

the Behavior Therapist

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RESEARCH-TRAINING LINKS

The Undergraduate Researcher: Why, When, and How to Collaborate With Your Students

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PSYCHOLOGY IS DESCRIBED as a discipline that lends itself particularly well to involving undergraduates in research, and this “proud tradition” gives psychology majors a “distinct advantage” over students in other majors (Anderson, Bonds-Raacke & Raacke, 2015). The American Psychological Association (APA)’s FAQ document about precollege and undergraduate education addresses the question: “How can I find the ‘best’ undergraduate psychology program?” with a two-part answer. First, prospective students should assess if they will feel comfortable in the psychology department; that is, fit matters more than the department’s ranking or size. Second, the APA emphasizes that prospective students (especially those interested in attending graduate school) should look at the extent to which there are opportunities to conduct and present research in collaboration with faculty (<http://www.apa.org/ed/precollege/about/faq.aspx>). Psychology remains a top-10 major, both in terms of actual student enrollment (Stockwell, 2014) and in terms of recommendations to students and their families from sources such as

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

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the Princeton Review (Franek; www.princetonreview.com/college-advice/top-ten-college-majors). Both prospective students and their parents are more routinely assessing a school's worth based on students' potential to collaborate, present, and publish with their faculty mentors.

The benefits undergraduates experience by engaging in scholarly activity are multifaceted. Research experiences serve to enhance students' mastery of content as well as their critical thinking, problem solving, communication, and technical skills. In addition, close mentoring by faculty serves to increase retention, classroom performance, graduation rates, and acceptance into graduate and professional schools, especially for those from traditionally underrepresented groups (see Osborn & Karukstis, 2009, for a review). Students grow from these experiences both personally and professionally, resulting in a competitive advantage after graduation. Employers value highly the type of knowledge and skills that are closely associated with an undergraduate research experience (Hart, 2013). Among the most important considerations employers report making when deciding whether or not to hire a graduate are ethics, intercultural skills, and capacity for professional development (Hart, p. 6). In the same survey, the learning outcomes identified by two-thirds or more of employers as needing to be emphasized more strongly by colleges were:

- Critical thinking and analytical reasoning skills
- The ability to analyze and solve complex problems
- The ability to effectively communicate orally
- The ability to effectively communicate in writing
- The ability to apply knowledge and skills to real-world settings
- The ability to locate, organize, and evaluate information from multiple sources
- The ability to innovate and be creative
- Teamwork skills and the ability to collaborate with others in diverse group settings (p. 8)

There is no doubt in our minds that participating in an undergraduate research experience is an ideal way for our students to achieve each of these learning outcomes.

Certainly not all research experiences are equal, and there are a number of excel-

lent sources of information for those who wish to learn more about characteristics of successful research collaborations with undergraduates. In particular, we direct you to the Council on Undergraduate Research (CUR.org), an organization that has devoted extensive time and resources over the last few decades to the support and dissemination of best practices in undergraduate research. In 2012 CUR published a guide for institutions wishing to "build, evaluate, and maintain robust, productive, meaningful, and sustainable undergraduate research programs" (Hensel, 2012, p. 2). This guide provides concrete examples of successful incorporation of undergraduate research into colleges and universities. Highlights from these successful programs include: strong institutional support, professional development opportunities, funding, assessment, and strategic planning.

When mentors are able to apply best practices in undergraduate research, the benefits for students are numerous, but to what extent does the mentor benefit from this type of collaborative work? And what model should mentors use for engaging psychology students in the research process? In this paper we describe the many benefits for mentors and provide examples of how to organize undergraduate research experiences. In doing so, we illustrate how no single model of student-faculty collaboration is necessarily better than another. Our experiences and those of colleagues suggest that honors theses, involvement in a professor's research lab, and extensions of class projects can all be highly successful models. We end our discussion by exploring the challenges and opportunities that arise from faculty-student research collaborations in clinical psychology. Our overall aim is to provide concrete guidance for those wishing to adopt, grow, and improve upon their research collaborations with undergraduates.

Why Mentor Undergraduates?

We argue that mentoring undergraduates in research is beneficial to individuals across all career stages (e.g., graduate students, new faculty members, established professors) and from all types of institutions (e.g., small liberal arts colleges, R1 institutions, community colleges). Graduate students and postdoctoral fellows are busy building up their vitae and completing major milestones in their training. For those of you at this career stage, there are a variety of ways mentoring undergraduate students on research can help you move

forward in your scholarship. First, working with undergraduate students can give you the opportunity to obtain experience in mentoring and teaching. This skill is especially valuable for those considering a career in academia and can be particularly useful for graduate students who do not have the opportunity to do formal classroom teaching as a part of their training. Second, as graduate students are pursuing their own research projects via a master's thesis and/or doctoral dissertation, undergraduates can play a crucial role in helping complete the project. For example, because doctoral students in clinical psychology must complete a full-year internship, having undergraduates help advance the project (e.g., through collecting data) can be beneficial, especially if the internship site is distant from the home institution.

During a postdoctoral fellowship, you may be busy working on your mentor's research, which may have the unfortunate side effect of bringing your own research to a halt. Therefore, it may be helpful to recruit an undergraduate research assistant to help finish up a project from graduate school or get your dissertation published. Given the limited resources that graduate students and postdocs typically have, undergraduate researchers are an inexpensive resource to support your research program. Last, by mentoring undergraduates either as a graduate student or postdoc, you will solidify your knowledge and skills in your area of expertise. A long-held theory in education is that teaching enhances one's learning of material. Learning by teaching is used in a variety of educational settings with much success (Fiorella & Mayer, 2013; Rohrbec, Ginsburg-Block, Fantuzzo & Miller, 2003). In considering this philosophy, mentoring undergraduates gives graduate and postdoctoral trainees an opportunity to enhance their own learning and mastery of the research process.

Early-career faculty members benefit greatly from the help of undergraduate researchers as they begin work full-time in academia. Of course it is essential to consider carefully the requirements for tenure and promotion as you set goals for your research laboratory. Depending on what type of position you are in (e.g., 4-year college, R1 university), there are a variety of potential distractions that can undermine your intention to begin a program of research at a new institution. In many 4-year colleges, faculty are tasked with heavy teaching loads, some or all of which can be new teaching preparations for the faculty

member. By the second year, when the teaching becomes a little easier, you may be expected to take on academic advising and/or some level of departmental or college-wide service activities. Faculty members at R1 institutions or those working within a graduate program often are balancing teaching, mentoring graduate students, and applying for external funds. Unless you hit the ground running with your research, these responsibilities can contribute to a delay in getting one's research fully under way.

As you consider ways to incorporate undergraduate researchers into your laboratory early on in your career, you will find yourself having to carefully plan and organize where your research is going, asking questions such as: What are the major theoretical questions guiding my research? What are my next studies? What resources do I need to support my work? What papers do I need to write? Are there grant deadlines approaching? Answering these questions will help to clarify how and to what extent undergraduates will help move your research forward. Given how long it can take from idea inception to article publication, research productivity in the early years of your career is often crucial in determining your success in the tenure process. In addition to helping with the productivity of your research lab, mentoring undergraduates in research may in and of itself be looked upon favorably at the time of your tenure review. Although the weight given to mentoring varies depending on expectations at your institution, providing opportunities for undergraduates to be part of a research project could help you at the time of review, especially if you demonstrate that collaboration with students leads to co-authored conference presentations or publications.

After tenure and promotion, mid-career or senior faculty may find that undergraduate researchers help them continue a program of research or explore new areas of interest. We find that the energy and creativity of undergraduate collaborators can provide the fuel necessary to launch that next study or consider taking on a new research question. For faculty who no longer have start-up funds to support their work, undergraduates can offer assistance at little to no monetary cost. Depending on your academic setting, community-based research may become more feasible in the later stages of your career, and this could provide students with opportunities to work with populations they otherwise would not encounter. After

tenure, faculty also may have greater freedom to start more involved projects (e.g., longitudinal designs) and to supervise research that may not result in publications (e.g., independent studies or honors theses). Finally, some faculty may find themselves pursuing the scholarship of teaching and learning later in their career, and undergraduate collaborators can provide excellent guidance in helping to shape these research ideas. Whatever stage you are at in your career, it is important to consider what your research goals are and how undergraduate researchers can help advance your work.

Identifying Strong Research Collaborators

We have touched on the many potential benefits that mentors experience across their careers when they engage in collaborative research with undergraduates, but a number of questions remain. For example, when and how should undergraduates be identified as potential collaborators? What kind of structure should the mentor develop in order to maximize the benefits to both the student(s) and the program of research? Our own answers to these questions vary, and excellent student collaborators can be found across a range of settings. Sometimes they are students taking an advanced lab-based class in the psychology major, but other times they are nonmajors taking Abnormal Psychology as an elective. Sometimes they will approach you, but other times you will benefit from widely promoting the opportunity and using a formal application to recruit potential researchers. Once you identify student collaborators, it is important to develop an intentional structure to help shape the students' experiences doing research, keeping in mind that the structure that best suits your own needs may change over time and across circumstances.

