representation was comparable to their overall membership rate in ABCT (see Table 1). However, there were several notable excep-

tions. Perhaps unsurprisingly, given the prevalence of women in undergraduate and graduate psychology programs, women were overrepresented as first authors of posters. This is important because poster authors are more likely to be students or professionals in the earliest stages of their professional careers. Women were also overrepresented as symposium chairs. Women were underrepresented as symposium discussants and panel discussion participants and as clinical roundtable moderators and panelists. These findings are consistent with the overall trend for better representation of women at early career stages.

It is interesting that women represented nearly two-thirds of symposium chairs, but less than 40% of symposium discussants. Chairing and organizing a symposium is a task that a woman can elect to take on, whereas participation as a discussant is often dependent upon invitation—usually because the chair believes the discussant to have a high level of expertise and credibility. Indeed, as Jacqueline Persons noted in her presidential reflection for the 40th anniversary of ABCT, she remembers "wanting to present in a symposium, feeling unhappy that no one invited [her] to do that, but resolving that if [she] wanted to present in a symposium [she] would have to issue invitations and put it together [herself]" (ABCT, 2006b, p. 151). Although the current gender differences are not stark, they do suggest that subtle biases may still play a role in women's participation in the conference, particularly at more advanced career stages.

In comparing women's participation in the 2014 annual meeting to data from 1998, we found some heartening evidence that women's participation has been increasing over time (see Table 1). Women's participation as both chairs and discussants on symposia increased significantly over this time period. Women's participation in poster sessions also increased significantly during this time, and women now represent three-quarters of first authors of posters (which is comparable to the proportion of graduate students in clinical psychology who are women). The only categories in which women's participation did not increase were as moderators and participants in panels, but these decreases were not statistically significant.

We found a similar pattern when we assessed the proportion of women in leadership roles in ABCT and recipients of awards (see Table 2). Prior to 2014, 41% of all awards given by ABCT had been

\*EDITOR'S NOTE: AABT changed its name to ABCT (Association for Behavioral and Cognitive Therapies) in 2005.

awarded to women. The only category for which women comprised the majority of awardees was dissertation awards (including the Student Dissertation Award, Virginia Roswell Dissertation Award, Leonard Krasner Student Dissertation Award, and John R. Z. Abela Student Dissertation Award). Again, this is consistent with the overall trend that women are best-represented at the lowest levels and earliest career stages. Women were represented at much lower rates as recipients of the most prestigious awards, which recognize achievements over the course of a career. The first woman to receive the Career/Lifetime Achievement Award was Edna Foa in 2009. Since then, three further recipients have been women (including two joint recipients in 2014: Lauren Alloy and Lyn Abramson).

Again, there is promising evidence that the representation of women has been increasing over time. In 2014, 74% of the award recipients were female. Also in 2014, Bethany Teachman became the first woman recipient of the Outstanding Mentor Award. As ABCT approaches its 50th anniversary, we can now say that a woman has received every award given by our organization.

Women have also taken on more leadership roles in ABCT. A woman did not serve as president of the organization until 15 years after its founding, which was followed by a second 11-year period of male

presidents (ABCT, 2015). This trend is beginning to shift: 3 of the last 10 presidents, including current president Michelle Craske, are women, as are 5 of 7 members of the current board of directors.

### How Can We Move Forward?

One way in which members of ABCT can work toward supporting gender equity is to use our knowledge of research and behavioral interventions to change our own behavior, and that of our colleagues, to combat implicit bias. For example, there is strong evidence that the content of letters of recommendation differs for men and women in ways that may be detrimental to women’s competitive success (Madera, Hebl, & Martin, 2009; Trix & Psenka, 2003). Organizations such as the National Center for Women & Information Technology have published guidelines for letter-writers based on this research, suggesting concrete strategies letter writers can use to address unconscious bias in their own letters (Barker, 2010). Letters written for women often emphasize interpersonal skills and teaching, use “grindstone” adjectives such as “hard-working” (which may imply that a candidate has stronger work ethic than ability), and are less likely to emphasize research and use superlatives such as “outstanding.” Letter writers can assess and revise their writing in order to address these concerns and other subtle

indicators of bias, such as using titles and surnames for male candidates and first names for female candidates (Barker, 2010). In making hiring decisions, we can be mindful of empirical evidence that women are systematically evaluated more negatively and identify research-based best practices for combating these implicit biases, such as utilizing clear and objective descriptions of competencies required for a given position (Isaac, Lee, & Carnes, 2009).

Members of ABCT can also work to support programs and policies in their home institutions that promote gender equity in hiring and promotion procedures and policies. A common misperception is that women deliberately choose not to pursue academic careers or demanding positions due to personal preferences or concerns about the compatibility of these positions with caregiving roles. However, these beliefs are not supported by evidence. Overall, men and women in graduate programs in psychology report similar career aspirations, although men are more likely to indicate that they intend to pursue an academic position (Cassin, Singer, Dobson, & Altmaier, 2007; Singer, Cassin, & Dobson, 2005). Interestingly, in academic medicine and STEM fields, women are actually more likely to pursue academic positions compared to men (Nonnemaker, 2000; Tannenbaum & Upton, 2014). In contrast, there is strong evidence that implicit bias results in favorable hiring of

**Table 1.** Women’s Participation in the 2014 Annual Meeting, Compared to Overall ABCT Membership and Participation in the 1998 Annual Meeting

	% Women 1998	% Women 2008	% Women 2014	Difference from Overall Membership in 2014 $\chi^2(df)$	Change from 1998-2014 % Change
Symposium Chair	45.5	51.6	63.1	7.16(1)**	+17.6**
Symposium Discussant	22.1	30.6	37.4	11.09(1)**	+15.3*
Symposium Paper First Author	45.5	54.4	59.5	2.25(1)	+14.0
Panel Discussion Moderator	60.0	63.2	54.4	0.02(1)	-5.6
Panel Discussion Participant	49.2	40.0	40.5	6.37(1)*	-8.7
Poster Session First Author	59.8	70.4	77.0	307.32(1)***	+17.2***
Master Clinician Seminar (Leader)	22.2	28.6	28.6	0.79(1)	+6.4
Clinical Grand Rounds	—	—	33.0	0.28(1)	—
Clinical Roundtable Moderator	20.0	37.5	29.4	2.76(1)†	+9.4
Clinical Roundtable Panelist	33.3	46.3	39.7	3.31(1) †	+6.4
Workshop (Leader)	45.2	36.4	48.3	0.07(1)	+3.1
Mini Workshop (Leader)	—	—	42.9	0.94(1)	—
Institute (Leader)	41.7	37.5	64.7	0.58(1)	+23.0

Note. † $p < 0.10$ , \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

# Advances in Psychotherapy Evidence-Based Practice

Book series developed and edited with the support of the  
Society of Clinical Psychology (APA Division 12)

*New*

“This book is an excellent overview of newly developed interventions for preventing alcohol-exposed pregnancies and an encouraging and useful resource for any health professional who works with women.”

Tatiana Balachova, PhD, Associate Professor, Department of Pediatrics,  
University of Oklahoma Health Sciences Center, Oklahoma City, OK



Mary M. Velasquez / Karen Ingersoll /  
Mark B. Sobell / Linda Carter Sobell

## Women and Drinking: Preventing Alcohol-Exposed Pregnancies

Advances in Psychotherapy—  
Evidence-Based Practice, Vol. 34  
2016, xii + 84 pp.  
US \$29.80

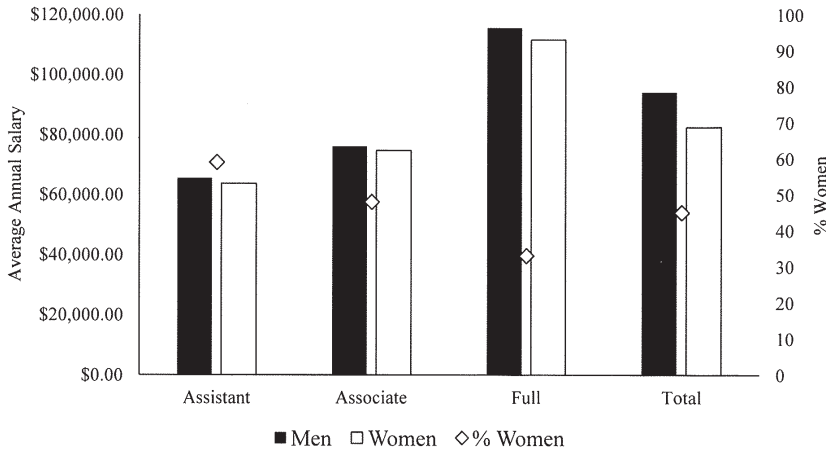
(Series standing order price US \$24.80)  
ISBN 978-0-88937-401-0

Drinking during pregnancy can cause a range of disabilities that have lifelong effects yet are 100% preventable. A variety of brief motivational behavioral interventions developed for nonpregnant women of childbearing age can effectively prevent alcohol-exposed pregnancies (AEP). This book outlines clinical definitions and the history of Fetal Alcohol Spectrum Disorders (FASD), epidemiology and effects across the lifespan, evidence-based prevention practices such as CHOICES and CHOICES-like interventions, and opportunities for dissemination.

Based on decades of scientific research and clinical refinement, this volume is packed with helpful illustrative case vignettes, therapist–patient dialogues, sample forms, and handouts. The information and resources presented will help a wide variety of practitioners in diverse settings, ranging from high-risk settings such as mental health and substance abuse treatment centers to primary care clinics and universities, deliver interventions targeting behavior change.

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

 **hogrefe**



**Figure 1.** Proportion of female faculty in doctoral psychology departments and average annual salary by rank and sex. Data from Wicherski and colleagues (2011).

equally qualified male candidates compared to female candidates. For example, in an empirical study, academic psychologists were significantly more likely to recommend hiring male candidates over identical female candidates for both early-career and tenured faculty positions (Steinpreis, Anders, & Ritzke, 1999). These findings suggest that, rather than being a matter of individual decision-making, systemic biases and policies are excluding women from academic positions.

There are concrete steps that individuals, departments, and institutions can take to address structural factors that contribute to underrepresentation of women. Departmental and institutional policies, such as requiring that short-lists for faculty positions include at least one female candidate, might help address these disparities. For example, the University of Texas Rio

Grande Valley (formerly the University of Texas Pan American) is enhancing their recruitment of women in STEM fields through the ADVANCE program. Their multifaceted approach to recruitment includes a requirement that search committees create a recruitment plan that is based on best practices, training for faculty members of search committees, initiating advertisement strategies to enhance the diversity of applicant pools, increasing diversity of the pool of interview candidates by providing supplemental funding for additional female candidates, and enhancing start-up packages for women (University of Texas Pan American, 2015). Since the program’s inception 3 years ago, they have successfully increased the number of female applicants for STEM faculty positions and the number of women brought to campus for interviews (personal

communication, Marie Mora, 9/14/15). By supporting programs that apply evidence-based strategies to promoting equitable hiring practices, members of ABCT can help promote equity not only within our own departments, but at the institutional level.

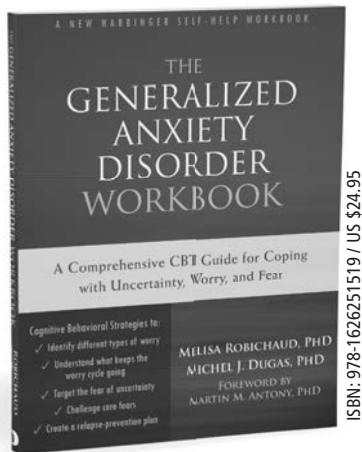
In addition to ensuring that hiring practices are not biased against qualified female candidates, it is also important to address issues that affect retention and promotion of women once they are hired into these positions. Whereas policies that promote work-life balance benefit both men and women, they may be particularly useful for addressing some of the challenges that lead women to leave academia. Among those who have a child within 5 years of completing a Ph.D., men are much more likely to achieve tenure than women (Mason & Goulden, 2002). Women are more likely to report that they have considered leaving academia and explicitly cite family planning as a reason for doing so (Mason & Goulden). Members of ABCT can advocate for policies in their home institutions that support new mothers, such as a paid maternity leave policy, a reduced teaching load, and optional tenure clock extensions. Advocating for nursing and daycare facilities on campus would benefit both students and faculty. As an example, this year ABCT provided a “nursing mother’s room” to meet the needs of attendees who needed to breastfeed or pump during the conference. In graduate programs, internships and postdoctoral positions, policies that permit new mothers to work part-time would benefit the rising number of female graduate students in psychology and likely improve retention. Implementation of these policies would not only benefit women already in these positions who choose to have children, but can also help combat the perception of academia as hostile to mothers that leads some women to abandon their academic careers before they have even begun. This is not to suggest that academic positions are more valuable than other career paths. However, when women who wish to pursue academic careers do not do so due to concerns that academia is incompatible with other important roles in their lives, or when women leave these positions because it appears to be their only option, this loss of talent and potential has negative repercussions for the entire field.

Both female and male mentors should be aware that their female mentees may need additional encouragement and support. Women may be more likely than men to be uncomfortable and or lack self-

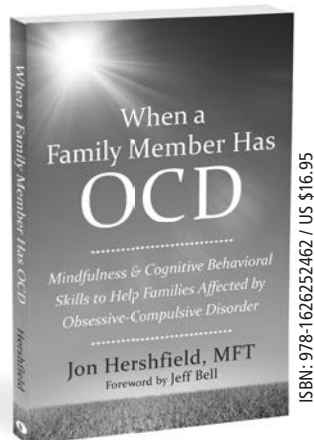
**Table 2.** Women’s Representation in ABCT Leadership and Honors

	% Women (n)	First Woman Awardee
ABCT President	21 (10/48)	1981
Career/Lifetime Achievement Award Recipient	19 (4/21)	2009
Outstanding Researcher Award Recipient	29 (2/7)	1995
President’s New Researcher Award Recipient	31 (11/36)	1979
Dissertation Award Recipient	79 (23/29)	1998
Outstanding Clinician Award Recipient	50 (3/6)	1999
Outstanding Educator/Trainer Award Recipient	17 (1/6)	2012
Outstanding Mentor Award Recipient	20 (1/5)	2014
Outstanding Service to ABCT Award Recipient	50 (13/26)	2000

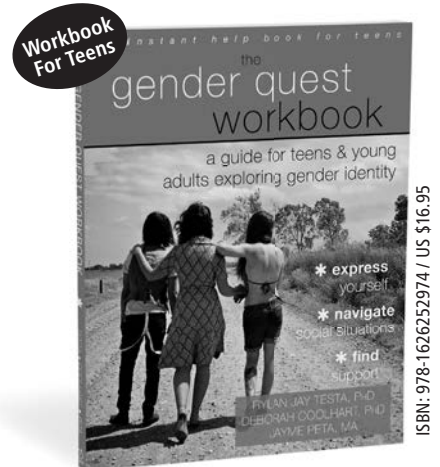
# ESSENTIAL NEW BOOKS FOR YOUR PRACTICE



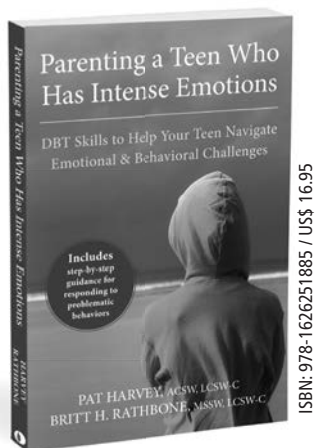
Written by two renowned anxiety experts, this workbook provides proven-effective methods for managing worry and anxiety



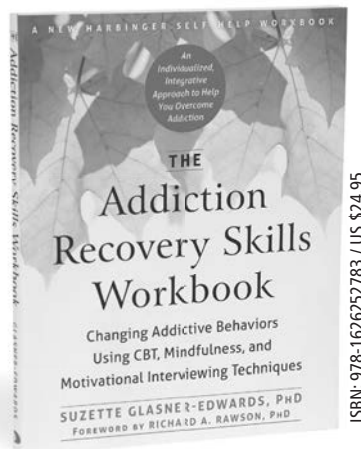
Based in mindfulness and cognitive behavioral therapy—this essential guide helps the entire family cope



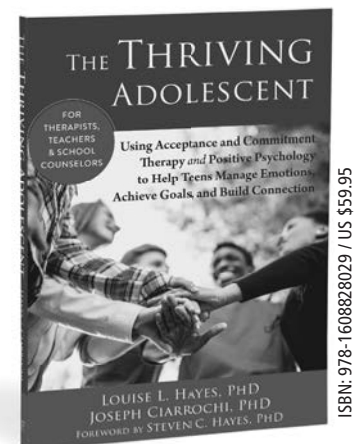
This one-of-a-kind guide helps teens discover and express their genders in ways that feel right for them



Powerful and effective tools to help teens—and their parents—manage challenging emotions and behaviors



A seven-step program to help your client overcome drug and alcohol addiction



An essential resource for authentically engaging with young people and helping them thrive

 newharbingerpublications

 **CONTEXT PRESS**  
An Imprint of New Harbinger Publications

800-748-6273 / newharbinger.com



Sign-up for Quick Tips for Therapists at [newharbinger.com/quicktips](http://newharbinger.com/quicktips)

confidence regarding their chances of being awarded prestigious opportunities (Lincoln, Pincus, & Leboy, 2011). Therefore, it is particularly important to provide women strong encouragement to apply for prestigious awards and grants, internships, postdoctoral fellowships, and academic jobs. In addition, mentors can encourage female mentees to learn how to promote themselves and their achievements as well as providing advice regarding how best to navigate departmental politics. Similarly, mentors can provide advice and support with respect to feeling comfortable negotiating salaries and asking for a raise. Also, mentees who are coordinating their geographic location with a significant other can be encouraged to take risks and to still strive to get the best positions.

Deliberately encouraging and strengthening opportunities for networking among women within ABCT can also provide meaningful support, particularly for women transitioning to more advanced roles. Mentoring may be particularly important in helping women transition from early- and mid-career stages to more advanced positions and leadership roles (Brown, 2005). Women may be more likely to put themselves forward for leadership roles if encouraged by mentors and colleagues. As a large, active, and engaged professional community, ABCT is uniquely positioned to help facilitate mentoring and networking opportunities for its members. These opportunities may be informal, such as occur during our annual convention, but could also be formalized through initiatives such as mentoring programs pairing more senior members with junior colleagues.

The Women's SIG continues to be an active venue for networking and support for women in ABCT. The SIG sponsors several research awards, including a student poster award, student research award, and early career investigator award, which are awarded to female members of ABCT whose research addresses women's mental health. New possible SIG initiatives could include organizing events at ABCT that assist women in their efforts to actively network, build research or clinical teams, get social or research support from like-minded professionals, and take risks despite self-doubts or despite being dismissed or discounted.

Programming at the ABCT annual meeting can also help address both research related to women's mental health and professional development and support for female members. The extremely well-attended and enthusiastically received 2009

panel "Overcoming the Glass Ceiling" (McGinn & Newman, 2009) highlighted the career successes and challenges of seven female trailblazers in our organization. This was followed by a series of articles in *Behavior Therapy* in which the panelists shared their "lessons learned," from strategies for individual career success to organizational and institutional activism (Newman & McGinn, 2012). The program committee and ABCT leadership can be active in ensuring that issues specific to women at all career stages are adequately addressed by our programming.

It is not sufficient, however, for women in ABCT to provide programming and information for other women in ABCT. Increased engagement and support from men is also needed. The audience for symposia and panels on women's issues at recent conferences has been overwhelmingly female. For example, the vast majority of attendees at a 2014 panel on mentoring women in clinical psychology were women (Sockol et al., 2014). As highlighted by the participation of Rick Heimberg on this panel, mentoring women is not only a role for other women to fulfill. As mentors and colleagues, men have a vital role to play in supporting their female advisees and colleagues.

### Final Thoughts

The status of women in the field of clinical psychology is simultaneously encouraging and disheartening. While many women enter the field, the decreasing representation of women at higher academic ranks suggests that efforts resulting in the successful recruitment of women to the field have not been sufficient to retain and support them. At both the individual and organizational level, we the members of ABCT are well-positioned to use our knowledge of behavioral change to promote greater gender equity—in our own interactions, in our home departments and institutions, and within ABCT itself.

### References

- Association for Behavioral and Cognitive Therapies. (2006a). Governing bodies. *the Behavior Therapist*, 29(7), 160-162.
- Association for Behavioral and Cognitive Therapies. (2006b). Past-presidential reflections: 1991-2006. *the Behavior Therapist*, 29(7), 147-151.
- Association for Behavioral and Cognitive Therapies. (2015). *How it all began*. Retrieved from <http://www.abct.org/About/?m=mAbout&fa=History>

- American Psychological Association. (2010). *2010 doctoral student demographics: Clinical and counseling psychology programs*. Retrieved from <http://www.apa.org/ed/accreditation/about/research/clinical-counseling-table.pdf>
- Barker, L. (2010). *Avoiding unintended gender bias in letters of recommendation (case study 1): Reducing unconscious bias to increase women's success in IT*. National Center for Women & Information Technology. Retrieved from <https://www.ncwit.org/sites/default/files/resources/avoidingunintendedgenderbiaslettersrecommendation.pdf>
- Bilen-Green, C., Froelich, K. A., & Jacobson, S. W. (2008). *The prevalence of women in academic leadership positions, and potential impact on prevalence of women in the professorial ranks*. Women in Engineering ProActive Network. Retrieved from <http://journals.psu.edu/wepan/article/viewFile/58533/58221>
- Brown, T. M. (2005). Mentorship and the female college president. *Sex Roles*, 52(9), 659-666.
- Burrelli, J. (2008). *Thirty-three years of women in S&E faculty positions*. Retrieved from <http://www.nsf.gov/statistics/infbrief/nsf08308/>
- Cassin, S. E., Singer, A. R., Dobson, K. S., & Altmaier, E. M. (2007). Professional interests and career aspirations of graduate students in professional psychology: An exploratory survey. *Training and Education in Professional Psychology*, 1, 26-37.
- Foa, E. B. (2012). How being female influenced my professional experiences and growth. *Behavior Therapy*, 43, 715-717.
- Ham, L. S., & Anderson, R. (2012). Women's issues in behavior therapy SIG. *Behavior Therapist*, 35(7), 131-132.
- Isaac, C., Lee, B., & Carnes, M. (2009). Interventions that affect gender bias in hiring: A systematic review. *Academic Medicine*, 84(10), 1440-1446.
- Lapovsky, L. (2014). *Why so few women college presidents?* Forbes. Retrieved from <http://www.forbes.com/sites/lucielapovsky/2014/04/13/why-so-few-women-college-presidents/>
- Lincoln, A. E., Pincus, S. H., & Leboy, P. S. (2011). Scholars' awards go mainly to men. *Nature*, 469, 472.
- Madera, J. M., Hebl, M. R., & Martin, R. C. (2009). Gender and letters of recommendation for academia: Agent and communal differences. *Journal of Applied Psychology*, 94(6), 1591-1599.
- Mason, M. A., & Goulden, M. (2002). Do babies matter? The effect of family formation on the lifelong careers of academic men and women. *Academe Online*, 88(6), 21-27.



McGinn, L.K., & Newman, M. (2009, November). *Overcoming the glass ceiling: Lessons learned and lessons to give*. Invited panel at the Annual Convention of the Association for Behavioral and Cognitive Therapies, New York, NY.

McGinn, L. K., & Newman, M. G. (2012). Lessons learned in looking back: Perspectives from trailblazers. *Behavior Therapy*, 43, 698-700.

National Science Foundation. (2014). *Women, minorities, and persons with disabilities in science and engineering*. [Data file.] Retrieved from <http://www.nsf.gov/statistics/2015/nsf15311/>

Misra, J., Lundquist, J. H., Holmes, E., & Agiomavritis, S. (2011). The ivory ceiling of service work. *Academe*, 97(1), 22-26.

Newman, M. G., & McGinn, L. K. (2012). Special series: Overcoming the glass ceiling. *Behavior Therapy*, 43, 698-723.

Nonnemaker, L. (2000). Women physicians in academic medicine: New insights from cohort studies. *New England Journal of Medicine*, 342, 399-405.

Seligman, L., & Anderson, R. (2015). Marsha Linehan, Ph.D.: Co-founding the Women's SIG and promoting women's careers. *ABCT Women's SIG*, 1(2), 1-2.

Singer, A. R., Cassin, S. E., & Dobson, K. S. (2005). The role of gender in the career aspirations of professional psychology graduates: Are there more similarities than differences? *Canadian Psychology*, 46, 215-222.

Sockol, L. E., Chambless, D. L., Davila, J., Heimberg, R., McGinn, L., Wilhelm, S., & Zeiss, A. (2014). *Plugging the leaky pipeline: Mentoring women in clinical psychology*. Paper presented at the Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Steinpreis, R. E., Anders, K. A., & Ritzke, D. (1999). The impact of gender on the review of the curricula vitae of job applicants and tenure candidates: A national empirical study. *Sex Roles*, 41(7-8), 509-528.

Tannenbaum, C. & Upton, R. (2014). Early academic career pathways in STEM: Do gender and family status matter? *American Institutes for Research*. Retrieved from [http://www.air.org/sites/default/files/STEM%20PhD%20Early%20Academic%20Career%20Pathway\\_March%202014.pdf](http://www.air.org/sites/default/files/STEM%20PhD%20Early%20Academic%20Career%20Pathway_March%202014.pdf)

Trix, F., & Psenka, C. (2003). Exploring the color of glass: Letters of recommen-

ation for female and male medical faculty. *Discourse & Society*, 14(2), 191-220. University of Texas Pan American. (2015). *UT Pan American ADVANCE: Recruitment*. Retrieved from [http://portal.utpa.edu/utpa\\_main/daa\\_home/advance\\_home/components/recruitment](http://portal.utpa.edu/utpa_main/daa_home/advance_home/components/recruitment)  
Wicherski, M., Mulvey, T., Hart, B., & Kohout, J. (2011). *2010-2011 faculty salaries in graduate departments of psychology*. Retrieved from <http://www.apa.org/workforce/publications/11-fac-sal/report.pdf>

...

**Correspondence to** Laura Sockol, Ph.D., Davidson College, Psychology Department, Box 7136, Davidson, NC 28035; [lasockol@davidson.edu](mailto:lasockol@davidson.edu)

## Finally, the App that delivers **YOUR** homework.

### Introducing **iPromptU** for iOS & Android

**The first fully customizable mobile app for CBT homework.**

**Program it to ask only the questions YOU want.**

**Program it to run whenever your patient presses a button. Or program it to do random time sampling. Patients can simply dictate their responses.**

**Answers are date/time stamped, saved in a log, and can be emailed to you.**

**Free, and ad-free.**



Available free in both the App Store and Google Play



App Store



Google play

Displays any question, or series of questions, and prompts the user for written or dictated answers.

Saves responses with date and time stamps so user can email them to therapist or researcher.

User can initiate prompting immediately, as they would with a coping card or worksheet. Researchers and therapists can set prompting to occur at random time intervals, for truly random time sampling.