In considering the question of when to recruit undergraduate research students, think back to the first psychology research experience you had. One of us remembers taking Abnormal Psychology in the fall of her sophomore year. On an otherwise ordinary day the professor (the late Susan Nolen-Hoeksema) announced that she was looking for research assistants to help collect data for a project involving interviews of depressed women and observations of their family interactions. It took some courage to apply, but it didn't take long for the importance of the experience to be realized. This simple opportunity led directly

to additional research experiences and—eventually—a thesis, which led next to a desire to attend graduate school and later to a career as a teacher-scholar that is still grounded in this formative exposure to psychological science. But not all students will have the courage to seek out faculty mentors (even if they are invited to do so). Therefore, careful attention to a few key characteristics will help you identify students who have the potential to be strong collaborators. First, the obvious: if the student is in your class, look for excellent performance on graded material. Also look at the way they engage with the class material. Do they turn in their work on time? Appear to be well organized and attentive throughout your lectures? Ask questions or approach you after class? That said, some of the best research students may start off as more introverted or as less experienced with approaching a professor one-on-one; so how (beyond more objective measures of their performance) do you identify them?

We have found that creating a written application for potential research assistants is one way to broaden your pool of potential student collaborators. You can invite specific students to apply and/or create a general call for applications. The type of application you construct should be tailored to your own needs. In Table 1 we list a number of sample questions we have found useful in our own work. Students' answers to these application questions can be illuminating, but we leave it up to you to determine what type of student response is most appropriate for your purposes. For example, a desire to attend graduate school is not necessarily a critical ingredient for a successful research collaboration. Some very strong students (especially those from less advantaged backgrounds) may not recognize that graduate school is a possibility for them until after they conduct collaborative research. And many excellent undergraduate researchers go on to fields informed by (but not directly related to) psychological research, such as education, public policy, consulting, law, or medicine. We typically follow up on the written application with an in-person interview for a subset of applicants, where we can better discern who is the best fit for the research team. It also may be helpful to ask for references from other faculty, especially if you have not had extensive experience with the student in your own classroom.

Of course the application process can be fallible. Identifying the "right" undergraduates to work with can be a challenge (espe-

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Table 1. Application Questions for Recruiting Undergraduate Researchers**Application Questions***Academic preparation:*

How many semesters of college have you completed? What is your major or intended major?

What psychology courses have you taken? (May ask explicitly about courses of particular relevance to the faculty advisor's research)

How have [particular classes] shaped your understanding of the research process and your interest in psychology?

In what ways have your previous experiences (inside or outside of the classroom) prepared you for participation in a psychology research lab?

What gaps do you have in your preparation for participation in a psychology research experience? That is, where do you need further mentoring and how would you like to grow through this experience?

Grades:

What is your overall GPA so far in college? What is your major GPA (if applicable)?

What grades have you received in psychology and laboratory-based classes? (May name courses of particular relevance to the faculty advisor's research)

Future plans:

What do you see yourself doing immediately after college? Ten years after graduation?

To what extent do you imagine applying your undergraduate research experience? For example, do you anticipate going to graduate school in psychology or a related field?

Interests:

Please tell me a little about your interest in my research and/or in psychology research in general.

What college classes have you enjoyed the most? The least? Why?

What co/extra-curricular experiences are you currently involved in?

Personal characteristics:

How would your professors describe you?

What are your academic and interpersonal strengths?

In what ways do you wish to grow both academically and interpersonally?

Lab-based experiences require a fair amount of initiative and autonomy, as well as good teamwork skills. How organized and responsible are you? How well do you work with others? How is your attention to detail? Please give examples and evidence (from projects you've worked on, jobs you've held, etc.)

Other materials you might request:

Transcript, Resume or CV, Letters of Recommendation, Writing Sample (perhaps an APA-style empirical paper)

Note. These are examples of questions we use in recruiting research team members. Some may represent "criteria" for being a part of a research team; others may simply serve as background information.

cially if you are recruiting first- or second-year students), and it may make sense to wait until students are further along in their coursework. For example, your confidence in a student's potential success as a research collaborator will be greater after you observe his or her performance in classes such as statistics and research methods. And sometimes you will be spared the work of "finding" student collaborators because they find you first. This may be the case when students approach you to supervise their honors theses or independent

studies. Word-of-mouth from students already engaged in research also may lead you to new research assistants.

Structuring the Research Experience

Once you have decided to begin a collaboration with one or more undergraduates, how should you organize the research experience for them? Successful models for undergraduate research in psychology take many forms, and for concrete guidance across a wide range of institutional contexts and scholarly foci, we recommend

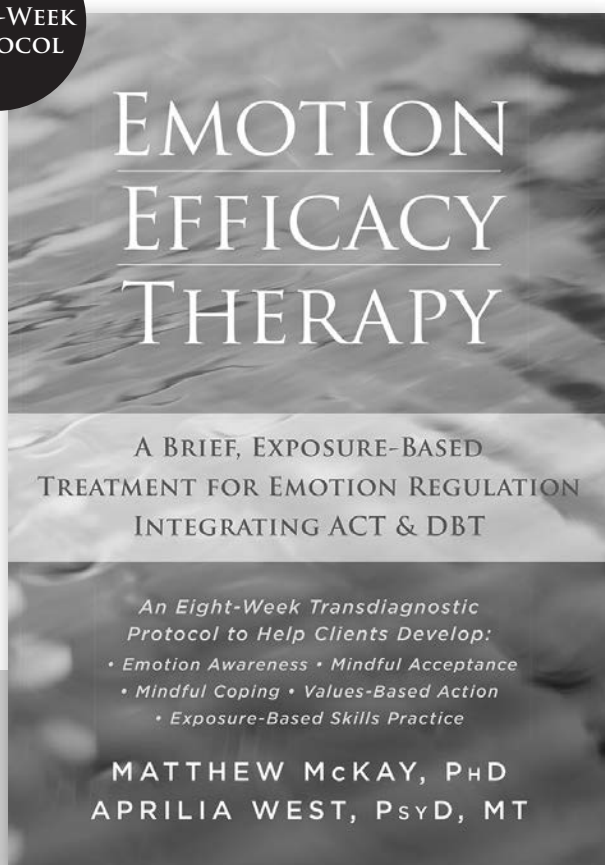
Miller, Rycek, and colleagues' 2008 edited e-book, *Developing, Promoting, and Sustaining the Undergraduate Research Experience in Psychology* (<http://teachpsych.org/Resources/Documents/ebooks/ur2008.pdf>). A common model is to create a one-on-one mentoring relationship with a student who is working on his or her honors (or senior) thesis or independent study. Institutions differ in how they allocate credit (for the faculty mentor as well as for the student) for such activities. Some may have organized, classroom-based experiences for thesis students. Other institutions may view supervision of student theses as part of the faculty member's advising or service duties. Although it is important to work within the structure of your own department's norms, a one-on-one mentoring relationship benefits from clear expectations about issues such as the extent to which the student's topic should be related to your own expertise, key deadlines (e.g., the timing of Institutional Review Board approval), and plans for eventual authorship of presentations and papers. Some institutions preclude a team-based approach to student theses in order to maintain the "independent" nature of the student's work, but if the situation allows, consider recruiting one or two more junior students to assist with some part of this work (e.g., data collection).

We believe it is important to impart to students the reality that psychological research is typically done in collaboration with others. Indeed, students are more likely to hit the ground running on a thesis if they are able to draw on the experiences they had of assisting one of their peers in research. Similarly, students who decide to do a thesis after conducting research as part of a team may have clearer expectations about the process and are better able to be autonomous (or nearly autonomous) with respect to conducting their thesis research. For example, one of us mentored a student who had served on a research team previously and who, for her thesis, decided to conduct a mediational analysis. She independently determined which analysis approach was appropriate, conducted and interpreted the data, and (to the surprise and delight of her thesis director) arrived at the next advising meeting with her results in hand.

The one-on-one mentoring experience can result in a number of benefits for the student and his or her advisor, yet many of us also look for opportunities to have a greater number of students working collaboratively on our own lines of research. In

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Table 2. Potential Structure of a Three-Person Research Team

Role	Team Assistant	Team Associate	Team Leader
<i>Time Commitment</i>	8-10 hours/week	8-10 hours/week	12-14 hours/week
<i>Class Standing</i>	First year & sophomores new to psychology	Advanced sophomore, junior & senior psychology students	Senior psychology students who are veteran lab members
<i>Tasks</i>	<ul style="list-style-type: none"> - Attend weekly lab & team meetings - Become trained in how to conduct literature searches, design surveys, & run experiments - Read relevant background literature - Assist in design of experimental materials - Help run experiments - Present research to lab - Assist with conference presentation preparation 	<ul style="list-style-type: none"> - Attend weekly lab & team meetings - Mentor team assistant - Collect and read relevant background literature - Design experimental materials - Run experiments - Assist with IRB applications & data analysis - Present research to lab - Assist with conference presentation preparation 	<ul style="list-style-type: none"> - Attend weekly lab, team, supervisory, & leadership meetings - Mentor assistant & associate; integrate team members' efforts - Organize & oversee daily operations: choice of background literature, experimental design, IRB applications, data collection & analysis - Present research to lab - Lead conference presentation preparation - Assist mentor with manuscript writing

Note. From Detweiler-Bedell, J. B., Detweiler-Bedell, B., & Eldred-Skemp, N. (Spring 2010). Establishing the flow of collaborative research. *Eye on Psi Chi*, 18-22. Used with permission.

addition, many eager students may wish to conduct research with you, and if your institution does not give credit for supervising multiple students' independent studies, it may be too cumbersome to start numerous separate projects and meet individually with each research student weekly. So how can researchers best incorporate a larger number of undergraduates into a research lab environment?