All prompts are 100% customizable, and can be presented singly or in sequential or random order.

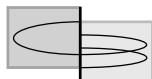
Researcher or therapist can install a security password to prevent alteration by the user.

Capable of virtually any non-branching Ecological Momentary Assessment research.

Capable of recording any CBT Activity Schedule, Thought Record, or Worksheet in the real world.

Clean, no-nonsense user interface.

Produced as a gift to the CBT community by:



**Cognitive Behavioral Institute of Albuquerque, LLC**  
Bradford C. Richards, Ph.D., ABPP  
Director and Supervising Psychologist

## Graduate Clinical Training and Its Role in the Dissemination of Evidence-Based Practice: Expanding the Set of Opportunities

Deepika Bose and Karen Guan, *UCLA*

Ryan M. Beveridge and Timothy R. Fowles, *University of Delaware*

Amanda Jensen-Doss, *University of Miami*

Bruce F. Chorpita, *UCLA*

THE EFFICACY OF SEVERAL EVIDENCE-BASED practices (EBPs) for various mental health problems has long been established in both academic and research settings (Kazdin & Weisz, 1998; Wampold & Imel, 2015), with cognitive and behavior therapies offering some of the most commendable examples (e.g., Butler, Chapman, Forman, & Beck, 2006). Nevertheless, it is equally well known that the impact of these treatments is less than any of us would like (e.g., Kazdin & Blase, 2011). For instance, the majority of individuals who experience mental health problems do not receive such services (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2012), and those that do tend to receive treatments that lack sufficient scientific support or are delivered with limited quality (Kazdin, 2008; Proctor et al., 2009).

Over the past decade, the increasing need for consumer access to and provider utilization of EBPs has caught the attention of both public and private agencies, subsequently resulting in the investment of several billion dollars towards funding dissemination and implementation efforts (McHugh & Barlow, 2010). Additionally, by 2008, 12 states mandated the use of EBPs in their mental health systems, and 90% of state mental health authorities in the United States reported strategies to implement EBPs (Cooper et al., 2008; Cooper & Aratani, 2009). Yet, despite the increasing demand for EBP implementation, their adoption into clinical practice settings and graduate training programs has been slow (McHugh & Barlow, 2010). This concerning finding has warranted a closer look into specific factors that facilitate and preclude the effective dissemination and implementation of EBPs, and

methods for improving the efficiency of their adoption into these settings.

One of the most common approaches to disseminating EBPs involves training providers on how to deliver practices with fidelity, which is often based on how the training was performed in the relevant research trial. The benefits of training for providers are clear, because providers with more training tend to have fewer dropouts and greater client improvement and satisfaction than those with less training (Stein & Lambert, 1995). Currently, there are a number of organizations that have been developed to coordinate the dissemination and training of various EBPs worldwide (e.g., Behavioral Tech, LLC; MST Services, LLC; Triple P America, Inc.; Beck Institute for Cognitive Behavioral Therapy). The certification process for each EBP varies in duration and intensity, but the standard process typically involves a workshop, manual, and clinical supervision (Beidas & Kendall, 2010). Additionally, online training programs are becoming increasingly popular as an initial step towards certification (e.g., Dimeff et al., 2009; Kendall & Khanna, 2008; Sholomskas & Carroll, 2006). The development of online training programs has been a useful strategy for disseminating EBPs, since online programs expand access to training and supervision, and have increased cost-efficiency, flexibility, and accessibility (Berger, 2004; Khanna & Kendall, 2015). TF-CBT Web, for example, is a free, 10-hour web-based multimedia distance education course for providers seeking to learn Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; National Crime Victims Research & Treatment Center, 2007). The online training program follows a modular, self-study approach, and trainees are offered 10 hours of CE credit for complet-

ing the course. Outcome data from the first-year report of TF-CBT Web found high utilization for registration and completion, high user satisfaction, and increased provider knowledge on all modules (National Crime Victims Research & Treatment Center, 2007). Overall, the increasing number of training opportunities for providers and the success of online training programs such as TF-CBT Web demonstrate the progress that has been made in regard to professional development options for providers seeking to use EBPs.

A complementary strategy to provider development options has involved a focus on incorporating EBP training into graduate curricula. Training graduate students early on can be especially helpful, because it allows students to understand the skills that are necessary to successfully implement EBPs before they become clinical practitioners (Addis & Krasnow, 2000; Becker, Nakamura, Young, & Chorpita, 2009; Craighead & Craighead, 1998; Herschell, McNeil, & McNeil, 2004). In fact, EBP training has been a requirement for doctoral programs accredited by the American Psychological Association (APA) since 1995. APA's Guidelines and Principles for Accreditation of Programs in Professional Psychology clearly states that APA-accredited programs are required to "provide a wide range of training and educational experiences through applications of empirically supported intervention procedures" (APA, 2013, p. 12). However, in a study examining the number of EBPs taught in accredited psychiatry, psychology, and social work programs, Weissman and colleagues (2006) found that only 28% of psychiatry programs, 56% of Ph.D. programs, 33% of Psy.D. programs, and 38% of social work programs actually required both didactic and clinical supervision in EBPs. Similarly, a survey on graduate student perceptions of EBPs found that fewer than 5% of the students surveyed were able to state an accurate definition of EBP in psychology (Luebbe Radcliffe, Callands, Green, & Thorn, 2007). Thus, graduate student exposure to and knowledge of EBPs within the past decade has been less than ideal, which leads one to question why graduate EBP training is not more embedded in the graduate curricula. For example, it may be the case that faculty members are not training their students on particular EBPs simply because they themselves are not familiar with those practices (Weissman et al., 2006). If the faculty members are not familiar with a particular EBP, they

may feel unequipped to provide that type of training to their students. Relatedly, it may also be the case that treatment developers are directly affiliated with the institutions that offer trainings in the treatments they have developed. If that is true, then it is important to consider ways in which EBP training can extend its reach beyond the programs with which developers and model experts are directly affiliated.

### The Delaware Project

This discord between the need for graduate EBP training and its low availability recently led to the development of a project designed specifically to redefine graduate clinical training. Known as the "Delaware Project," it began as a partnership between organizations concerned with the lack of availability and training of EBPs. Originally, these included the University of Delaware, the National Institutes of Mental Health (NIMH), the Academy of Psychological Clinical Science (APCS), and SAGE publications. These partners sponsored and collaborated to organize a 2-day conference held at the University of Delaware in 2011 where clinical science leaders met

to envision a new model of training for clinical science students. This conference showcased an exciting vision of clinical science training that has been further disseminated in a variety of contexts, including conferences (Beveridge, et al., 2011; Fowles, Beveridge, Garland, Atkins, Chambless, 2011; Garland, et al., 2011), two special issues of peer-reviewed journals (Chorpita & Daleiden; 2014; Shoham et al., 2014), and a dedicated website ([www.delawareproject.org](http://www.delawareproject.org)).

A central goal of the Project is to articulate cohesive training experiences that place dissemination and implementation of EBPs into mainstream psychological clinical science training. The Delaware Project vision is aimed at training graduate students to be the future leaders in academia and the community through its efforts to develop, adapt, disseminate, and implement EBPs. This vision requires dynamic training opportunities that are at the intersection of laboratory research and community intervention, each context an important facilitator of learning within the other. Thus, clinical science students must be trained to be innovators, who understand how basic psychological research informs

treatment development and implementation, and how treatment implementation can inform new ideas for basic researchers and treatment developers. Traditionally, clinical science programs have focused on basic laboratory research training, with relatively less emphasis on teaching students to develop, utilize, train, supervise, and evaluate mental health practices within clinical service systems. This graduate training gap has predictably mirrored a science to service gap in the practice of EBPs in the community. Working with the public is a unique facilitator for students to develop new research and treatments that are transportable and have high impact in society. Students are often well-versed in thinking about how evidence-based treatments will benefit the community, an incredibly important competence. However, they must also learn to use clinical community experience to inform impactful new intervention science. The future jobs of Ph.D. psychologists will entail the development, training, implementation, and evaluation of evidence-based mental health care. These competencies can best be developed within integrated laboratory and community clinical training opportu-

## Outpatient Adult Psychologist for Growing Community in Rochester, MN

Olmsted Medical Center department of Psychiatry and Psychology is expanding adult psychology services within a large multi-specialty medical clinic of over 200 clinicians. This is a fulltime position in a fast-paced practice with excellent salary and benefits. This position would assume an established practice joining a team of five psychiatrists, eight psychologists who work well together in a collegial environment.

Olmsted Medical Center (OMC), a not-for-profit organization, has been southeastern Minnesota's hometown healthcare provider since 1949. OMC's 1,200 healthcare professionals serve at 17 locations, including two multi-specialty clinics, a Level IV trauma hospital with 24-hour emergency room, two FastCare retail clinics in Rochester Shopko stores, a Skyway Clinic in downtown Rochester, and 10 community branch clinics.

- Great work/life dynamic with a Monday – Friday schedule.
- StarTribune lists Olmsted Medical Center as "One of the Top Workplaces in Minnesota"
- "Best Place to Work" recognition – again, for 2014, in Southeastern MN by Workforce Development, Inc.
- Average 6-8 patients per day
- Call: Rare (1:13)

### Qualifications:

- Doctoral level psychologist with experience in providing outpatient services
- Completed an APA approved clinical psychology doctoral program
- Licensed or licensed eligible in Minnesota
- Trained in psychological assessment, psychotherapy, and testing

EOE

This is a solid position in a pleasant city with a population of over 100,000 people for a discerning psychologist who seeks quality of life and good practice conditions and who works well in a medical community and flexible referral setting.

### Contact:

Deb Cardille  
Human Resources  
Olmsted Medical Center  
210 Ninth Street SE  
Rochester, MN 55904  
Phone: 507.529.6748  
[dcardille@olmmed.org](mailto:dcardille@olmmed.org)  
[www.olmstedmedicalcenter.org](http://www.olmstedmedicalcenter.org)



**OLMSTED  
MEDICAL  
CENTER**

nities that are critical to clinical science programs.

Currently, the Delaware Project continues to grow through its website, awards recognizing work that exemplifies its vision, and new partnerships. Delaware-project.org is a hub for communicating the vision of the Project and is now being used to highlight applications of the vision. New awards are being developed that will honor students and faculty whose work exemplifies the goals of the Delaware Project. These awards will be given in conjunction with new partners that share the ultimate goal of increasing evidence-based care in the community.

### Partnering to Address the Training Gap

To increase the scope and impact of the Delaware Project training vision, strategic partnerships have been forged with new stakeholders that share similar training goals. For example, the President of the Society for a Science of Clinical Psychology (SSCP) became aware of the Project and contacted its leadership to propose new, shared initiatives. As a result, a graduate student network was formed that allows students with similar training interests and goals to share resources with each other. Additionally, Delaware Project leadership also saw an opportunity to break down silos by partnering with ABCT's own Dissemination and Implementation Science Special Interest Group (DIS SIG).

The DIS SIG, formed in 2009, brings together ABCT members with interests in the science and practice of promoting evidence-based practices in nonresearch settings. Examples include schools, community mental health clinics, Veteran's Administration clinics, and child welfare settings. Of particular relevance to the graduate training goals of the Delaware Project, over half of DIS SIG members are students. The other members are primarily researchers, but the SIG has an explicit goal of having at least 10% of its members be individuals who conduct applied work, and is also focused on trying to increase the involvement of other important stakeholder groups.

Despite its youth, the DIS SIG has rapidly become one of the largest ABCT SIGs. It is an extremely active group, with many opportunities for student involvement. It uses multiple strategies to communicate and organize, including an e-mail list, a Facebook group, a biannual newsletter (*Read DIS*), and monthly teleconfer-

ences of several independent workgroups (<http://www.societyforimplementationresearchcollaboration.org/dissig/>). In 2014, the DIS SIG and the Delaware Project teams began to collaborate on efforts that further align the respective goals of dissemination and improving clinical training. This objective is exemplified by a newly funded graduate student award that will recognize work that connects intervention and dissemination science. Annual student winners will be highlighted at the APCS and ABCT annual meetings. In addition, the Delaware Project leadership connected the DIS SIG to NIMH partners in order to develop and disseminate webinars focused on the Delaware Project's integrated vision of clinical science training. These webinars are in development and are forthcoming, and interested ABCT members are encouraged to connect with either or both groups.

### Incorporating Dissemination and Implementation Into Clinical Science Curricula: An Example

A recent undertaking that stems from some of the intellectual work presented at the Delaware Conference (Chorpita & Daleiden, 2011) illustrates one possible way of aligning these training and dissemination goals. This initiative is based on the Managing and Adapting Practice (MAP) System (Chorpita & Daleiden, 2014), which coordinates the entire existing youth EBP literature to inform collaborative, individualized, and flexible mental health treatment for youth. Over the past decade, MAP has been implemented across a variety of mental health systems (e.g., Los Angeles County; Southam-Gerow et al., 2014; Maryland; Barth et al., 2014), demonstrating a high degree of scalability and large effect sizes for both clinical and functional outcomes (e.g., Daleiden et al., 2006; Southam-Gerow et al., 2014).

Although MAP does not formally require certification, many of the large dissemination efforts involving MAP have utilized a portfolio-based professional development model that offers credentials for therapists, supervisors, and trainers. These efforts have focused heavily on post-degree trainings and consultation, using defined curricula and protocol materials. The portfolio system allows developing professionals (therapists, supervisors, and trainers) to keep a record of their progress through the curriculum, and is reviewed for quality and completeness within defined time-frames.

To promote accessibility of these training programs and resources as part of graduate training, the MAP Instructor Model was launched in April 2015, with the goal of improving undergraduate and graduate training in evidence-based practice (<https://www.practicewise.com/Community/MAPInstructor>). This model allows faculty or professional trainers to become MAP Instructors by submitting a self-certification that documents basic requirements, including completing a no-cost online training video about the program. Instructors receive no-cost access to a library of slides used in the standard national and online MAP Direct Service trainings, which can be incorporated into their courses. MAP Instructors may then formally issue MAP Therapist Portfolio credit to students for the classroom-based learning experiences based on the topics covered in the MAP curriculum.

MAP Therapist certificates require supervised case experience, which cannot be provided by Instructors, and thus, the model basically allows for students to obtain a "head start" learning and applying the evidence-based components of MAP in their current classroom setting. If students wish to continue their training by delivering MAP to clients in service settings, students may complete the MAP curriculum by working with MAP Training Professionals or Agency Supervisors. In the UCLA clinical psychology graduate program, for example, all students begin a MAP portfolio in their second year of classwork, and those students who wish to may choose an external practicum site that allows them to complete their portfolio during their third- or fourth-year placement with a MAP Agency Supervisor working in a community setting. Whether one seeks a certificate or not, the training promotes a clinical science orientation to practice among graduate students, and the flexibility of the portfolio-based learning system allows a wide variety of individualized training options that facilitate dissemination of practices in the evidence base for youth.

### Summary

This is but one illustration of many ongoing initiatives designed to align the training goals of the Delaware Project and the service system goals of the DIS SIG. As the emerging collaboration between these groups moves forward, it of course depends upon both a steady input of fresh ideas and individuals willing to act on

them. Interested ABCT members are encouraged to contact the Delaware Project and DIS SIG leadership, in the hopes that our models will continue to evolve in a manner that best represents our shared commitment to science and to serving public health needs on a broad scale.

### References

- Addis, M. E., & Krasnow, A. D. (2000). A national survey of practicing psychologists' attitudes toward psychotherapy treatment manuals. *Journal of Consulting and Clinical Psychology, 68*(2), 331.
- American Psychological Office of Program Consultation & Accreditation. (2013). *Guidelines and principles for accreditation of programs in professional psychology*. Retrieved from <https://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf>
- Barth, R. P., Kolivoski, K. M., Lindsey, M. A., Lee, B. R., & Collins, K. S. (2014). Translating the common elements approach: Social work's experiences in education, practice, and research. *Journal of Clinical Child & Adolescent Psychology, 43*(2), 301-311.
- Becker, K. D., Nakamura, B. J., Young, J., & Chorpita, B. F. (2009). What better place than here? What better time than now? ABCT's burgeoning role in the dissemination and implementation of evidence-based practices. *the Behavior Therapist, 32*(5), 89-96.
- Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice, 17*(1), 1-30.
- Berger, T. (2004). Computer-based technological applications in psychotherapy training. *Journal of Clinical Psychology, 60*(3), 301-315.
- Beveridge, R., Fowles, T.R., Alexander, J.F., Hayes, A., Garland, A.F., Shoham, V. (2011). *Dissemination of evidence-based practice: The science of psychotherapy in the community*. Annual Convention of the Association for Psychological Science (APS), Washington, DC.
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*(1), 17-31.
- Chorpita, B.F., & Daleiden, E. L. (2011, October). *Finding the next frontiers*. Invited address given at the Delaware Project on Clinical Science Training: From Intervention Development to Implementation. Newark, DE.
- Chorpita, B. F., & Daleiden, E. L. (2014). Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child & Adolescent Psychology, 43*(2), 323-338.
- Cooper, J. L., & Aratani, Y. (2009). The status of states' policies to support evidence-based practices in children's mental health. *Psychiatric Services, 60*(12), 1672-1675.
- Cooper, J. L., Aratani, Y., Knitzer, J., Douglas-Hall, A., Masi, R., Banghart, P. L., & Dababnah, S. (2008). *Unclaimed children revisited: The status of children's mental health policy in the United States*. Available at <http://academiccommons.columbia.edu/catalog/ac%3A126417>
- Craighead, W. E., & Craighead, L. W. (1998). Manual-based treatments: Suggestions for improving their clinical utility and acceptability. *Clinical Psychology: Science and Practice, 5*(3), 403-407.



## Director of Inpatient Psychology

HARVARD MEDICAL SCHOOL  
BRIGHAM AND WOMEN'S HOSPITAL  
DEPARTMENT OF PSYCHIATRY



The Department of Psychiatry at Brigham and Women's/Faulkner Hospital, an academic teaching affiliate of Harvard Medical School, is seeking a Director of Inpatient Psychology to join our faculty. The 24 bed inpatient psychiatry unit provides care to a diverse population with high medical co-morbidity and is a major teaching site for the Harvard Psychiatry Residency Training Program, Harvard medical students, as well as a clinical externship site for psychology graduate students. We are seeking candidates with clinical and management experience in an inpatient setting and expertise in models of behavioral health care within inpatient settings. Preference is given to candidates with a strong background in cognitive behavioral theory and treatment or behavioral analysis. Responsibilities include direct clinical service, administration and program development, and multidisciplinary training/supervision, with opportunities for research. Applicants should be licensed in Massachusetts or license eligible with a graduate degree from an APA-accredited doctoral program in clinical psychology and must have completed an APA-accredited internship. Academic rank at Harvard Medical School will be commensurate with experience, training and achievements. Review of applications will begin immediately and continue until the position is filled.

**If interested, please send CV, in confidence, to:** Megan Oser, Ph.D., Director, CBT and Behavioral Medicine Program, Associate Chief of Psychology, Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School; [moser@bwh.harvard.edu](mailto:moser@bwh.harvard.edu)02115.

*Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.*

- Daleiden, E. L., Chorpita, B. F., Donker-voet, C., Arensdorf, A. M., Brogan, M., & Hamilton, J. D. (2006). Getting better at getting them better: Health outcomes and evidence-based practice within a system of care. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(6), 749-756.
- Dimeff, L. A., Koerner, K., Woodcock, E. A., Beadnell, B., Brown, M. Z., Skutch, J. M., ... Harned, M. S. (2009). Which training method works best? A randomized controlled trial comparing three methods of training clinicians in dialectical behavior therapy skills. *Behaviour Research and Therapy*, 47(11), 921-930.
- Fowles, T.R., Beveridge, R., Garland, A.F., Atkins, M.S., & Chambless, D. (2011). *Training in evidence-based practice: Perspectives from doctoral and internship programs on dissemination and implementation*. Annual Convention of the Association for Psychological Science (APS), Washington, DC.
- Garland, A., Atkins, M., Brookman-Freeze, L., Hayes, A.M., Beveridge, R., Beidas, R., Fowles, T.R., & Accurso, E.C. (2011). *Training a new generation of dissemination and implementation scientists*. Annual Convention of the Association for Behavioral and Cognitive Therapies (ABCT), Toronto, Ontario.
- Herschell, A. D., McNeil, C. B., & McNeil, D. W. (2004). Clinical child psychology's progress in disseminating empirically supported treatments. *Clinical Psychology: Science and Practice*, 11(3), 267-288.
- Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63(3), 146.
- Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science*, 6(1), 21-37.
- Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66(1), 19.
- Khanna, M. S., & Kendall, P. C. (2008). Computer-assisted CBT for child anxiety: The Coping Cat CD-ROM. *Cognitive and Behavioral Practice*, 15(2), 159-165.
- Khanna, M. S., & Kendall, P. C. (2015). Bringing technology to training: Web-based therapist training to promote the development of competent cognitive-behavioral therapists. *Cognitive and Behavioral Practice*, 22(3), 291-301.
- Luebke, A. M., Radcliffe, A. M., Callands, T. A., Green, D., & Thorn, B. E. (2007). Evidence-based practice in psychology: Perceptions of graduate students in scientist-practitioner programs. *Journal of Clinical Psychology*, 63(7), 643-655.
- McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *American Psychologist*, 65(2), 73.
- National Crime Victims Research & Treatment Center. (2007). *TF-CBT web: First year report*. Charleston, SC: Medical University of South Carolina.
- Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1), 24-34.
- Shoham, V., Rohrbaugh, 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(1), 8-21.
- Sholomskas, D. E., & Carroll, K. M. (2006). One small step for manuals: Computer-assisted training in twelve-step facilitation. *Journal of Studies on Alcohol*, 67(6), 939.
- Southam-Gerow, M. A., Daleiden, E. L., Chorpita, B. F., Bae, C., Mitchell, C., Faye, M., & Alba, M. (2014). MAPping Los Angeles County: Taking an evidence-informed model of mental health care to scale. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 190-200.
- Stein, D. M., & Lambert, M. J. (1995). Graduate training in psychotherapy: Are therapy outcomes enhanced? *Journal of Consulting and Clinical Psychology*, 63(2), 182.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings* (NSDUH Series H-42, HHS Publication No. [SMA] 11-4667). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. New York: Routledge.
- Weissman, M. M., Verdelli, H., Gameroff, M. J., Bledsoe, S. E., Betts, K., Mufson, L., ... Wickramaratne, P. (2006). National survey of psychotherapy training in psychiatry, psychology, and social work. *Archives of General Psychiatry*, 63(8), 925-934.

DISCLOSURE STATEMENT: The instructional resources described in this paper refer to a treatment protocol for which Dr. Chorpita receives income.

**Correspondence to** Bruce F. Chorpita, Ph.D., Department of Psychology, University of California, Los Angeles, Box 951563, Los Angeles, CA 90095; chorpita@ucla.edu

## ▶ ABCT's Clinical Grand Rounds • DVDs • CBT practitioners in session

**Kassinove & Tafra**: Preparation, Change, and Forgiveness Strategies for Treating Angry Clients • **Grayson**: Using Scripts to Enhance Exposure in OCD • **Williams**: Mindfulness-Based Cognitive Therapy and the Prevention of Depression • **DiGiuseppe**: Redirecting Anger Toward Self-Change • **Foa**: Imaginal Exposure • **Hayes**: Acceptance and Commitment Therapy • **Linehan**: DBT for Suicidal Clients Meeting Criteria for Borderline Personality Disorder: *Opening Sessions & Later Sessions* • **Resick**: Cognitive Processing Therapy for PTSD and Associated Depression • **Fairburn**: CBT for Eating Disorders • **Öst**: One-Session Treatment: Specific Phobias • **Persons**: Using Cognitive Behavioral Case Formulation • **Goldfried**: Using an Integrated Psychotherapy Approach

order at [www.abct.org](http://www.abct.org) > FOR MEMBERS > ABCT STORE

## Best Learning Practices for Internet Treatments

Peter F. Hitchcock, Evan M. Forman, James D. Herbert,  
*Drexel University*

INTERNET-DELIVERED PSYCHOSOCIAL treatments (IPTs) are rapidly gaining in popularity. These treatments circumvent one of the great barriers to disseminating evidence-based treatment: the geographical maldistribution of highly trained treatment providers, who tend to cluster in cities, relative to patients in need of mental health services, who are scattered throughout the world (Herbert et al., 2012). Many IPTs also decrease the time required to treat a single client, potentially allowing clinicians to accommodate many more clients. This decreased time burden is possible because Internet delivery allows a portion of treatment content (e.g., psychoeducation, worksheets, exercises) to be delivered via online modules, which clients can complete with minimal clinician oversight. In

practice, IPTs vary widely in the extent to which they decrease clinician time burden. At one extreme, a few IPTs are experimenting with eliminating clinician contact entirely. The company Joyable employs company-trained “coaches” instead of clinicians (Joyable, San Francisco, California). Massive Online Open Intervention platforms offer fully automated self-help modules that can be accessed openly, with no interaction with a clinician (Muñoz et al., 2015). On the other hand, some clinicians deliver standard treatments over the Internet to geographically distant clients while replicating the face-to-face treatment format as closely as possible.

Many IPTs sit somewhere between these extremes, involving clinician contact, but in a more limited manner than tradi-

tional face-to-face therapy. IPTs following this format have been tested in dozens of studies. In aggregate, they appear to be comparably efficacious to face-to-face therapy (Andersson, Cuijpers, Carlbring, Riper, & Hedman, 2014; Andersson, Rozental, Rück, & Carlbring, 2015). However, efficacy varies considerably among different types of IPTs (Richard & Richardson, 2012). The most consistently important moderator appears to be clinician involvement. One meta-analysis found IPTs that are completely self-guided had an average effect size of only  $d = .21$ . By contrast, those in which a clinician was involved in some capacity ranged from  $d = .44 - .76$ , depending on the type and extent of involvement (Johansson & Andersson, 2012). Interestingly, the way in which a clinician is involved appears to be much more important than the total time that she invests. The most crucial involvement appears to be at critical junctures. For example, when a clinician is involved prior to the start of the treatment, it allows her to diagnose the client, and thereby help the client determine whether a specific IPT is appropriate. However, once treatment has



## INSTITUTE *for* BEHAVIOR THERAPY

New York City

*Celebrating Its 44th 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](mailto:info@ifbt.com) | web: [www.ifbt.com](http://www.ifbt.com)

initiated, the clinician's time involvement per week appears relatively unimportant; 10-minute check-ins are comparably effective to 45-minute sessions (Andersson & Titov, 2014). Thus, many IPTs pare down clinician involvement substantially relative to face-to-face therapy, while retaining substantial efficacy (Andersson & Titov, 2014). In this way, IPTs are an innovation in the historical spirit of behavior therapy, which developed as a pragmatic, efficient alternative to time-intensive psychoanalytic treatment (Reisman, 1991).