In order to best capitalize on students' energy, creativity, and time, we recommend envisioning a team-based structure for your research lab and introducing this structure to new recruits during the application process. We are fortunate that psychological research is rarely done in isolation, as there are many benefits to well-designed team-based collaborations.¹ For a group to make productive and coordinated progress toward an outcome, we

recommend having one or more teams of approximately three students each. A team of three is less prone to diffusion of responsibility, yet it contains the critical mass necessary for the students to cultivate a shared vision and collective ownership of the research program.² One model that lends itself particularly well to supporting the longevity of a project is one in which more junior students are grouped with experienced peers (Detweiler-Bedell & Detweiler-Bedell, 2004; 2007). This approach involves intentionally creating a team of undergraduate researchers, where a student new to psychology (the team assistant) is grouped with a mid-level psychology major (the team associate) and a research team leader (a senior psychology major with past experience in the faculty advisor's research lab). This type of laddered, team-based model allows the team leader to mentor the less experienced students, and it creates an opportunity for continuity in the lab over time. Many team assistants continue to be active in the research lab year-to-year, and they can advance to the team associate role and (in their senior year) the team leader position. In some cases, the faculty mentor may wish to communicate concrete expectations about the responsibilities associated with each student's role in advance; an example of how the various duties are described in one of our labs can be found in Table 2 (from Detweiler-Bedell, Detweiler-Bedell & Eldred-Skemp, 2010). In other cases, it may be useful for the faculty mentor to see which students gravitate toward particular tasks and to allow more fluidity in roles, thus ensuring that the mentor's own expectations do not limit students in their activities or in their sense of ownership of the projects.

We find that the laddered team model (that is, grouping more junior students with experienced peers) adds a number of efficiencies for the faculty advisor as well. The advisor can spend the bulk of his or her time mentoring the senior student, who in turn shares this knowledge and expertise with the other members of the team. We have found that having half-a-dozen students in the lab feels unwieldy if the burden of mentoring lies solely on the shoulders of the faculty advisor. But if the mentoring responsibility is shared with one or two senior students, the productivity of the lab increases without a proportional increase of time on the part of the advisor. Of course, it is not always possible to structure the research team so that it has an advanced student supervising the work of one or

¹In addition to the pragmatic benefits mentioned here, the authors wish to note that they often find these group collaborations to be a tremendous amount of fun, involving a great deal of laughter and camaraderie.

²For an extensive discussion of team-based research with psychology undergraduates, we refer you to Detweiler-Bedell & Detweiler-Bedell's (2013) book, *Doing Collaborative Research in Psychology: A Team-Based Guide*.

more junior students. The benefits of peer-to-peer mentoring also are realized in teams where seniority is held constant but specific expertise is variable. For example, one student researcher may have greater confidence in statistical analyses or design whereas another is especially adept at organization and attention to detail. No matter the structure you choose, be aware that what works best may change as student populations shift, as the needs of your project evolve, and as your own experience in mentoring develops.³

Involving Students in Every Phase of the Research Project

Just as methods of structuring a research lab vary from one mentor to another, so too do the expectations about the research process itself vary from one student to another. Oftentimes undergraduates think “doing research” means collecting data from participants in the research lab. As a result, some faculty (especially newer ones) may feel pressured to have studies in the data collection phase before taking on students. Although lab-based

data collection is certainly a valuable experience, undergraduate students can be involved in multiple phases of most types of research projects. It is up to the mentor to structure these experiences and to communicate the importance of each phase to their students. For example, undergraduate collaborators can conduct literature searches, create annotated bibliographies, and manage references. They can be involved in the development of the research questions, the selection of relevant measures, and the preparation of documents for Institutional Review Board review. They can collect pilot data in the lab, even if the final version of the study will be conducted online. In addition, they can help manage participant databases and online surveys.

In some cases the faculty mentor may spend a great deal of time training a cohort

of undergraduate assistants to code participant data or to conduct diagnostic interviews with a clinical sample. For certain types of research projects, however, it may not be appropriate for undergraduate students to interact directly with participants (e.g., they may not have the training necessary to assess the severity of self-injurious behaviors). However, there are other ways they can be involved in the data collection phase of clinically relevant projects. Undergraduate students can prepare materials, schedule participants, enter, manage, and clean data, and conduct some of the initial analyses in collaboration with you (or a graduate student or postdoc, if you have one). Finally, undergraduate students can write poster abstracts and draft portions of the manuscript (such as the methods sections, which can be done during or even before data collection). You may find that

³ Although a detailed discussion of best practices in creating and supporting research teams is beyond the scope of this paper, cultivation of interpersonal skills and diversification of team membership are critical; both factors are positively related to the productivity and quality of a team’s work (see Cheruvelil et al., 2014, for a review).



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mentoring your undergraduates in the “reporting” phase of research takes more work for you than writing the manuscript or drafting the poster abstract yourself; however, this type of close mentoring is enormously valuable to students. If contributing to the manuscript appears out of reach for them (or if timing is tight), you might draft the documents yourself and then ask research students for feedback as a way of involving them in the process and gaining valuable input on your work. Be careful about assuming something is out of reach, though—you may be surprised at what your undergraduates can do when given the opportunity.

Because students may view some phases of research to be less exciting than others, we suggest making explicit why and how each of these phases is a critical part of the process. We typically encourage students to stay on a research team for more than one semester (or year). A multise­mester experience can allow them to be there for numerous phases of the project. In addition, having students participate for more than one semester is good for the maintenance of the team, especially if you adopt a model where advanced students mentor their more junior team members. That said, students inevitably come and go in a research team (studying abroad, graduating), and their tenure on the team may not span all phases of the project. It may be in your best interest (as well as that of the students) to have multiple projects (or sub-projects) going at once, reflecting more than one stage of the research process. Doing so allows you to make good use of time when, for example, a manuscript is under review. It also makes it more likely that there will be undergraduate-appropriate tasks at any given moment. Admittedly, there is a trade-off between the number of studies undertaken at one time and the rate of progress on any given project, but this too becomes an issue of balance.

One question many mentors grapple with is the extent to which student collaborators should serve as co-authors on presentations and publications. An undergraduate’s research experience is made more impactful by virtue of having presented and published peer-reviewed work (Anderson et al., 2015), but depending on students’ roles and contributions, it may or may not be appropriate to include them as co-authors. The nature and extent of a particular student’s involvement in a project can vary widely, and in keeping with the standards of the APA (2009), students should be granted authorship if they make

“substantial contributions” to the project. This does not necessarily mean students need to have generated the research question or even contributed to study design (though maybe they did!). Substantive contributions can be made in all phases of the research project, including interpreting and reporting results. In practice, it is often the case that authorship on posters is handled somewhat more liberally than authorship on papers. Importantly, your students may not know when they do or do not merit authorship; it is your job as a mentor to bring up the topic of authorship, and we recommend creating an agreement in advance, which will make clear the criteria for authorship (see Table 3 for an example “lab policy agreement” from one of our research labs). Staying true to these criteria also may help you strike a balance between, on the one hand, granting authorship to everyone who sets foot in your lab, and, on the other hand, violating ethical standards by not giving authorship to students whose work merits it, simply because they never asked.

Identifying and Overcoming Challenges

Involving undergraduates in research is not without its challenges. Most of us look to research assistants to help us become more efficient and productive in our scholarly pursuits. With this comes the hope that having student collaborators will somehow reduce the amount of time we spend on our research, allowing us to clear out the email inbox, spend time with family, or learn to scuba dive. But alas, truly involving undergraduates in research means mentoring, and mentoring well means putting in more (rather than less) time—especially at first. Students’ levels of expertise and commitment to research vary, and those who lack experience in the field can demand a greater amount of time from their mentors. Faculty who do not routinely collaborate with undergraduates may find it particularly difficult to imagine how to involve them in research without lengthy training periods, introductions to the field and literature, and explanations of jargon. While there may indeed be some time investment in getting less-experienced researchers up to speed, you will likely find that this gets easier as you adjust to their knowledge levels and develop efficient ways of training and orienting new research students. Additionally, less experienced students often bring unexpected gifts. Undergraduates who are not yet

immersed in the field may see things in new ways, bringing common sense into the room by questioning long-standing assumptions that may need a fresh look. They may identify potential confounds, appropriately question the validity of a measure, wonder about implications outside of the laboratory, or generate alternative explanations for findings you previously believed to be valid. These moments can help students feel more ownership over the research, be energizing and inspiring for mentors, and enrich the field in important ways.

To address the challenge of time, we suggest that you set up a system that encourages peer-to-peer mentoring. One way to do this is to adopt a team-based model like the one we described earlier. Particularly when you have more senior students working alongside their less experienced peers, the mentoring burden does not rest on your shoulders alone. Yes, you will want to carefully mentor the senior team leader, but efficiencies are gained through the time and attention the leader devotes to the remainder of the research team. If your institution has master’s-level students, you may want to conceptualize the research team in a different way. You can serve as the primary mentor to the master’s-level student, who in turn would be the primary supervisor of the undergraduate researchers.

Efficiencies in the use of time also can be realized by aligning goals across multiple professional domains. For some of us, this may mean collecting data in our clinical practice, and for others, it may mean using a classroom project as a way to advance a line of research. For example, your curriculum might allow for novel data collection to occur during a laboratory class. Or you may move your research forward by having a class work on analyzing qualitative data from one of your projects. In addition, your research productivity can be enhanced by maintaining or developing collaborations with researchers at different institutions. These relationships can be mutually beneficial by allowing for multiple data collection sites and opportunities to tap into resources or populations that you may not be able to access at your own institution. At times we directly involve our undergraduate students in these cross-campus collaborations. We have found that our students rise to the challenge of communicating with faculty and graduate students at other institutions; indeed, going beyond the “bubble” of one’s home institu-

tion is an important part of a student's research training.