### IPTs and Clients' Expectations About Treatment

Researchers have speculated about how IPTs are able to achieve high efficacy even with minimal clinician involvement. For example, Andersson and Titov (2014) note that IPT platforms allow weekly questionnaires to be automatically scored and sent to clinicians. This regular feedback may encourage clinicians to monitor clients' progress regularly, affording clinicians the opportunity to make responsive adjustments as indicated. We have designed several IPTs (Bradley et al., 2015; Gershkovich, Herbert, Forman, & Glassman, in press; Goetter et al., 2013; Yuen, Herbert, Forman, Goetter, Comer, et al., 2013; Yuen, Herbert, Forman, Goetter, Juarascio, et al., 2013), and, drawing on this experience, we suggest an additional, and perhaps more fundamental, reason that IPTs retain substantial efficacy with minimal clinician contact. IPTs appear to focus treatment on basic principles and specific behavior change. Perhaps this is because IPTs resemble a largely self-guided academic course more than they resemble talk therapy. The academic trappings may focus clients toward basic treatment principles. The absence of a clinician closely guiding each aspect of the treatment may foster the expectation that self-directed learning and behavioral assignments will be required to make progress.

In contrast to this focus on basic principles and behavioral assignments, we have found in our face-to-face treatment studies (e.g., Dalrymple & Herbert, 2007; Forman, Herbert, Moitra, Yeomans, & Geller, 2007; Herbert et al., 2009) that the focus of sessions is often pulled toward the crisis du jour (e.g., fight with partner, frustrating conversation with boss). No matter how diligently the clinician works to refocus the session agenda, clients inevitably come in expecting to process recent salient events. Clients may not be wholly misguided in

wishing to process these events. Numerous meta-analyses have found that a strong therapeutic relationship is a crucial component of effective face-to-face treatment (see Norcross & Wampold, 2011, for updated review; but see also Tolin, 2014), and clients may disclose about their lives in an effort to build this relationship. However, the expectation that treatment should consist of free exploration and extensive processing of events tends to shift focus away from basic treatment principles, the practice of new skills, and the assignment and review of between-session behavioral practice. There is much less opportunity for IPT sessions to be derailed by free exploration or processing crises.

Thus, the primary weakness of IPTs—the loss of a supportive therapeutic relationship—may be compensated for by the foregrounding of treatment principles and behavioral assignments. With this perspective in mind, it is important to consider basic design principles for IPTs to maximize the extent to which clients understand the treatment principles and thereby complete highly effective behavioral assignments. In the following section, we review a set of evidence-based learning techniques (EBLTs) from cognitive psychology that are particularly well matched to the IPT format. For a comprehensive review of EBLTs, see Brown, Roediger, and McDaniel (2014). For a general review of how EBLTs might be used to enhance psychotherapy efficacy (that is not focused on the pertinence of EBLTs to the Internet-delivery format), see Harvey and colleagues (2014).

### Three EBLTs to Maximize IPT Efficacy

#### *Technique 1: Repeated Testing*

Repeatedly testing oneself on material via cued or free recall dramatically enhances learning—far beyond simply studying the material. One study compared the effects of retesting and restudying an item after that item had been correctly recalled a single time. Participants who repeatedly retested on the item had a four times greater probability of recalling it a week later, compared to participants who received no further exposure to it. In stark contrast, participants who repeatedly restudied the item had no measurable differences in their ability to recall it than the no-further-exposure group (Karpicke & Roediger, 2008). Collectively, the literature on testing suggests that recall is essential for long-term learning (reviewed in Bjork,

Dunlosky, & Kornell, 2013; Roediger & Butler, 2011). Studying or simply being exposed to material is insufficient to remember it for very long. And if recall is good, more recall is better. Repeatedly testing, even on material that has been correctly recalled more than once, greatly enhances long-term learning.

Interestingly, it appears that many people are unaware of the powerful benefits of recall for long-term learning (Bjork et al., 2013). For example, college students have been found to primarily view recall as assessment method—a method of discovering the material they do not know, so that they can then study it further—instead of viewing it as a potent learning technique in its own right (Kornell & Bjork, 2007).

Some therapists may recognize the importance of recall for learning, and employ techniques such as asking clients to repeat back treatment principles in their own words in order to facilitate learning. Yet, in face-to-face treatment, techniques such as these must be used sparingly, so as not to interrupt the flow of a session or to appear patronizing. Eliciting recall is particularly difficult when clients come to therapy expecting to talk rather than learn.

As noted, the format of IPTs often resembles an online course rather than talk therapy. Thus, it may be relatively easy for IPT developers to systematically build recall into session modules. IPT designers may wish to take a cue from the developers of Massive Online Open Courses (MOOCs; Martin, 2012), who typically build recall directly into course lectures. This technique allows students to cement their understanding continually over the course of a single lecture. Most MOOCs also regularly test students through quizzes after each lecture or set of lectures is completed. Students can track their progress through the course via progress bars, which move closer to completion once a quiz is completed, but do not move by simply watching a lecture. Thus, treatment progress is tagged to quizzing—the part of the experience that actually promotes long-term learning. Coupling progress with quizzing in this way undercuts the natural incentive to passively watch lectures.

What kinds of material could be taught through testing? For one, clinicians benefit from a precise vocabulary. For example, the lexicon of the cognitive-behavioral therapist includes a set of technical terms—such as *core belief*, *automatic thought*, *rational response*, *extinction*, *negative reinforcement*, *behavioral deceleration*, *discriminative stimulus*, and *experiential avoid-*



ance. These terms help the therapist bridge between the stream of idiosyncratic events and experiences that clients report and the overarching treatment principles. Armed with precise terms, a therapist can distill the most important events and experiences from a client's reports, and formulate an idiosyncratic conceptualization that is consistent with the basic therapy principles.

In face-to-face therapy, it is often assumed that clients need not learn therapy terms precisely, because a clinician will be able to formulate an idiosyncratic formulation for them. In IPTs, supervision is significantly decreased and more responsibility shifts to clients. Clients may maximize their capability to be their own therapists by learning the precise vocabulary typically reserved for clinicians. Developing a precise vocabulary sets a foundation for developing intuition about fundamental treatment principles through interleaving and varying—the topics of the next section.

### **Technique 2: Interleaving and Varying**

“Interleaving” refers to mixing different types of problems that are superficially distinct but overlap in fundamental ways. The technique is well illustrated by example. Rohrer and Taylor (2007) tested students' abilities to learn areal formulas for geometric solids. One group of students solved for the same type of solid repeatedly before moving to the next type (blocked); another group learned with the type of solid switched on every new problem (interleaved). The latter group struggled through two practice sessions, performing more poorly than the blocked group. Yet when the groups were tested much later their fortunes reversed: The interleaving group was three times more accurate than the blocked group. This pattern—poor performance during practice but enhanced performance later—is typical of interleaved learning: Interleaving promotes offline rather than online learning, and thus performance during study sessions suffers. Yet the offline learning that interleaving promotes is more general and enduring than the online learning promoted via blocking (Bjork et al., 2013). “Varying” refers to switching the conditions under which practice takes place rather than switching the type of practice or problem being solved; it appears to enhance generalization in a similar way as interleaving. An early study of varying tested the effects of having children practice beanbag tossing on a hole 3 feet away or on holes 2 and 4 feet away. All children were later tested on a hole 3 feet away. Counterintuitively, the children in the 2-

## *The Clinical Practice of Cognitive Therapy*

March – December 2016

Intensive, hands-on training that is useful in clinical practice  
Lively, engaging faculty  
Live & videotaped demonstrations  
Distance Education via Internet

**Sponsored by: the Cleveland Center for Cognitive Therapy**

For more information:

<http://www.behavioralhealthassoc.com/educationalPrograms.php>  
or call 216-831-2500 x 2

and 4-feet-away condition performed better on the 3-feet-away holes, even though they had never practiced throwing at this distance (Kerr & Booth, 1978).

In psychotherapy, therapists often convey treatment principles through vignettes. For example, a therapist explaining the rationale for graded exposure in PTSD may illustrate the underlying principle through a vignette about a child who has been knocked over by a wave being taught to approach and then finally enter water again (Foa, Hembree, & Rothbaum, 2007). These vignettes are offered to help clients map abstract treatment principles and vocabulary (such as in vivo exposure and extinction) onto specific and familiar examples. However, the learning literature suggests that a vocalized vignette will not only fade quickly from memory, but also be difficult to generalize unless it is applied to an unfamiliar example (interleaved) or in a distinct context (varied). In face-to-face therapy, shallow processing of psychoeducation may not be particularly problematic, because a therapist is available to closely supervise the treatment and continually help the client map new experiences onto treatment principles. In IPTs, however, in which much of the burden for treatment learning and planning is shifted to clients, it may be quite useful to use interleaving and varying.

Fortunately, it is quite feasible to include interleaved and varied practice in IPTs. These techniques could be particularly useful if combined with vocabulary mastered through recall. Precise vocabulary could help connect vignettes that illustrate different aspects of a single treatment principle. For example, a general treatment principle could be presented first; in cognitive therapy for depression the principle might be: “People who are depressed show biases in their thinking patterns, and these biases promote depression.” This presentation of the general principle could be fol-

lowed by a specific vignette involving a hypothetical patient. The client could be required to apply vocabulary learned in the previous module in the context of this vignette. The applications could be relatively easy at the beginning, for example: “Please identify whether the patient's thought likely reflects an automatic thought or core belief. Explain why.” The applications could then become more challenging, for example: the patient illustrated in the vignette “often has the thought ‘I feel like such a loser.’ Sometimes she has this thought when she is not also feeling sad. At these times, she can dismiss the thought relatively easily. However, sometimes she has the thought when she is also feeling sad. At these times, the thought makes her despair, and she will often stop whatever activity she is doing and lay down in an attempt to feel better. Thus, her reaction to the thought (dismissing it *or* laying down) depends on whether she is also feeling sad at the time of the thought. Sadness, in this context, functions as a \_\_\_\_\_ [answer: discriminative stimulus] with respect to the patient's response (dismiss *or* lay down) to the thought.”

Once the general principle has been illustrated through a specific vignette in this way, new vignettes could be presented that either illustrate different features of the same principle or help tie the principle to other principles. Continuing with the above example, a vignette could be presented about a telegraph operator whose machinery has a glitch, such that it produces the letter “a” whenever a sender attempts to relay the letter “t.” Although this glitch is small—a single error among 26 possible letter errors, and among numerous other potential character errors—it quickly produces massive errors in each message. The client could be asked questions that help her make the connection between the glitch in the operator's machinery and the thinking biases that

depressed individuals exhibit. The juxtaposition of these two vignettes is an example of interleaved presentation. Two contexts are presented that are superficially distinct (a depressed person thinking about a situation, and a telegraph operator receiving a message). Yet an underlying principle is at work in both situations, and the principle is illustrated through their juxtaposition and through questions that challenge the viewer to connect the principles. (In this case, the principle is that perception and communication can become distorted, and that even small distortions at a single stage of information processing can have large consequences.)

### Technique 3: Spacing

Cramming the night before a test may help pass the test. But the learning from such experiences decays rapidly in the following days and weeks. Spaced studying, by contrast, leads to enduring learning, as demonstrated by hundreds of studies (Cepeda, Pashler, Vul, Wisted, & Rohrer, 2006). Thus, the decisive conclusion from the cognitive psychology literature is that spaced practice promotes learning.

In practice, however, too much spacing between therapy sessions can contribute to client disengagement and higher dropout, at least in face-to-face psychotherapy (Herbert, Rheingold, Gaudiano, & Myers, 2004). An alternative to spacing out treatment is to provide a standard, concentrated dose of treatment that is then followed by booster sessions. Booster sessions give clients the opportunity to reacquaint themselves with key treatment principles. The IPT format is particularly well-suited to such sessions, whereas booster sessions can be difficult to implement in face-to-face therapy.

The challenge in face-to-face therapy is twofold. First, much has typically happened between a termination and booster session; it can be difficult to focus on forgotten skills or behavioral techniques with so much catching up to do. Second, anecdotally, we have found that there is often a high “barrier-to-reentry” in face-to-face therapy. Thus, clients delay reconnecting with their therapist until major problems have resurfaced. (And, as a result, “booster” sessions sometimes end up being full courses of treatment.) IPTs, on the other hand, could build in easy-to-access booster modules in which the barrier-to-reentry is much lower. Rather than scheduling an appointment, all IPT clients would need to do is log back into the IPT platform from home. Moreover, these

booster sessions could immediately make use of potent learning practices—recall and interleaving—to quickly help clients recall the key treatment principles and their applications.

### Conclusion

An overarching learning principle that cuts across the EBLTs discussed in this article is that difficulty enhances long-term learning; indeed, Bjork (1994) has termed EBLTs “desirably difficult.” Recall, interleaving, and spacing are more challenging than study, blocking, and cramming; however, these desirably difficult practices promote deep and enduring learning. One of the powers of psychotherapy is that it can teach counterintuitive strategies and principles for working with thoughts and emotions that are subtly but critically different than the practices that clients employed prior to therapy. However, from a learning perspective, the nuance of these strategies mean that they are at high risk for being subsumed by older strategies—strategies with which clients have extensive experience. We have suggested that features of the IPT format make these platforms uniquely suited to promoting robust and enduring learning. Research is now needed to evaluate whether applying EBLTs can enhance IPT efficacy.

### References

- Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: A systematic review and meta-analysis. *World Psychiatry, 13*(3), 288-295.
- Andersson, G., Rozenal, A., Rück, C., & Carlbring, P. (2015). Guided Internet-delivered CBT: Can it really be as good as seeing a therapist? *the Behavior Therapist, 38*(5), 123-126.
- Andersson, G., & Titov, N. (2014). Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry, 13*(1), 4-11.
- Bjork, R.A. (1994). Memory and metamemory considerations in the training of human beings. In J. Metcalfe & A. Shimamura (Eds.), *Metacognition: Knowing about knowing* (pp. 185-205). Cambridge, MA: MIT Press.
- Bjork, R. A., Dunlosky, J., & Kornell, N. (2013). Self-regulated learning: Beliefs, techniques, and illusions. *Annual Review of Psychology, 64*, 417-444.
- Bradley, L. E., Sarwer, D. B., Forman, E. M., Kerrigan, S. G., Butryn, M. L., & Herbert, J. D. (in press). A survey of bariatric surgery patients' interest in postoperative interventions. *Obesity Surgery*.
- Brown, P. C., Roediger, H. L., & McDaniel, M. A. (2014). *Make it stick*. Cambridge, MA: Harvard University Press.
- Cepeda, N. J., Pashler, H., Vul, E., Wixted, J. T., & Rohrer, D. (2006). Distributed practice in verbal recall tasks: A review and quantitative synthesis. *Psychological Bulletin, 132*(3), 354-380.
- Dalrymple, K. L., & Herbert, J. D. (2007). Acceptance and commitment therapy for generalized social anxiety disorder a pilot study. *Behavior Modification, 31*(5), 543-568.
- Foa, E., Hembree, E., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide*. New York, NY: Oxford University Press.
- Forman, E. M., Herbert, J. D., Moitra, E., Yeomans, P. D., & Geller, P. A. (2007). A randomized controlled effectiveness trial of acceptance and commitment therapy and cognitive therapy for anxiety and depression. *Behavior Modification, 31*(6), 772-799.
- Gershkovich, M., Herbert, J. D., Forman, E. M., & Glassman, L. (in press). Guided Internet-based self-help intervention for social anxiety disorder with videoconferenced therapist support. *Cognitive and Behavioral Practice*.
- Goetter, E. M., Herbert, J. D., Forman, E. M., Yuen, E. K., Gershkovich, M., Glassman, L. H., Rabin, S., & Goldstein, S. P. (2013). Delivering exposure and response prevention for Obsessive Compulsive Disorder via videoconference: Clinical considerations and recommendations. *Journal of Obsessive-Compulsive and Related Disorders, 2*(2), 137-143.
- Harvey, A. G., Lee, J., Williams, J., Hollon, S. D., Walker, M. P., Thompson, M. A., & Smith, R. (2014). Improving outcome of psychosocial treatments by enhancing memory and learning. *Perspectives on Psychological Science, 9*(2), 161-179.
- Herbert, J. D., Goetter, E. M., Forman, E. M., Yuen, E. K., Erford, B. M., Milillo, J. J., Goldstein, S. P. (2012). Crossing the line: Interstate delivery of remote psychological services. *the Behavior Therapist, 35*(8), 145-152.
- Herbert, J. D., Gaudiano, B. A., Rheingold, A. A., Moitra, E., Myers, V. H., Dalrymple, K. L., & Brandsma, L. L. (2009). Cognitive behavior therapy for generalized social anxiety disorder in adolescents: A randomized controlled trial. *Journal of Anxiety Disorders, 23*(2), 167-177.

- Herbert, J. D., Rheingold, A. A., Gaudi-ano, B. A., & Myers, V. H. (2004). Standard versus extended cognitive behavior therapy for social anxiety disorder: A randomized-controlled trial. *Behavioral and Cognitive Psychotherapy*, 32(02), 131-147.
- Johansson, R., & Andersson, G. (2012). Internet-based psychological treatments for depression. *Expert Review of Neurotherapeutics*, 12(7), 861-870.
- Karpicke, J. D., & Roediger, H. L. (2008). The critical importance of retrieval for learning. *Science*, 319(5865), 966-968.
- Kerr, R., & Booth, B. (1978). Specific and varied practice of motor skill. *Perceptual and Motor Skills*, 46(2), 395-401.
- Kornell, N., & Bjork, R. A. (2007). The promise and perils of self-regulated study. *Psychonomic Bulletin & Review*, 14(2), 219-224.
- Martin, F. G. (2012). Will massive open online courses change how we teach? *Communications of the ACM*, 55(8), 26-28.
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, 48(1), 98-102.
- Muñoz, R. F., Bunge, E. L., Chen, K., Schueller, S. M., Bravin, J. I., Shaughnessy, E. A., & Pérez-Stable, E. J. (2015). Massive Open Online Interventions: A novel model for delivering behavioral-health services worldwide. *Clinical Psychological Science*. [online before print]. doi: 10.1177/2167702615583840
- Pyc, M. A., & Rawson, K. A. (2009). Testing the retrieval effort hypothesis: Does greater difficulty correctly recalling information lead to higher levels of memory? *Journal of Memory and Language*, 60(4), 437-447.
- Reisman, J. M. (1991). *A history of clinical psychology*. Abingdon, OX: Taylor & Francis.
- Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: A systematic review and meta-analysis. *Clinical Psychology Review*, 32(4), 329-342.
- Roediger, H. L., & Butler, A. C. (2011). The critical role of retrieval practice in long-term retention. *Trends in Cognitive Sciences*, 15(1), 20-27.
- Rohrer, D., & Taylor, K. (2007). The shuffling of mathematics problems improves learning. *Instructional Science*, 35(6), 481-498.
- Tolin, D. F. (2014). Beating a dead dodo bird: Looking at signal vs. noise in cognitive-behavioral therapy for anxiety disorders. *Clinical Psychology: Science and Practice*, 21(4), 351-362.
- Yuen, E. K., Herbert, J. D., Forman, E. M., Goetter, E. M., Comer, R., & Bradley, J. (2013). Treatment of social anxiety disorder using online virtual environments in Second Life. *Behavior Therapy*, 44, 51-61.
- Yuen, E. K., Herbert, J. D., Forman, E. M., Goetter, E. M., Juarascio, A. S., Rabin, S., Goodwin, C., & Bouchard, S. (2013). Acceptance based behavior therapy for social anxiety disorder through video-conferencing. *Journal of Anxiety Disorders*, 27, 389-397.

Correspondence to James D. Herbert, Ph.D., Drexel University, Psychology Department, 119 Stratton Hall, 3141 Chestnut Street, Philadelphia, PA 19104; jh49@drexel.edu

## CLINICAL FORUM

# Who's on First? An Elementary Way to Teach CBT Skills

Robert D. Friedberg, *Palo Alto University*

BUD ABBOTT: Strange as it may seem, they give ballplayers nowadays very peculiar names.

LOU COSTELLO: Funny names?

ABBOTT: Nicknames. Now on the St. Louis team we have Who's on first, What's on second, and I Don't Know is on third.

COSTELLO: That's what I want to find out. I want you to tell me the names of the fellows on the St. Louis team.

ABBOTT: I'm telling you. Who's on first, What's on second, and I Don't Know is on third.

COSTELLO: You know the fellows' names?

ABBOTT: Yes.

COSTELLO: I mean the fellow's name on first base.

ABBOTT: Who.

COSTELLO: The fellow playing first base.

ABBOTT: Who!

COSTELLO: The guy on first base!

ABBOTT: Who is on first!

The third season finale of one of my favorite TV shows, *Elementary*, begins with Sherlock Holmes and his best friend watching the classic Abbott and Costello comedy routine, *Who's on First*. Sherlock explains that like Abbott's contrived lineup, life's realities are ambiguous and are frequently misinterpreted at one's great peril. Inaccurately sizing up situations and drawing faulty conclusions from the data one collects leads to anxiety, depression,

frustration, and other forms of distress. While watching this awesome episode, the similarities to CBT struck me. As a professor, clinical supervisor, and CBT trainer, I am regularly on the lookout for creative ways to teach the core elements of the approach. Thanks to the *Elementary* episode, I think *Who's on First* fits the bill nicely. In the following brief article, I offer three lessons the dialogue illustrates.

## Lesson 1: It's Not the Stimulus That's Important, It's the Multiple Interpretations

Bruggeman (1994) noted that "... any word, sentence, or entire discourse (as is the case with *Who's on First*?) which can be interpreted consistently with two or more different meanings is ambiguous" (p. 1). The dialogue poignantly illustrates that one stimulus can be interpreted in various ways. "Who" may be a pronoun and also a proper name (Hoo). The maxim that multiple meanings sprout from single stimuli lies at the heart of CBT. Certainly, the conflict in the scene is created because both individuals insist there is only one meaning. In turn, the interpersonal struggle is characterized by a variety of dysphoric feelings. Using the scene to emphasize this

principle may bring the concept to life for trainees/students.

I process this scene by asking students Socratic questions such as, “What is contributing to the misunderstanding between the two actors?” “What beliefs do each of them likely hold?” and/or “How much do you think they recognize that ‘who’ has at least two meanings?” Subsequently, I invite the participants to generalize from this abstract example to their direct clinical work (e.g., “How similar is this to the way patients misinterpret stimuli?” “What interpersonal problems are associated with these misinterpretations?”).

### Lesson 2: Cognitive Rigidity Is Not a Good Thing

Bruggeman (1994) explained, “Bud as the manager of the team and inhabitant of the possible world is aware of the possible world use of words as names as well as the real world functions of the words. Lou, as one ignorant of the names of the baseball players and a non-inhabitant of the possible world is aware solely of the real world functions of the words” (p. 3). Simply, Lou is cognitively rigid and owns a narrow perspective.

As any experienced CBT-oriented clinician readily recognizes, patients who hold overvalued ideations present a host of challenges to therapists. In a simple sense, treatment focuses on helping these individuals become more flexible. Dogged determination to hold firm to one’s interpretation of events is commonly off-putting to others and is emotionally distressing. *Who’s on First* offers an engaging pedagogical tactic to communicate this principle.

Many professionals new to cognitive therapy underappreciate how patients’ rigid thinking traps them. Unbending perspectives are often excruciating. For example, depressed patients who hold perfectionistic, absolutistic beliefs (e.g., “Unless my work, is perfect, it isn’t worthwhile completing”) are ensnared by this view. They are likely to procrastinate and avoid risking negative evaluation. Their work, however exemplary, is never quite good

enough. Indeed, this restrictive outlook is confining. Lou is similarly caught in this repetitive cycle.

Like teaching lesson one, Socratic processing follows the video clip. First, I ask the participants to focus on Lou’s emotional reaction (e.g., “What is Lou feeling?”). Then, I solicit their hypotheses about what might be going through Lou’s mind. Next comes the application to clinical work (“How many of you work with patients who feel emotionally squeezed by this compressed stance?” “Tell me briefly about these patients”). Once these steps are completed, I raise the point about the potential power of CBT (e.g., “What does this mean about the usefulness of CBT for helping patients out of this limited outlook?”).

### Lesson 3: Searching for Alternative Meanings and Creating Doubt

CBT is ultimately the search for alternative meanings and forms the basis for a common line of Socratic dialogues (Beck, 2011). Distressed patients enter therapy with a variety of very inelastic beliefs. Their way of perceiving the world is the only absolute truth available to them. Indeed, this is a painful and self-limiting road. So it is with both Abbott and Costello. Neither attempts to initiate a search for alternative meanings because they are supremely certain in their convictions.

Padesky (1993) has long advocated that the goal of cognitive therapy is breeding doubt in patients’ minds. Certainly, doubt is fundamental to cognitive dissonance (Festinger, 1957) and dissonance enables reattribution. Consequently, I use *Who’s on First* to introduce reattribution.

After showing the comedy routine and discussing cognitive rigidity, I ask the attendees for ideas about helping to search for alternate meanings (“What Socratic questions would you ask to help Bud or Lou to expand their thinking?”). Subsequently, we would list potential questions on a flip chart or dry erase board (e.g., “What might be another way to interpret these names?” “What’s another way to look

at these names?” “How possible is it that these names have two meanings?”).

Finally, in the last phase, attendees practice skills in role-plays. One trainee plays the therapist and the other plays Lou or Bud. In this way, they earn an opportunity to apply their acquired skills. Specific feedback on trainees’ use of Socratic questions is given. While constructive feedback is sometimes hard to receive, role-playing the Abbott and Costello characters is a nice graduated task and softens the blow of potential criticisms.

### Conclusion

Teaching is frequently easier once you capture learners’ attention. Finding creative ways to seize even captive audiences’ hearts and minds is both rewarding and fun. Sparking trainees’ alertness and grasp of essential elements is an important first step in helping them develop competencies in CBT. I hope this brief article encourages fellow trainers to share their creative teaching strategies with readership of *the Behavior Therapist*.

### References

- Beck, J.S. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford.
- Bruggeman, A. (1994). *Who’s on First? Proceedings of the Deseret language and linguistic society* (pp. 1-5). Provo, UT: Brigham Young University.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Evanston, IL: Row, Peterson.
- Padesky, C.A. (1993, September). *Socratic questioning: Changing minds or guided discovery?* Keynote address delivered at the European Congress of Behavioral and Cognitive Therapies, London, UK.

...

**Correspondence to** Robert D. Friedberg, Ph.D., Center for the Study and Treatment of Anxious Youth at Palo Alto University, 1791 Arastradero Rd., Palo Alto, CA 94304; rfriedberg@paloalto.edu

8th World Congress of Behavioural and Cognitive Therapies, June 22–25, 2016

[www.wcbct2016.com.au](http://www.wcbct2016.com.au)

*advances and innovations in the behavioural and cognitive therapies across the world*

## Minutes of the Annual Meeting of Members

*Saturday, November 14, 2015 | Chicago Hilton, Chicago, Illinois*

### Call to Order

President Abramowitz welcomed members to the 49th Annual Meeting of Members. Notice of the meeting had been sent to all members in September. He called the meeting to order at 12:05 p.m. Central Standard Time.