Often researchers look to the summer as a particularly good time to advance their research with undergraduates. Whereas academic-year research is the norm at many institutions (where students actively seek research opportunities for course credit or as a co-curricular experience), at other institutions the teaching and service expectations for faculty are extensive. In contexts such as these, having a robust research lab during the academic year is very challenging. Summer is an excellent time to move forward a research project, yet even among our three institutions we have found there is variability in opportunities for undergraduates to conduct research over the summer. If opportunities for grant-funded summer research exist, this can be a highly productive time. Students are less distracted by course work, jobs, and extracurricular commitments, so they can devote much more time and energy than they can during the academic year. Useful information about sources of funding (including summer funding for undergraduates) can be found from a variety of online sources, including the APA (<http://www.apa.org/about/awards/>) and the Social Psychology Network (<https://www.socialpsychology.org/funding.htm>). If you do not have the opportunity to collaborate with undergraduates during the summer but would like to use this time to advance your scholarship, then we suggest using the summer for data analysis and writing. Yes, there is the occasional student who can be very helpful in these tasks, but more often, you will be most productive by taking on this phase of the research process with more experienced research collaborators.

As you consider how best to incorporate undergraduates into your research laboratory, it is important to be aware of ethical challenges that may arise in these relationships. First, as a research mentor, you have an ethical obligation to provide your undergraduate research students with an experience that enhances their knowledge of science and the research process. They cannot simply be "work horses" who spend hours entering data without opportunities to understand the data they are working with on a higher level. It's also necessary for the mentor to model appropriate ethical behavior to their undergraduate researchers by discussing expectations about their role in the project, the means by which they will receive feedback, and what, if anything, would constitute authorship or

Table 3. Sample Lab Policy Agreement

Policy Agreement

To foster a successful, productive, and ethical research experience, we have developed the following set of policies for all student members of our research teams. They include:

- *Ethical Obligations.* All team members are required to follow the American Psychological Association's (APA) guidelines pertaining to the participation of human subjects in psychological research. This includes, but is not limited to, using only research materials that have been approved by the appropriate human subjects committee, securing informed and free consent from all study participants, and keeping participants' identities and data strictly confidential. In addition, team members agree to have all research materials and procedures approved by one of the faculty advisors prior to implementation. Finally, team members agree to follow APA guidelines in properly citing the work of others. Academic integrity is an essential part of the research process. Plagiarism or the deliberate misrepresentation of any information or data is unacceptable.
- *Authorship Expectations.* On poster presentations, the faculty advisors and all active team members will be listed as co-authors. Other scholarly works (i.e., journal articles, book chapters, etc.) generally will be co-authored by the faculty advisors and team leader. In some instances, at the discretion of the faculty advisors, a team associate may also be listed as a co-author of these works. Order of authorship will be determined by level of involvement in the project at the discretion of the faculty advisors. Students will not necessarily be listed as authors on projects completed or arising after the student ceases to be an active member of the lab. Research associates and assistants not included as authors will be thanked in these works.
- *Team Responsibilities.* Team members are expected to carry out all of their obligations as described above. These obligations include regularly attending collaborative research meetings and activities as well as consistently carrying out individual work assigned by the team. Students not upholding their obligations or failing to abide by these policies will be asked to step down from their positions, and replacements will be made by the faculty advisors.

Note. This is the policy agreement used by the Behavioral Health and Social Psychology research lab (http://college.lclark.edu/labs/behavioral_health_and_social_psychology/team_model/). All students discuss the policy with their faculty advisors and formally sign it prior to joining the lab.

recognition on a conference presentation or manuscript. It is often required, either by the IRB or funding agency, that research students complete an NIH ethics training (<https://crt.nihtraining.com/login.php>) so they can understand the importance of confidentiality and protecting participants from any unnecessary harm. There are unique challenges that undergraduate researchers face when the research participants are their own peers. Undergraduates must be cognizant of and well trained in what information they can share with friends regarding the study, so as not to reveal information that could affect outcomes of the study or violate the confidentiality of student participants. The research mentor should address these and other potential ethical challenges prior to launching a study.

Finally, there are challenges inherent to clinically relevant research that may limit our ability to involve undergraduates in every aspect of the project. Working with clinical populations can require a certain

level of training or expertise that is not available (or appropriate) for undergraduate students. Some granting agencies and institutional review boards may fail to support proposals that rely too heavily on undergraduate student researchers. It is worth noting, however, that some grants are designed specifically for research that incorporates undergraduates, such as the NIH AREA (R15) grants (<http://grants.nih.gov/grants/funding/area.htm>) and the NSF's Research in Undergraduate Institutions grants (https://www.nsf.gov/funding/pgm_summ.jsp?pims_id=5518). We also have found that if the scope of a particular line of research is broad, it is always possible to find some aspect of the project that could mobilize the energies and interests of an undergraduate. For instance, even though undergraduate researchers are generally not able to provide a psychotherapeutic intervention, they could be trained to conduct a structured clinical interview or to deliver specific subtests from standardized cognitive tests. Bringing a clini-

cally relevant question into the more controlled setting of the research laboratory is another way to directly engage undergraduate collaborators.

Discussion

In this paper we discussed the benefits of collaborative faculty-student research for the undergraduate and the mentor, potential methods of recruiting and organizing undergraduate researchers, and some of the challenges and opportunities that come from these efforts. Long-time volunteer with the Council on Undergraduate Research, Dr. MaryAnn Baenninger describes undergraduate research as “a well-developed, well-understood, well-integrated, and essential component of a quality college education” (in Hensel, 2012, p. 1). We couldn’t agree more, but at the same time, we fully appreciate that the mentoring process involves a tremendous commitment on the part of the faculty advisor and the institution. This commitment brings about rewards that go beyond added research productivity, beyond recognition of one’s own work, and beyond even the joy of teaching. The reward is one that is hard to capture in words, yet we asked some faculty colleagues to do just that.

When asked to describe one of the greatest rewards of working with undergraduates in research, Professor Casey Schofield (Skidmore College) recounts that one of her students not only received the recognition and praise of other researchers when presenting at professional conferences, but also found the process of presenting to be “really fun.” Professor Schofield says, “As someone who found presenting research much more intimidating than fun at that stage of my training, I was both impressed and proud!” Professor Laura Sockol of Davidson College describes it as “so rewarding to see ‘science’ and ‘stats’ go from something that felt frightening and overwhelming to a tool that [my] students felt confident and competent to use to do things they wanted to do. It is a privilege to watch them go through this process.” Being both observers of and partners with students on their journey as researchers is a common theme. At Lafayette College, Professor Jamila Bookwala says that “being witness to and having played a role in [a student’s] growth and development as a scholar and writer” is one of her greatest rewards. Finally, Professor Laura Knouse at the University of Richmond captures what it felt

like to see one of her undergraduate researchers transform “from a student into a colleague.” She explains, “this really hit home for me when I watched her give a talk in our department and present a poster to the University community. In those moments, she demonstrated her ownership of the work, conveying her ideas articulately and thoughtfully, with passion and poise.”

Ultimately, we believe selecting and training undergraduates as collaborators is extremely beneficial for all of us. Yes, the learning outcomes for the students are tremendous. Yes, you might just help shape the trajectory of the student’s career in psychology well beyond college. Also important, you might help some students recognize sooner rather than later that psychological research isn’t their passion. But they too will have benefitted from the experience of learning and working with you, and they are likely to be far more discerning consumers of research after college. And beyond these benefits are the many ways in which you, the mentor, will thrive. In the words of Professor Knouse, “One of the key mentors in my life always encouraged me to ‘pay it forward’ to younger trainees, and I’ve found when you do that, the rewards come back to you in ways more fulfilling than you could have anticipated.” Undergraduate collaborators bring energy and insight as they help you advance research in the field, and your mentoring will help grow a new generation of thinkers who are positioned extremely well for a future both within and outside of the psychological sciences.

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INSTITUTIONAL SETTINGS

Adapting Evidence-Based Trauma Treatment for Incarcerated Women: A Model for Implementing Exposure-Based Group Therapy and Considerations for Practitioners

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IT IS A CONSTITUTIONAL RIGHT to receive health treatment, including mental health treatment, while incarcerated. Moreover, research shows that incarcerated women want to receive mental health treatment, and that they are more likely to receive treatment while in prison, where there are fewer barriers, compared to while in the community (Blitz, Wolff, & Paap, 2006). Trauma-informed services are especially important due to the high rates of traumatic event exposure, and in particular childhood sexual abuse and sexual assault, evidenced among incarcerated women (Cook, Smith, Tusher, & Raiford, 2005; McDaniel-Wilson & Belknap, 2008). Indeed, posttraumatic stress symptoms are

associated with an increased risk of recidivism (Sadeh & McNeil, 2015). It is thus problematic that, while incarcerated women represent a demographic that has a great need for mental health services, they remain underserved. However, prison is a unique setting in which to deliver mental health treatment and, therefore, while there is ample evidence supporting feasibility and effectiveness of cognitive behavioral treatments in correctional facilities, adaptations to evidence-based treatments are also warranted.

The purpose of this paper is to discuss considerations for mental health professionals interested in providing trauma treatments to incarcerated women, and to

provide an illustrative model of how our group has adapted an evidence-based trauma treatment for implementation in a community corrections center. We first provide a brief review of the literature on common psychological concerns among incarcerated women. Next, we review considerations for clinicians who are aiming to adapt an evidence-based trauma-focused psychotherapy for implementation in the prison setting. Finally, we offer a description of a group treatment based on an adaptation of exposure therapy to address sexual violence victimization experiences among incarcerated women as an illustrative example of the considerations addressed herein. This research group has been implementing and evaluating the treatment successfully since the beginning of 2012 (Karlsson, Bridges, Bell, & Petretic, 2014; Karlsson, Zielinski, & Bridges, 2015).

Mental Health and Sexual Violence Among Incarcerated Women

The number of women prisoners has dramatically increased in the years following the war on drugs. From 1977 to 2004, the number of women prisoners with sentences of 1 year or more grew by 757%, nearly double the rate of growth in the number of incarcerated men (Frost, Greene, & Pranis, 2006). Across sexes, individuals who become incarcerated evidence high rates of mental disorders. Two large studies examining nationally representative samples of incarcerated women found

that 64% to 81% of the women met criteria for at least one lifetime mental disorder, while 46% to 70% met criteria currently (Jordan, Schlenger, Fairbank, & Caddell, 1996; Teplin, Abram, & McClelland, 1996). Posttraumatic stress disorder was one of the most common diagnoses (Teplin et al.), with major depressive disorder, substance use disorder, and antisocial personality disorder also evidencing high rates (Jordan et al., 1996; Teplin et al., 1996). Importantly, exposure to traumatic events, such as sexual assaults, that are associated with a particularly high risk of PTSD development in women are highly prevalent among incarcerated women. Studies suggest that over half of female prisoners have been sexually assaulted during their lifetime (i.e., 55%-70%; Abrams, Etkind, Burke, & Cram, 2008; Blackburn, Mullings, & Marquart, 2008; McDaniels-Wilson & Belknap, 2008). Moreover, researchers have suggested that sexual victimization is a pathway to prison that is specific to women (Browne, Miller, & Maguin, 1999).

Considerations for Practitioners

Taken together, mental health services tailored for implementation with incarcerated women—especially those that address traumatic event exposure—are sorely needed. The availability of mental health care in prisons is limited relative to the needs of this population (Abbelbaum, 2011). However, many facilities have volunteer programs through which it is possible for outside providers to offer services, thus providing one avenue to reduce the gap between service need and availability. With this model in mind, we provide (based on our experience) eight considerations that providers interested in developing or adapting therapies for use among incarcerated women should consider during treatment development.

Consideration 1: Population and Facility Characteristics

Just as understanding culture and diversity are integral tenets of psychotherapy in the community, practitioners working within the correctional setting should consider the facets of culture and diversity relevant to the residents, staff, and climate of the particular facility. Practitioners will want to consult with facility staff to better understand the demographic characteristics of individuals served, as well as their values. For example, the majority of incarcerated women are mothers of at least one child (Bloom, Owen, & Covington, 2004;

Lewis, 2006), making issues related to parenting, custody, and an intergenerational cycle of violence likely to surface in the context of mental health treatment. Regarding education level, analyses of data from the Bureau of Justice found that 40% of incarcerated women have not completed high school or the General Education Development (GED; Harlow, 2003). Treatment materials and assessment instruments thus need to be adapted or selected with an appropriate reading level in mind. Also, religiosity might influence women's treatment preferences and meaning-making of traumatic experiences, as well as staff members' attitudes toward treatment approaches.

One system-level characteristic to consider is the type of facility. For instance, jail populations are typically more transient and include individuals who are both pre- and postconviction. Prisons have different security levels and may house violent or nonviolent offenders; each of these factors may be associated with individual rules and regulations.

Consideration 2: Prison Rules and Regulations

Beyond these broad considerations, facility rules and regulations are extremely important to consider, as these will limit what treatment strategies are possible to implement. For example, while exposure therapy (e.g., Prolonged Exposure; PE; Foa, Hembree, & Rothbaum, 2007) typically involves in vivo exposure to trauma triggers, these types of exercises are not particularly feasible in a correctional setting. Practitioners will want to clarify what types of materials are acceptable to bring into the facility (e.g., electronic media, pens for writing in session or completing outcome measures) and what types of materials can be left with residents (e.g., can you provide handouts?). Given the additional safety precautions necessary in correctional facilities, it is our experience that group leaders will likely operate without many of the tools we typically are able to incorporate into groups in the community. Thus, creatively approaching how to preserve the core elements of effective treatment

processes is a necessary aspect of adapting trauma treatments for use in correctional facilities (e.g., establishing the satisfactoriness of psychoeducation about trauma processes and treatment rationale verbally if handouts/assignments cannot be provided).

There are also matters of protocol. For example, what are leaders to do if someone gets up and leaves or becomes highly aggressive during session? Are leaders able to follow and attempt alert staff, or to let the resident return to his/her room? Does the facility allow leaders to spend extra time with residents beyond allotted session time if clinically indicated or will staying over time result in sanctions? Given the high level of emotion present during trauma-focused treatment, this consideration, as well as learning about policy surrounding facility interventions for suicide ideation or intent, is necessary for leaders to clarify prior to starting treatment.

Consideration 3: Treatment Model

From the start, practitioners will want to consider the treatment model under which they will operate. In correctional settings, where access to mental health services is typically limited, leaders will want to consider how to maximize the impact of offering treatment. For example, limiting session duration and treatment length might be one way to be able to offer treatment to more individuals in need without expanding the group size—especially when the time frame possible to implement interventions is limited (i.e., short sentences).

Also embedded in the treatment model consideration is the selection of therapy modality (i.e., group vs. individual treatment). We focus on implementation of group therapy, as this is often the most feasible option for correctional settings.¹ Clearly, one major benefit to the group modality is that it allows practitioners to maximize the number of individuals who are able to receive treatment (i.e., 1 to 2 leaders can treat a group of women in the time that only 1 to 2 individuals could receive individual therapy). However, there are some important potential benefits to

¹With this in mind, it is important to consider that research suggests that individually administered trauma treatments have a greater effect than group therapies, at least with respect to decreases in PTSD symptoms (Sloan, Feinstein, Gallagher, Beck, & Keane, 2013). Evidence-based options for individual treatment are largely cognitive behavioral, and include treatments such as Cognitive Processing Therapy (Resick & Schnicke, 1993) and Prolonged Exposure (Foa et al., 2007). See also <http://www.istss.org/treating-trauma/effective-treatments-for-ptsd,-2nd-edition.aspx> for additional options.

group treatment beyond maximizing resources. Group interventions can provide powerful normalization of members' experiences (Sloan, Bovin, & Schnurr, 2012). If narration of trauma memories is a group treatment component, members have an opportunity to experience a variety of other people responding acceptingly to traumatic event disclosure, counter to the many invalidating and blaming experiences that women receive in other contexts (cf. Ullman, 2003). Moreover, listening to others' trauma narratives may serve an exposure exercise and provide opportunities for habituation without having to repeatedly share one's own story. Given that incarcerated women are more likely to receive treatment while incarcerated than in the community (Blitz et al., 2006), providing access to this important treatment mechanism is especially important (i.e., exposure for trauma; Foa et al., 2007). Women also have the opportunity to practice social interaction and providing support in a context wherein corrective or validating feedback can be provided, thereby potentially addressing social struggles and shame responses that are sometimes associated with complex PTSD (Cloitre, Cohen, & Koenen, 2006; Foy & Larson, 2006). For incarcerated women, these skills are absolutely essential for successful community reintegration (e.g., gaining and maintaining employment) and for adaptive functioning in the group living environment that incarceration requires. Of note, empirically supported options for group-based trauma treatment are currently limited, and data are especially limited among incarcerated women. Beyond content, relevant considerations include whether to offer an open or closed group and how to structure the group to protect confidentiality and to instill a sense of safety (the latter is discussed further in Consideration 7).

Consideration 4: Recruitment

Issues of recruitment for any group treatment can be reduced to two primary questions: "How?" and "Who?" will the group treatment recruit, as well as the interaction between these two questions (i.e., "How will we recruit the individuals for which this treatment is intended?"). To determine a recruitment strategy, leaders will want to consider how information is typically disseminated within the facility and perhaps take a multipronged approach to recruitment. For example, correctional facilities may have daily meetings during which the residents come together in part for the dissemination of information. Resi-

dents might also attend treatment planning meetings (possibility during facility orientation) or therapy sessions with individual counselors during which time a referral can be provided. Investing in building collegial relationships with facility staff members is also of utmost importance in fostering appropriate referrals. It has been our experience, however, that more informal routes of referral are also helpful. For example, previous therapy group members might be invited to tell other women about the group treatment and their experiences with it if they are comfortable.

No matter how formalized routes of recruitment are approached, leaders should anticipate the need to provide education to residents and staff regarding the nature of trauma and its treatment. Given the high prevalence of myths about trauma in lay populations (e.g., that there are no efficacious treatments for trauma; that talking about the trauma will retraumatize the person), leaders want to instill hope for recovery from the very start of their interactions with potential group members. Tenets of evidence-based trauma treatments, such as approaching the painful memories and choosing to talk about trauma, can be counterintuitive and not in line with cultural beliefs to "forgive and forget" or to "just not think about it." However, once the treatment rationale is understood, residents and staff can be your biggest advocates. In our experience, the reputation of the treatment program also builds over time, despite that women are frequently transitioning in and out of the facility.