### Minutes

Secretary-Treasurer Schmaling asked for any comments or corrections on the minutes from last year's meeting. M/S/U: The November 22, 2014, minutes were unanimously accepted as distributed.

### Expressions of Gratitude

President Abramowitz thanked the members of the organization for their hard work this year. He thanked Dean McKay, rotating off as Immediate Past President; Sabine Wilhelm, Representative-at-Large, 2012-2015; David DiLillo, 2012 – 2015 Membership Issues Coordinator; Danielle Maack, 2012 – 2015 Committee on Student Membership Chair; Robert Schachter, 2012 – 2015 Committee on Clinical Directory and Referral Issues Chair; Joshua Magee, 2012-2015 Committee on Social Networking Media Chair; Gabrielle Liverant, 2012-2015 Committee on Academic Training Chair; Kim Gratz, 2012– 2015 Committee on Research Facilitation Chair; Ariel Lang, 2012-2015 Committee on Affiliations and Education/Training Standards Chair; Anne Marie Albano, 2012-2015 Publications Committee Coordinator; Sandra Pimentel, 2012-2015 Committee on Public Education and Media Dissemination Chair; and Brett Deacon, 2015 Program Chair.

President Abramowitz noted the time and dedication it takes to put together a program of this size. Thanking the 2015 program committee members, he mentioned that this year we had an astonishing 310 members help review program submissions—the largest number of reviewers in our history:

Amitai Abramovitch, Amelia Aldao, Rawya Al-Jabari, Lauren B. Alloy, Drew Anderson, Margaret S. Andover, Michael

David Anestis, Joye Anestis, Laura Gutermuth Anthony, Michael Army, Terri Bacow, Courtney L. Bagge, Robin Barry, Abbie Beacham, Kimberly D. Becker, Rinad S. Beidas, Kathryn M. Bell, Courtney Benjamin Wolk, Erin Berenz, Noah Chase Berman, Alex Bettis, Justin Leith Birnholz, Jennifer Block-Lerner, Heidemarie Blumenthal, Christina L. Boisseau, Jessica Bomyea, James Boswell, Maya Boustani, Frances Bozsk, Scott R. Braithwaite, Ana J. Bridges, Lauren Brookman-Fraze, Vanessa Brown, Timothy A. Brown, Ruth C. Brown, Shandra Brown Levey, Steven E. Bruce, Craig J. Bryan, Amanda Waters Calkins, Will H. Canu, Nicole Caporino, Matthew Capriotti, R. Nicholas Carleton, Mark A. Celio, Anil Chacko, Alexander L. Chapman, Greg Chasson, Tina Chou, Joshua D. Clapp, Mari L. Clements, Rebecca Cobb, Dennis R. Combs, Christine A. Conelea, Laren Conklin, Elizabeth H. Connors, James Cordova, Tara L. Cornelius, Shannon M. Couture, Suzannah Creech, Kristy Dalrymple, Eugene D'Angelo, Thompson Davis III, Anne Day, Tamara Del Vecchio, Patricia Marten DiBartolo, Kimberly Ann Dienes, Ray DiGiuseppe, David DiLillo, Linda A. Dimeff, Katherine L. Dixon-Gordon, Katy Dondanville, Alex R. Dopp, Brian D. Doss, Sebastian DAVIS, Sheila M. Dowd, Amy Drahota, Michelle Drapkin, Jennifer Duncan, Rita Dykstra, Chris Eckhardt, Thane M. Erickson, Flint Espil, Catherine F. Eubanks, Elizabeth Hemenway Eustis, Melissa A. Faith, Todd J. Farchione, Aaron Fisher, Julianne C. Flanagan, Christopher Flessner, Nicholas R. Forand, Jennifer Francis, Elisabeth A. Frazier, Steffany J. Fredman, Steven Friedman, Dara G. Friedman-Wheeler, Patti Fritz, Matthew W. Gallagher, Richard Gallagher, Frank Gardner, Brandon Gaudiano, Marjan Ghahramanlou-Holloway, Barry Ginsberg, Jeff Goodie, Cameron L. Gordon, DeMond M. Grant, Kim L. Gratz, Kelly Green, Jonathan Green, Amie Grills, John Guerry, Kevin A. Hallgren, Lindsay Ham, David Hansen, Shelby Harris, Tae L. Hart, Kathleen J. Hart, Trevor Adam Hart, Cynthia M. Hartung, Kristin Hawley, Sarah A. Hayes-Skelton, Aude Henin, James D. Herbert, Debra

Herman, Nathaniel R. Herr, Kathleen Herzig, Crystal R. Hill-Chapman, Daniel L. Hoffman, Jonathan H. Hoffman, Stefan Hofmann, Janie J. Hong, Cole Hooley, Debra A. Hope, Amanda Jensen-Doss, Robert W. Johnson, Ashley Johnson Harrison, Heather A. Jones, Kathryn Kanzler, Heather Kapson, Debra Kaysen, Amy Keefer, Robert Kern, Connor M. Kerns, Sarah Kertz, Elizabeth J. Kiel, Lisa Smith Kilpela, Katharina Kircanski, Jacqueline DeMichele Kloss, Laura E. Knouse, Nancy L. Kocovski, Amelia Kotte, Magdalena Kulesza, Steven M.S. Kurtz, Caleb W. Lack, Sara J. Landes, Jennifer Langhinrichsen-Rohling, Penny A. Leisring, Michelle Leonard, Marie Louise LePage, Matthew Lerner, Cheri Alicia Levinson, Adam B. Lewin, Robin J. Lewis, Crystal Stack Lim, Noriel Lim, Kristen P. Lindgren, Richard Liu, Christopher M. Lootens, Ilana Luft, Aaron R. Lyon, Sally MacKain, Brenna B. Maddox, Brittain Mahaffey, Maria C. Mancebo, Sarah Markowitz, William Martinez, Carrie Masia, Michael S. McCloskey, Lata K. McGinn, Kate McHugh, Carmen P. McLean, Alison C. McLeish, Daniel W. McNeil, Elizabeth A. Meadows, Jennifer Merrill, Terri Messman-Moore, Robert S. Meyers, Jamie Micco, John T. Mitchell, Damon Mitchell, Zella E. Moore, Lauren Moskowitz, James Murphy, Taryn A. Myers, Erum Nadeem, Michael R. Nadorff, Brad J. Nakamura, Douglas Nangle, Lisa Napolitano, Kristin Naragon-Gainey, Lawrence Needleman, Timothy D. Nelson, Michael E. Newcomb, Michelle G. Newman, Peter J. Norton, Roisin M. O'Connor, Bunmi Olatunji, Stephanie O'Leary, Trina Orimoto, Sarah O'Rourke, Julie Orris, Katrina Ostmeyer, Julie Sarno Owens, David Pantalone, Jill Panuzio Scott, Rebecca M. Pasillas, Laura A. Payne, Jennifer Kim Penberthy, Carisa Perry-Parish, Jacqueline Persons, Sandra Pimentel, Donna Posluszny, Kristina Post, Mark B. Powers, Loren Prado, Rebecca Price, Amy Przeworski, Cara Pugliese, Holly Ramsawh, Thomas J. Raney, Lance M. Rappaport, Carla J. Rash, Sheila Rauch, Gina T. Raza, Madhavi Reddy, Hannah E. Reese, Simon A. Rego, Keith D. Renshaw, Alyssa Rheingold, Jessica Richards, John A. Richey, Shireen L. Rizvi, Ronald Rogge, Kelly J. Rohan, Anthony Joseph Rosellini, Paul J. Rosen, Lorelei Simpson Rowe, Rebecca Sachs, Amy Sato, Craig NeilSawchuk, Steven Sayers, Katherine Schaumberg, Brad Schmidt, Brent W. Schneider, Casey A. Schofield, Edward A. Selby, Benjamin Shapero, Erin Sheets, Jedidiah Siev, Timothy Sisemore, Monica Skewes, Jasper

A. Smits, Moria J. Smoski, Claire Adams Spears, Megan Spokas, Susan Sprich, Lisa R. Starr, Shari Steinman, Eric A. Storch, Maureen A. Sullivan, Mary Sullivan, Anna J. Swan, Louisa G. Sylvia, Robyn Sysko, Jennifer Taitz, Bethany Teachman, Jeff R. Temple, Alix Timko, Casey Trainor, Giao Tran, Kimberli Treadwell, Matthew T. Tull, Cynthia Turk, David Valentiner, Kim Van Orden, Andres Viana, Jason E. Vogler, Melanie J. Wadkins, Michael Walther, Thomas J. Waltz, Jason Washburn, Robin Weersing, Jeremiah Weinstock, Lauren Weinstock, Risa B. Weisberg, Susan Wenze, Chad Wetterneck, Bradley A. White, Kamila White, Stephen Whiteside, Monnica T. Williams, Shannon Wiltsey Stirman, Jamie J. Winters, Danielle Wischenka, Michael Wydo, Shirley Yen, Jerome Yoman, Matthew E. Young, Eric Zhou, and Rene D. Zweig.

President Abramowitz also thanked the Local Arrangements Committee for a terrific job and for making us all feel very welcome in Chicago: Patrick B. McGrath and Shona N. Vos, 2015 Local Arrangements Committee Chairs, and the hard-working members of the Local Arrangements Committee: Pooja Dave, Andrea Kass, Lindsay Brauer, Nancy Beckman, Daniel Fridberg, and Daniel Goldstein.

President Abramowitz listed the new appointments: Hilary Vidair, 2015-2018 Membership Issues Coordinator; Joy Pemberton, 2015 - 2018 Committee on Student Members Chair; Laura Payne, 2015-2018 Committee on Clinical Directory and Referral Issues Chair; Emily Bilek, 2015-2018 Committee on Social Networking Media Chair; David DiLillo, 2015-2018 Committee on Fellows; Sarah Kate Bearman, 2015-2018 Committee on Academic Training and Education Standards Chair; Nathaniel Herr, 2015- 2018 Committee on Research Facilitation Chair; Steven Safren, 2015-2018 Publications Committee Coordinator; Brett Deacon, continues as Editor of *the Behavior Therapist* for volumes 40-42; Denise Sloan, Editor-Elect, *Behavior Therapy*, volumes 49-52; Katharina Kircanski, 2016 Program Committee Chair; Jordana Muroff, 2016 Associate Program Chair; and Rebecca Skolnick, 2016 Local Arrangements Committee Chair.

### Finance Committee Report

Karen Schmalting explained the Finance Committee's functions: protect the fiscal health of ABCT; track income, expenses, and projections; evaluate requests for spe-

cial projects; review personnel recommendations; monitor investment portfolio management; ensure property maintenance of permanent headquarters; and serve as liaison to development activities.

She noted that the committee is comprised of the Secretary-Treasurer, Karen Schmalting, and two hand-selected members, Ted Cooper and Katie Witkiewitz, plus the President-Elect, Michelle Craske, and ABCT's Executive Director, Mary Jane Eimer, as an ex officio member.

She reported that for fiscal 2015, the year just ended, we project a gross income of \$2,312,401, with gross expenses of \$1,955,927, giving ABCT a net income \$356,474. Of this income, 40% came from the Convention, 31% from Publications, 25% from Membership, with another 4% from other sources. These percentages fluctuate from year to year, but remain fairly constant. The projected expenses for 2016 flow as follows: Convention at \$480,770; Publications at \$323,336; Membership at \$42,100; and other expenses (e.g., payroll) at \$1,363,446, which total \$2,209,652. We are projecting negligible surplus for 2017 and modest surplus for 2018. We tend to focus on our core revenues and benefit from prudent investment management.

Our Capital Expense Fund (which is currently at \$180,000), and our Special Project Funds (currently at \$222,316), provide us with money earmarked for projects outside the normal operating budgets. Within our endowments, we have \$81,145 in Named Awards and \$1,091,348 in Fund the Future, giving us a total of \$1,172,493. Karen Schmalting noted that our investments are managed by Brian McGrath of Boenning and Scattergood, and Mr. McGrath's expertise is available to all ABCT members. Dr. Schmalting highly recommends that members take advantage of this membership benefit.

She reported that ABCT is fiscally sound; we pass yearly independent audits; we follow accepted accounting principles; we are compliant with all state and federal regulations. Our budget is transparent; and staff time and task allocations are congruent with our stated goals. She stated that lots of people have worked hard to get us here—"kudos to all!"

The Secretary-Treasurer also noted that the Development Committee, under her leadership, is comprised of Michelle Craske, Ted Cooper, Denise Davis, Karen Schmalting, and Mary Jane Eimer, and has garnered \$1,700 this year. She thanked the

membership for their support and contributions.

Dr. Schmalting concluding by asking, "How will we meet projected expenses of \$2,209,652 in 2016? See you in New York!"

### Coordinators Reports

#### Academic and Professional Issues

Representative-at-Large and Board Liaison Maureen Whittal reported in Coordinator Shireen Rizvi's absence that Sarah Kate Bearman takes over from Gaby Liverant in the Academic and Training Committee, now known as the Academic Training and Education Standards Committee, which continues developing syllabi and initiated a new icon rating system for the ABCT website (classic readings/seminal articles, recent empirical readings, new submissions, innovative assignments/exercises, and multiculturalism and diversity), the Medical Educator Directory, and the Mentorship Directory, where they launched the "Spotlight on a Mentor." The Committee on Affiliations and Education/Training Standards, under Ariel Lang, will morph into a the new committee that brings in the Educational Standards Activities Committee in efforts to keep the business of the Inter-Organizational Task Force, initiated under Bob Klepac and George Ronan several years ago, relevant and moving forward.

International Associates Committee, under Tom Ollendick, announced that the Asian CBT Association indicated their interest in hosting the 2022 World Congress meeting, probably in South Korea. The 2016 World Congress is in Melbourne, Australia, June 22 - 25, 2016.

In the Research Facilitation Committee, Nate Herr takes over for Kim Gratz, where they continue to monitor IRB-approved survey requests, maintain the Resources for Researchers page on our website, and now have annualized the graduate student research grant award.

The Awards and Recognition Committee, under the leadership of Katherine Baucom, who presided over the awards ceremony Friday evening, has been very active over the past year. The Annual Awards Ceremony acknowledged the scholarship and outstanding work of our members and students. The following awards were presented: David M. Clark, Lifetime Achievement; Anne Marie Albano, Outstanding Clinician; Charleston Consortium Psychology Training Program, Dean G. Kilpatrick and Daniel W. Smith, Co-Directors; David A.F. Haaga,

Outstanding Service to ABCT; Benedict Carey, a science writer for *The New York Times*, Friend to Behavior Therapy; Danielle E. MacDonald, Virginia A. Roswell Student Dissertation Award; Lauren E. Szkodny, Leonard Krasner Student Dissertation Award; Andrew McClintock, Erica Meyers, and Julia Carbonella, were chosen the three winners of 96 submissions to the Elsie Ramos First Author Student Poster Awards; and Amy Kranzler was the recipient of the Student Travel Award. Rinad S. Beidas received the President's New Researcher Award. Donald Baucom, Scott Coffey, and Liz Roemer received our first "Spotlight on Mentors" award reviewed by the Academic Training Committee. Timothy Ritzert received the Graduate Student Research Grant handled by our Research Facilitation Committee. We recognized ADAA Travel Career Award winners Lindsey Brooke Hopkins, Brady Nelson, and Carrie Potter. ABCT introduced a Fellows membership category this year and the 2015 class of Fellows was announced.

Carl Indovina, Chair of the Self-Help Book Recommendation Committee, forwarded *Quiet Your Mind and Get to Sleep* by Colleen E. Carney and Rachel Manber to the Board for inclusion in the ABCT Self-Help Recommendations. Members are encouraged to recommend other evidence-based self-help books and mobile apps for consideration by the committee with final approval by the Board of Directors for our website.

### Membership Issues

David DiLillo presented the Membership Issues report. He thanked Mary Jane Eimer, Executive Director, for her generous time and careful guidance during his 3-year term of office. Membership is at its highest level ever (5,225). The new Fellows membership category has been implemented, with 140 applicants and 95 approved. To accomplish this, the Fellows Committee established review criteria and procedures to evaluate the first pool of applications; and met over a weekend to review applications. SIG leaders have created a new Google Group to help them conduct business throughout the year; he complimented Alyssa Ward for her efforts here. He noted that Christopher Martell and his committee have done a tremendous job cultivating leaders to run for office, and the Leadership and Elections Committee will be presenting a Leadership Development Seminar on Sunday morning to encourage more members to get

involved in ABCT governance. The Call for Nominations is out and we are seeking candidates for the 2017-2018 President and the 2016-2019 Representative-at-Large, who will serve as the Board Liaison to Academic and Professional Issues. The deadline for nominations is February 1, 2016. Josh Magee ends his fabulous run at the helm of the Social Networking Media Committee, stimulating conversations across topics and generating 4,300 likes; Emily Bilek, who spear-headed a number of the committee's initiatives, will serve as his successor. Bob Schachter completes his turn with the Clinical Directory and Referral Issues Committee, where they helped to completely revamp the Find a CBT Therapist directory; Laura Payne takes over. Joy Pemberton will be taking over from Danielle Maack, who initiated the student buddy program. And Patrick Kerr has shepherded the list serve from a moderated to unmoderated platform, allowing for more organic, faster conversations there.

Hilary Vidair transitions to Membership Coordinator at this meeting. Dr. DiLillo noted that he has greatly enjoyed the opportunity to serve as Membership Issues Coordinator.

### Convention and Continuing Education

Jeff Goodie, Convention and Continuing Education Chair, reported that we came to Chicago with more than 3,000 people having preregistered, ensuring that this will be a successful meeting. Initial numbers put us at around 3,800 attendees.

Jeff Goodie congratulated Program Chair Brett Deacon and ABCT's new Director of Education and Meeting Services, Linda Still, for putting together this great Convention; he mentioned that we experienced multiple challenges with ScholarOne that made program planning extremely difficult. There were 2,155 submissions reviewed by the program committee's 315 program committee members. We created a new position, Chair of Research and Program Development, to solicit events specifically targeted and developing research and program development skills. We are abandoning the conference-call-based versions of "plus consultation" and expanding the use of the approach based on Bennett-Levy and Padesky model using a reflection intervention that involves attendees being prompted by questionnaires to consider various aspects of the training, its applicability, opportunities for utilization (and other items) over time. We will be systematically testing the effectiveness of this

approach. The CE committee is increasing the number of webinars to 12 in 2016.

Dr. Goodie also revealed that we will be changing the abstract-submission/review system to Cadmium. This will be a welcome change from this past year's experience, but will require educating our membership about these new processes. The portal is scheduled to open February 1, 2016, and will close March 1, 2016.

### Publications Committee

Coordinator Anne Marie Albano reported that there are three special sections in development at this time and slated for the anniversary issue of *Behavior Therapy*. All of these special sections entail review papers or meta-analyses meant to update the field with respect to prior seminal papers published in *BT*. These series are meant to honor the past and simultaneously link to the future by providing an update on the field with respect to some of the most influential papers ever published in the journal. *BT*'s impact factor of 3.694 and rank of 10/119 continue to attest to our stellar editorial team and journal under the able leadership of Editor Michelle Newman.

*Cognitive and Behavioral Practice* now has an impact factor of 1.562, which is incredible for a clinical journal! Brian Chu will begin handling submissions in January as Steve Safren's term as editor ends.

Brett Deacon, when he's not putting together a convention or moving halfway across the globe, is generating interesting articles for *the Behavior Therapist*, including the special series discussing the biomedical model.

Kristene Doyle has taken over the web with engaging new content and columns (e.g., International Associates focus; video segments) and interfacing with other committees, such as Clinical Directory and Referral Issues, Self-Help Books, etc. We are increasing our content for targeted pieces on the web and keeping up with breaking news stories pertaining to mental health.

Tim Bruce assigned 15 fact sheets to 15 authors; one is complete; two are in process; 6 are promised shortly; and the remainder are hoped for soon. We will be asking the International Associates Chair, Tom Ollendick, to assist with getting translators on line from our IAs for the fact sheets. Susan Sprich will be taking over from the indefatigable Dr. Bruce in the coming year.

Expressing farewells as she rotates off her position of Publications Coordinator,

Dr. Albano reinforced her deep appreciation and thanks for David Teisler's support and collaboration throughout these years at ABCT. She stated that he, along with Stephanie Schwartz and M. J. Eimer, keep us all functioning at the highest level of productivity and quality, with their eyes always on meeting the needs of our members and extending our reach to the public through ABCT's publications and media. "Thank you, thank you from the bottom of my behavioral heart!"

### Executive Director's Report

Mary Jane Eimer noted that this has been a challenging convention in that we've had significant changes in staff, frustrations with technology, but we continue to move forward. Our 50th Anniversary year starts now, and planning is under way as we prepare to welcome you all to our home city and headquarters.

Ms. Eimer noted that the strategic plan we initiated in 2013 is emerging, with five main initiatives contained in the plan: Membership Community and Value, Dissemination, Outreach, Funding, and Technology. She indicated that updates of our progress would appear in upcoming issues of *tBT*.

Ms. Eimer was delighted to report how well the Fellows launch has proceeded. "I thank David DiLillo and the Fellows Committee for putting in the advance work to

make the review process seamless." She added that ABCT is fortunate to have a hard-working and productive governance that keeps us a vital organization and necessary organization for our members.

Ms. Eimer noted that this is the time she gets to thank the staff who help make the organization a success. David Teisler runs Publications, including the web, our book series, and our amazing journals. Lisa Yarde handles membership services and oversees our AMS and is leaving after 8 wonderful years to marry her Welsh fiancé and relocate. Tonya Childers and Barbara Mazzella are staffing registration and membership booths downstairs as we speak. Tammy Schuler, our Director of Outreach and Partnerships, is now a veteran, and is working to develop ever better partnerships among our like-minded organizations. Linda Still, our new Director of Education and Meeting Services, has hit the ground running and has done a great job here. Back in NYC, we are so blessed to have the talented Stephanie Schwartz, who is not only the Managing Editor for our journals and other publications, but also designs most of the material you see printed or on the web. Damaris Williams, our bookkeeper, is counting all the money and noting it in our books. Ms. Eimer underscored the fact that, thanks to them, and our members, we get to attend exciting and well-run conventions and read journals that are tops in the field.

### President's Report

The President noted the following events of the past year: that ABCT's strategic plan is moving forward, and it includes some ambitious fundraising goals; ABCT took a strong stance against torture; ABCT was among the participants at the Chicago Clinical Science Summit, where a coalition of organizations is forming to emphasize clinical science; and the most recent *tBT* has been wildly popular and its articles will be discussed for a long time. The President thanked David Teisler, from whom he learned much about publishing, and Mary Jane Eimer for her tireless work and the fact that she has an amazing wealth of knowledge at her fingertips. He enjoyed getting to know the inner-workings of ABCT and its able staff. He remarked that it's truly been a pleasure and an honor to have been able to serve as President.

### Transition of Leadership

The President reminded the membership that Sandra Pimentel was elected as Representative-at-Large and liaison to Convention and Education Issues; Mary Larimer was elected as the 2016-2019 Secretary-Treasurer; and Gail Steketee was elected 2015-2016 President Elect. Michelle Craske is now President of ABCT.

*Adjournment at 1:00 P.M. Central Standard Time.*

**Call** *for Award Nominations . . .*  
 Nominate **ON-LINE** [www.abct.org](http://www.abct.org)

- ◆ Career/Lifetime Achievement
- ◆ Outstanding Contribution by an Individual for Education/Training
- ◆ Outstanding Mentor
- ◆ Distinguished Friend to Behavior Therapy
- ◆ Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice
- ◆ Outstanding Service to ABCT

#### STUDENT AWARDS:

- ◆ President's New Researcher  
(*submission 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 3, 2015**



# Call *for* Papers



general  
sessions

HONORING THE PAST, ENVISIONING THE FUTURE

ABCT is celebrating its 50th Anniversary! Indeed, there is much to celebrate. Founded in 1966 by 10 maverick behaviorists who opposed the dominant psychoanalytic model of the time, our organization now boasts over 5,200 members worldwide and continues to be at the forefront of scientific psychology and empirically supported treatment. Simultaneously, our organization faces significant questions and challenges for the future ahead. For example, we grapple with issues such as the dissemination of interventions on a global scale and integration of the growing neuroscientific perspective with behavioral research and treatment.

We are doing things a little differently for the 50th Annual Convention. The theme of the convention, “Honoring the Past, Envisioning the Future,” is intended to showcase research and clinical work that aligns with one of four broad, crosscutting topics central to the recent history and future of ABCT: (a) dissemination and implementation; (b) technology and treatment; (c) neuroscience and psychological treatment; and (d) cognitive science and transdiagnostic principles. In addition, we welcome submissions in traditionally underrepresented areas or disciplines. Submissions may be in the form of Symposia, Clinical Round Tables, Panel Discussions, Mini-Workshops, and Posters. Healthy, critical debate of the future of behavioral and cognitive research and therapy is strongly encouraged, both within and across presentations.

In complementary fashion, the convention will feature a set of invited panels on these four crosscutting topics (dissemination and implementation, technology and treatment, neuroscience and psychological treatment, and cognitive science and transdiagnostic principles). The luminary panel speakers will highlight recent scientific advances and envision the future of behavioral and cognitive therapies in each of these domains. All ABCT members are strongly encouraged to attend.

This coming year, be on the lookout for our videos spotlighting the past presidents of ABCT and invited panel speakers as we gear up for the 50th Anniversary Convention. In addition, we hope that you will participate in a number of celebratory activities over the coming year, the products of which will be displayed on the ABCT website and listserv and at the convention. Stay tuned for details.

**Information about the convention and the process of submitting abstracts is on ABCT’s website: [www.abct.org](http://www.abct.org). The online submission portal will open on February 1, 2016. The deadline for submission is March 1, 2016.**

***Deadline  
for submissions:  
March 1, 2016***

---

*See pp. 28-29  
for information  
about preparing  
your abstract*

---

**50th Annual  
Convention**

## 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.
- **Affiliations:** The system requires that you enter affiliations 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.
- **Goals:** For Symposia, Panel Discussions, and Clinical Round Tables, write three statements of no more than 125 characters each, describing the goals 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 50th Annual Convention in New York, scheduled for Thursday, October 27 to Sunday, October 30, 2016? We’ve heard your feedback and are revamping the submission process to make it easier. ABCT has a new abstract submissions portal. This new portal, Cadmium Scorecard, will be launched with the opening of abstract submissions on Monday, February 1, 2016. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 50th Annual Convention. The deadline for submissions will be 11:59 P.M. (EST), Tuesday, March 1, 2016. We look forward to hearing your feedback and seeing you in New York!*

# Understanding the ABCT Convention

## General Sessions

There are between 150 and 200 general sessions each year competing for your attention. 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, Tuesday, March 1, 2016. General session types include:

### *Symposia*

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 Programming

Targeted and special programming 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.

*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

Call  
for  
Papers:  
p. 61

ABCT  50

HONORING the past | ENVISIONING the future

*ABCT is celebrating its 50th Anniversary*

► SAVE THE DATE: **October 27–30, 2016** in New York City