Careful thought is needed when determining which individuals will be recruited for treatment participation. For example, leaders will need to decide whether to recruit women with certain trauma histories or diagnoses, and if a specific presentation is desired, how to go about screening individuals for appropriateness. Given evidence for multifinality following trauma exposure (Bonanno, 2004; Shalev et al., 1998) and in combination with system limitations on mental health resource availability, we believe it is beneficial to utilize less stringent participant limitations in correctional settings than is standard in many community settings. However, limiting to particular trauma types prevalent among incarcerated women (e.g., sexual violence) allows the treatment to be tailored more to participants' experiences than would be possible if the group targets multiple trauma types, and may provide a closer analog to the treatment typically offered

during individual treatment. On the other hand, research has found that there are commonalities in symptom patterns following exposure to different traumatic experiences, suggesting that these divisions might not be necessary. Foy and Larson's (2006) work on group therapies asserted that the primary prerequisites suggesting appropriateness for intensive trauma work are (a) psychological symptoms related to the trauma, (b) stable living circumstances, and (c) ability to tolerate intense negative affect. Given the stability that correctional settings provide, leaders should be most concerned with communicating the first and third criteria to potential group members.

Consideration 5: Lack of Freedom

Incarcerated women are considered a vulnerable population by research ethics boards (Eldridge, Johnson, Brems, & Corey, 2011) and clinical treatment approaches benefit from extra consideration for the limited rights and lack of freedom that are relevant to incarcerated women. However, there are both pros and cons to the opportunity to provide mental health treatment in the correctional setting. One major benefit is that incarceration provides a buffer against women's ability to use substances, thereby allowing practitioners to provide trauma treatment in a setting where there is a lower risk of women using substances to cope with trauma processing. Further, this setting provides round-the-clock monitoring (i.e., a factor that helps protect against self-harm) and is somewhat protective against avoidance compared to outpatient treatment (i.e., women are already at the site where treatment is being offered, similar to inpatient treatment).

However, the lack of privacy and alone time in correctional settings presents a special challenge for implementing trauma treatments. Empirically supported trauma treatments typically require a variety of out-of-session written assignments, including written accounts of material related to intimate details of the trauma itself. These assignments often encourage emotional activation, and women who are incarcerated may not have the needed privacy to experience these emotions. Moreover, emotional activation might be problematic given that there are limited options for women to use for coping and that there are more severe consequences for acting on high arousal states than are typical in the communities. For example, women in the

community can cry and scream, and can choose to walk away from a stressor; this same behavior might result in a disciplinary action in the correctional setting, where low-disruption behavior is understandably valued. Taking into account the pros and the cons of group trauma treatment in a correctional setting, we believe that keeping these groups voluntary is of utmost importance, a consideration discussed further with regard to establishing trust, safety, and power.

Consideration 6: Establishing Trust, Safety, and Autonomy/Power

Extant literature suggests that many interpersonal trauma survivors tend to experience difficulties with trust, safety, power and control, intimacy, and esteem (McCann, Sakheim, & Abrahamson, 1988). These core issues are attended to in many trauma treatments delivered individually (e.g., Cognitive Processing Therapy has modules devoted to each “theme;” CPT; Resick & Schnicke, 1993). We believe attending to these processes is critical for trauma work to be effective when delivered in a group setting.

To build an atmosphere of emotional safety and trust, several key processes are important: confidentiality, clear rules and expectations, and emphasizing the voluntariness of the group. Preserving confidentiality in trauma-focused group work is paramount, and group leaders should communicate and model that they take confidentiality very seriously. In correctional settings, confidentiality will need to be addressed both with group participants and with leaders and staff. Within the group, leaders want to discuss limits to confidentiality on the part of the leaders and also clarify what constitutes a breach of confidentiality on the part of participants. Because group members will be residing within the same facility, confidentiality is a more delicate topic than in other settings as women are very likely to be in contact outside of group. For example, will asking another resident if she is going to group in the hallway going to be considered a breach of confidentiality? Or even just asking how someone is doing? Arguably, both of these statements could communicate to others within earshot that both women are enrolled in the group, thereby breaching confidentiality. Leaders will also need to familiarize themselves with the Prison Rape Elimination Act (PREA, 2003), as this is an additional limit to confidentiality beyond the limits in traditional clinical settings. With facility staff, group leaders will

want to work to keep the enrollment of group members as private as possible given facility limitations. For example, leaders will want to negotiate how women will request to enroll and/or be notified of enrollment in a private way.

Establishing clear rules and expectations for group participation while also highlighting voluntariness of treatment will further help to establish trust and safety, as well as foster a sense of individual autonomy (i.e., power and control). If sharing memories or exposure to traumatic material is a group component, leaders will want to clearly specify this at the outset so that participants will be fully informed prior to consenting to treatment. Further, we believe that it is critical that group participation is voluntary, which includes voluntarily signing up for the group as well as voluntarily deciding to continue or discontinue the group at any point. This would also follow common recommendations for trauma-informed treatment (Substance Abuse and Mental Health Services Administration, 2015).

Consideration 7: Concurrent Programming

A reality of providing treatment in the correctional setting is that women will likely be involved in additional programming that may or may not be therapeutic in nature. Practitioners will likely have little control over this, yet want to consider outside treatment involvement when developing a trauma group and designing outcome measures. If group leaders are able, group members may benefit from leader suggestions regarding what other treatment options might make sense to pursue (or not pursue) concurrently.

Consideration 8: Therapist Training

Finally, a brief note on therapist training is warranted. Given the severity of the trauma that incarcerated women have often experienced, group leaders would benefit from having received formal training in working with individuals with significant interpersonal traumas prior to implementing trauma treatment in a correctional setting. Training in evidence-based approaches to trauma treatment and in group therapy more broadly will also equip leaders with the necessary wherewithal to respond appropriately to the variety of interpersonal dynamics that present during group trauma treatment.

Illustrative Example: Exposure-Based Group Therapy for Sexual Violence Victimization

The group treatment we developed was specifically designed to address common outcomes following sexual violence victimization among incarcerated women. The treatment protocol integrates aspects of PE (Foa et al., 2007) and CPT (Resick & Schnicke, 1993), including incorporation of psychoeducation about common outcomes of trauma, imaginal exposure exercises, and discussion about trauma themes addressed in CPT.² As such, all individuals who served as therapists for our group treatment had both clinical and research experience/exposure in the area of trauma, including with the evidence-based trauma treatments noted above. Most were also concurrently completing an externship at a local family violence shelter, and all received supervision from a licensed clinical psychologist (the third author) with extensive training in interpersonal violence (Consideration 8 – Therapist Training).

We established our treatment protocol at a minimum security prison that houses women who have been convicted of non-violent felonies. Residents are primarily non-Latina Whites that have multiple children and limited education. While much of the programming available at our facility was offered by religious groups, we found that facility staff were grateful for services offered by mental health providers as well (Consideration 1 – Population and Facility Characteristics). We formally recruited residents for the treatment via an announcement made at one of the twice-daily facility meetings approximately 2 weeks prior to the start of each group, but also received referrals from a variety of facility staff members and other residents. Ultimately, the emphasis was on allowing women to self-select into the treatment and the only requirements were (a) that the woman had experienced sexual trauma and (b) that she was struggling with emotions and/or difficulties in interpersonal functioning as a result (Consideration 4 – Recruitment).

Because of the substantial need for trauma treatment among incarcerated women, we endeavored to create a short-term treatment program delivered in a group format, and ultimately designed a protocol consisting of 8 sessions that were 90 minutes each. We decided to follow a

²See Karlsson et al. (2015) for more detailed description of the treatment protocol.

population impact model, or, in other words, a model that is based upon the premise that having even a smaller treatment effect on a larger group of individuals makes the community overall healthier than delivering the highest-impact treatment to only a few individuals with the same resources (e.g., Zatzick, Koepsell, & Rivara, 2009). Beyond the benefit of personally engaging in imaginal exposure, group members had the benefit of hearing others' stories, both serving as an addition to the "dose" of exposure offered by our treatment and as an opportunity to normalize these painful experiences. We also took advantage of the support that can be offered in a group modality by allowing for a feedback period immediately following each imaginal exposure. Feedback ensured that women had the opportunity to pair the experience of support, comfort, and appreciation through others' eyes with their personal experience of placing enough trust in other people to share their stories. Indeed, providing a chance to speak about the trauma aloud in a group of women who had experienced similar trauma was, by and large, the group component most frequently identified as helpful by women during termination feedback discussions (Consideration 3 – Treatment Model).

Beyond delivering components of evidence-based trauma therapies, our primary goals were to provide a safe space (i.e., one that was voluntary and confidential) that offered an opportunity to gain power and mastery over traumatic event memories and build trust in other people. We chose not to require any out-of-session assignments, though participants received handouts related to material covered in group. Further, when group members requested to do or spontaneously completed processing outside of session we were receptive; for example, at the request of one group we began offering instructions for an optional written reflection related to group members' experiences before, during, and after group. To promote individual autonomy, we allowed group members to have input into as many treatment decisions as possible while being clear about group expectations over which members did not have a choice. For example, though certain limits to confidentiality were nonnegotiable (e.g., PREA concerns), participants were provided the opportunity to set boundaries around other aspects of confidentiality (e.g., whether it would be okay to acknowledge one another outside of group) and select consequences for breaking confidentiality. Another example is that although

sharing was required, we highlighted that each person was able to choose when and how much to share, even if that might conflict with leader recommendations (e.g., to pick the most distressing memory). We also frequently reiterated the voluntary nature of the group, both to group members and to facility staff, and provided a number of options for women to meet with us individually to navigate considerations relevant to potential treatment dropout. At the same time, we also emphasized the importance of commitment toward establishing safety and trust within the group, and openly discussed times when dropout or missed sessions affected group dynamics. Given that trauma treatments can occasionally result in temporary symptom exacerbation (Foa, Zoellner, Feeny, Hembree, & Alvarez-Conrad, 2002) and that emotional activation in prisons is often problematic, we made sure to be explicit about this risk with participants and integrated coping strategies and check-ins into the treatment session to make sure that the treatment remained safe for the women enrolled (Consideration 5 – Lack of Freedom and Consideration 6 – Establishing Trust, Safety, and Autonomy/Power).

While attending our group treatment, nearly all residents were enrolled in concurrent programming. We had no control over any additional programming given our limited role at the facility, but still made an effort to check in with residents about programming related to our group informally and adjusted group content slightly in some cases to help manage emotions that have arisen from outside programming. For example, a local nonprofit organization focused on providing education about sexual assault and abuse provided programming once monthly on the same day that our group was scheduled for a period of time. On the days residents participated in this programming they would arrive to our group session (which were held in the evenings) significantly aroused. We would typically spend a portion of the dedicated check-in time processing reactions to earlier programming when this occurred and utilize a brief mindfulness exercise to redirect to the present moment prior to beginning planned session content (Consideration 7 – Concurrent Programming).

Ultimately, we have found that navigating facility rules and regulations has been an ongoing process, and therefore group leaders needed to be easily able to adapt to changes. Our treatment program was offered once per week; therefore, regular

communication with facility staff has been paramount in ensuring that we are following the most up-to-date policies. We instituted weekly check-in emails with the treatment coordinator at the facility to ensure that we were providing an open line of communication for which concerns that may arise in context of trauma-focused treatments could be discussed. These emails also served as a forum for requesting approval for therapy materials that we might want to distribute in an upcoming session (Consideration 2 – Prison Rules and Regulations).

Conclusion

Evidence-based trauma treatments are sorely needed in correctional facilities housing women. Due to the severity of the trauma histories among incarcerated women, providers working with this population should have prior experience in trauma treatment and carefully think through the many unique factors associated with doing treatment in prison. At the same time, we have found working with incarcerated women to be incredibly rewarding, and found that the women with whom we work are both highly engaged and incredibly grateful for the services that were provided. There is tremendous potential for growth and healing among incarcerated women and our hope is that more providers will consider opportunities to serve this marginalized population.

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Musings on Developing Research Ideas

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RESEARCH IS CHALLENGING. It takes resources and time to complete high-quality research and there are few if any shortcuts one can take. Among the multiple phases involved in creating psychological research, one lays the foundation for all the rest, namely generating the “right” research idea. What will you study? What will your aims and hypotheses be?

Without completing this first step well, the rest of the research process may be for naught. This first step, however, is one that often perplexes students and frustrates faculty. This essay presents 15 thoughts on how to develop a great research idea. These thoughts are not necessarily authoritative or comprehensive, but they are designed to help researchers—and especially students and junior researchers—succeed in completing that “first” step in the research process.

Thought #1: Be passionate about the topic

You will spend a lot of time conducting this research, so you should find something you are passionate about knowing. It might even relate to your own life experiences, but it needs to be something you enjoy thinking about.

Thought #2: Become an expert on the research literature

A successful researcher must understand the literature conducted previously on his or her research topic. But you shouldn't just know what has been done already; you also need to know what hasn't been done. Try to grasp the gaps in the field that should be filled and will extend what has previously been done in a logical manner. Remember that previous researchers were capable. Work done, even if many years ago, can help you think about the problems you are studying and extend research in new directions that enhance our knowledge about that problem. At this stage, focus on identifying what you want to know and becoming clear about why it is important. Don't be distracted by worries about what methods to use. Once you are clear about what you want to know and

why, it will become easier to determine what data you need to address the issue and, therefore, what research methods to use.

Thought #3: Remember theory

Quality research that stands the test of time is based in theory. Think about theory, and ground your work in basic scientific theory of human behavior and thought. If theories seem not to fit your problem, work to develop a conceptual model that shows relations between meaningful variables as a starting point.

Thought #4: “Experience” the problem

Along with reading, a talented psychological researcher will observe and think. Watch and observe people engaging in the domain you plan to study. Notice details of how the people behave, and what factors affect this behavior. Importantly, take their perspectives. Think about what it is like to be the people you are observing and consider what they might be thinking that motivates their behaviors and actions. Consider also how this information about human behavior and thought can inform your research ideas.

Thought #5: In developing your ideas, network and maintain breadth of knowledge as you develop depth in your area of inquiry

Good researchers take advantage of opportunities, and create them too. They meet other scholars to discuss new ideas, compare research findings and share information about methods. Our research training often teaches us to work on our own, but networking with colleagues creates a support team for problem solving and offers feedback on your ideas before you invest in the research. Networking can also help you gain broad knowledge exposure, which is important because new and different ideas can stir creativity. Attend lectures and seminars and read widely; often advancements in theories and creative solutions about measures or methods can be gleaned from progress in other research areas.

Thought #6: Find time to think, and determine how you think best

The value of taking time for thinking is often underrated. But it is a necessary process to quality research. Activities like pondering, daydreaming, and wondering are productive to the research process and should be engaged in. One important aspect of finding time to think is determining how you think best. Are you someone who needs to write as a way to think and develop ideas? Or is it best for you to not write down your ideas until they are fully formed? Writing can enhance or distract from quality thinking, and you need to determine which it does for you. Research has shown that even exercising can be a productive way to promote thinking in service of problem solving (Best, 2010; Tomporowski, 2003).

Thought #7: Balance reading, thinking, and doing

You need to read the literature but there is always more one can read—so be careful. There is also always more to think about—so be careful. At some point, reading and listening and thinking must progress to doing. Researchers can't just read and think, they also have to take action. Often the “doing” is harder than the reading or thinking, but one must persist. And remember that reading, thinking, and doing are not necessarily separate activities. One never stops or ends; a good researcher will continuously engage in all three.

Thought #8: Be practical, for your own benefit

Academics like to dream big and that should be encouraged, but practicality and pragmatics must also be considered. Having a good research idea is critical but being able to “sell it” is essential for success in publishing and funding. Your work will be peer-reviewed. Consider what research questions and/or methods might potentially “excite” reviewers and funders. What is novel and innovative about your research, or how could your research be transformed to increase novelty and innovation? What is being talked about in the lay public or social media, and is relevant to your research? What will people relate to and understand?

Thought #9: Be practical, for societal benefit

Practicality also applies from the perspective of social justice. Does your research have potential to help people be healthier, happier, or safer? How might it make a difference? A good researcher will

not only be concerned with getting grant money and publications. Rather, he or she also will be concerned about doing research that can ultimately help people and improve society. Indeed, many would argue that we as psychologists have a moral responsibility to use our scholarship to improve the human condition. Moreover, if you can construct your research questions with this objective in mind, the chances of garnering funding and being published also increase.

Thought #10: Take notes and then organize

Everyone has their own style to develop ideas, and a wide range of styles can be effective. No matter what work style is implemented, however, there must be some recording of the idea-generation process on paper or computer. The format may vary greatly—text, outlines, thought bubbles, drawings and figures, or some combination. But that written recording will lead to organization of ideas. Organizing the thoughts is a process that requires logical thinking, pondering, and refining. Most ideas are not concocted with a single “Eureka!” moment, but rather through a series of “mini-Eureka!” that create a coherent plan.

Thought #11: Be iterative

Research does not always take place in a series of logical and progressive steps. Novice researchers sometimes ask what comes first, the idea or the methodology? The answer is that the idea gives rise to the method but this then can feed back and result in refinement of the idea. Similarly, novice researchers sometimes ask what comes first: the research topic or the hypotheses? The answer again is that these interact: as one refines the research question this usually gives rise to hypotheses, and as one clarifies the hypotheses this often feeds back to inform the research question. And this back-and-forth process can also result in modifications to the measures and methods. Thus, ideas, hypotheses, and methodology are often developed concurrently, and honed as they are developed.

One consideration in formulating research questions, developing measures/methods, and finalizing hypotheses is that there is merit in considering how one can interpret the findings if the hypotheses are not confirmed. Thinking in this way can reveal gaps in measures that will preclude a clean interpretation of the findings. Addressing these gaps will yield a richer set of findings and ensure that no

matter how the results turn out, they can be published to advance the field meaningfully.

Thought #12: Be creative

Large volumes of research have been published. Creating something new, novel, or innovative is not easy. Work done 10, 20, and even 50 or more years ago is often of high quality and still relevant to what you are doing today. Three strategies can help with creativity and novelty: (a) consider contemporary technology and how it can be used wisely to solve research problems, (b) work across disciplinary boundaries to change the way previous single-disciplinary scholarship was conceptualized or conducted, and (c) communicate, share, and brainstorm with diverse professionals who have interest in this topic area (e.g., researchers in related fields, practitioners, policy makers).

Thought #13: Balance “big” and “small”

“Big” ideas are worth pursuing, but can quickly become unwieldy. Manuscripts are often easier to publish, and grants easier to fund, if you focus on a few major ideas and goals. Research that is too “big” can get confusing, both for you and for reviewers; it can also be very costly and not realistic for a junior scholar with limited research funds available. Research that is the right size is more manageable to understand and complete. Of course, research that is too small will fail also as it is unlikely to be addressing important research questions. Finding the balance between big and small can be challenging but will help your ideas translate to successful research.

Thought #14: Build incrementally

Often the best ideas extend your previous good ideas, so create an incremental research program that builds off itself. Your goal might be to become a world’s expert in a particular sub-area. Stated differently, capitalize on your previous successes to create your future successes. Your goal is to develop a “program” of research, not just a collection of publications. A research program enhances sustainability to promote a long and productive career.

Thought #15: Consider working with a team

Successful research is rarely done alone; interdisciplinary collaborative teams can be more likely to achieve success, although research can proceed more slowly as one adjusts to different ways of doing things across disciplinary boundaries. Remember that everyone can have good ideas. Stu-

dents may have less wisdom but they offer different, varying experiences and perceptive eyes. Faculty may have more experience and wisdom but sometimes get “in a rut” and are less able to develop fresh ideas. Remember also that good ideas need to be honed. Productive teams skillfully work together to choose and refine the best ideas, and to dismiss the weaker ones. One other point: everyone on the team needs to be willing to make changes. Dogmatically defending one’s own ideas without acknowledging the perspectives of others will lead to failure. Teams need to collaborate. Individuals need to listen with an open mind and be willing to sacrifice and adjust.

Summary and Conclusions

Conducting high-quality research that advances the field in important ways is difficult to do. Rewards are not immediate and patience is required. The ultimate rewards—conference presentations, peer-reviewed publications, and funded grants—may take months or years to achieve, and therefore a successful researcher requires self-motivation to accomplish those goals. Developing a sound research idea is the first step in achieving those successes, and hard work and diligence in that and subsequent research steps will yield success in the end.

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ABCT 2016: Getting Into a New York, Empire State of Mind

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Lisa Napolitano, Ilana Luft, and Jeneane Solz,
Local Arrangements Committee

ABCT's 2016 Local Arrangements Committee is very excited to welcome you to New York City, the Big Apple, concrete jungle where dreams are made of, for the 50th Anniversary Convention in October. New York City consists of the five boroughs of Manhattan, Brooklyn, Queens, the Bronx, and Staten Island. It is home to iconic skyscrapers, Times Square, incredible cuisine, architecture, museums, galleries, Broadway shows, diversity, and more. The city is a fast-paced, international hub with endless entertainment, sights, and people-watching.

We expect that you will be busy with the conference, but be sure to make some time to enjoy our city and venture away from Times Square. While Times Square is uniquely New York, and home to Broadway shows, it also tends to attract large crowds of tourists and is not representative of New York City as we live it.

We have provided information on things you can do, including sightseeing, shopping, theater, cuisine, and more. While New York City can be expensive, there are exciting, fun-filled activities that can be done for free or at a low cost. As the city is always changing, we recommend checking out <http://nymag.com/visitors-guide/> for a guide to free events and attractions, cheap eats, and budget itineraries. Additionally, the website *Walking Off the Big Apple* has suggestions for free, self-guided walking tours around different neighborhoods. We also recommend checking out <http://www.timeout.com/newyork> close to the convention for up-to-date activity ideas, restaurants, theater, music, and more.

While roaming the various neighborhoods is entertaining in and of itself, many events require advance planning and reservations. For instance, if you are interested in going to a Broadway show, dance performance, opera, or sporting event, we recommend purchasing tickets in advance through [Broadwaybox.com](http://www.broadwaybox.com), [\[nyc.com/sport_tickets/\]\(http://nyc.com/sport_tickets/\), their respective websites, or Googling "ticket discounts." Alternatively, if you are not set on a particular show, same-day tickets for select Broadway shows can be purchased on the TKTS App, TodayTix App, or by visiting a TKTS booth. Relatively reliable restaurant reviews and recommendations by neighborhood can be found on Yelp and OpenTable.com. OpenTable.com is also very useful for making restaurant reservations.](http://www.</p>
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In order to make the most of your time in the city that never sleeps, we encourage you to pack a face mask, ear plugs, and your CBT-I manuals to increase the chances of getting proper sleep . . . or feel free to explore all night as long as you are back in time for 7 a.m. yoga on Saturday—an exciting new addition to the convention! Additionally, we hope that you will join us for the Saturday-night Masquerade Ball dance party featuring a club-caliber DJ, photo-booth, and masquerade masks. ABCT has also partnered with Play It Forward, a music-related nonprofit organization founded by a student member of ABCT, Steve Mazza, to create a CD of music written by ABCT members. This album will be sold at the dance party and 100% of revenue will be split between the ABCT Student Travel Award and the Student Research Grant fund. We encourage you to wear black and gold to the party and to bring your dancing shoes for this very special evening commemorating ABCT's 50th anniversary.

Local Arrangements Table

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

morning run (6:30 a.m.–7:30 a.m.) and the Saturday-morning yoga class (7 a.m.–8 a.m.) incorporating meditation around the convention theme of honoring the past and envisioning the future. Additionally, we will have copies of the *Play It Forward* ABCT album available for purchase.

Hotel and Immediate Surroundings

As in 2009, the conference is being held at the Marriott Marquis Hotel in Times Square, in the heart of the theater district. The hotel is accessible by almost any mode of transportation, including subway (Times Square/42nd Street stop), taxi, Uber, Via, and even horse and carriage or pedi-cab! If you have never taken Uber, download the app and use promo code UBERON20 for up to \$20 off of your first ride.

The Marriott features a fitness center, Wi-Fi in rooms and lobby, ATM, business center, and more. The hotel's website provides more information on amenities, as well as local attractions and sightseeing ideas. We encourage you to make use of the concierge service at the hotel throughout your trip, as the concierge is well-informed about how to navigate the city and gain access to events.

There are several dining options within close proximity to the hotel, in addition to a Starbucks and a few American restaurants within the hotel. If it works with your schedule, we strongly recommend leaving the hotel for food. For example, if you want to stay in Times Square, some good, less "tourist-trap" restaurants include Esca, Toloache, and Sushi of Gari. There are also a number of good coffee shops nearby, including Gregorys Coffee, Coffee Bean and Tea Leaf, Café Grumpy, Bluestone Lane, and Blue Bottle Coffee (in Rockefeller Plaza). Additionally, Norma's, one of the top brunch spots, is only a 15-minute walk (or 10 minute subway ride) away, just be sure to make a reservation in advance (opentable.com). Check the ABCT website for a list of nearby restaurants compiled by the Local Arrangements Committee, and feel free to stop by the Local Arrangements table if you would like a copy.

Getting to New York and the Marriott Marquis Hotel

By Plane: New York City is served by three major airports—LaGuardia Airport and John F. Kennedy (JFK) International Airport in Queens, and Newark Liberty International Airport in nearby New Jersey.

LaGuardia airport primarily serves domestic destinations, with a limited number of flights to and from some places in Canada and the Caribbean. JFK and Newark airports serve domestic and international destinations. All three airports provide access to NYC via taxis, buses, subways, and trains. It is also possible to request an Uber at the airport. Remember not to take a car service offered by a driver standing in the airport. If you are interested in a taxi, either wait in the taxi line, request an Uber on your phone, or call a car service in advance (e.g., Carmel Car Service: 212-666-6666).

The Marriott does not offer complimentary shuttle service, but there are several affordable vans from all airports, including SuperShuttle, Go Airlink. You can also take an express NYC Airporter bus from LGA or JFK to the Port Authority Bus Terminal at 43rd Street and 8th Avenue, which is just a few blocks from the Marriott Marquis. The express bus is great for those on a budget because it is inexpensive and relatively fast. Check out the NYC Airporter website for more information or to purchase tickets. Check in at the ground transportation desk at any of the airports to make use of these options.

John F. Kennedy International Airport (JFK)

Jamaica, Queens, NY 11430
718-244-4444

This airport is New York's largest, serving more than 75 primarily international airlines. It is approximately 15 miles from midtown Manhattan. Getting to midtown Manhattan from JFK:

TAXI: \$50 flat fee (non-metered) plus bridge and tunnel tolls and gratuity; 30 to 60 minutes to midtown Manhattan. 212-NYC-TAXI

AIRTRAIN to SUBWAY: \$5 Airtran (children under 5 free) to the \$2.75 A train (making local subway stops) from JFK to Times Square (approximately 60 to 90 minutes to Midtown).

LaGuardia Airport (LGA)

Jackson Heights, Queens, NY 11371
718-533-3400

This is New York's second-largest airport, with more than 20 airlines serving mostly domestic destinations, Canada, and the Caribbean from five passenger terminals. It is on the northern shore of Queens, directly across the East River, about 9 miles from midtown Manhattan.

TAXI: Metered fare; \$20 to \$30 plus bridge and tunnel tolls and gratuity.

Newark Liberty International Airport (EWR)

Newark, NJ 07114
973-961-6000

Located in New Jersey, Newark Airport is 16 miles from midtown Manhattan. Over 30 million passengers pass through Newark Airport annually.

TAXI: Metered fare; approximately \$60-\$70 plus tolls and gratuity.

AIRTRAN to TRAIN: \$5.50 to connect to the New Jersey Transit train service \$13.00 from EWR to New York Penn Station at 33rd Street and 8th Avenue (approximately 20 to 30 minutes).

By Train: There are two train stations in New York City: Penn Station and Grand Central Station. Penn Station, located at 33rd Street and 8th Avenue, houses Amtrak, the Long Island Railroad, and New Jersey Transit rail service. Grand Central Station on 42nd Street and Park Avenue serves Metro-North trains, and is utilized primarily by local commuters to and from Westchester, upstate New York, and Connecticut. Grand Central Station, known for its famous clock, is a popular attraction even if you are not commuting. It offers a famous Oyster Bar Restaurant, the chic Campbell Apartment bar, and many other food and shopping opportunities.

By Car: If you are driving to the conference in your own car, please confirm parking arrangements well ahead of time, and do not leave your parked car unattended for any length of time in the hotel vicinity for risk of being ticketed or towed. The Marriott offers valet parking for \$90 per day. There is also off-site parking for \$90 per day. If you would like valet parking only if offsite garages, there is a 24-hour rate with in-and-out privileges for \$65 for cars, \$75 for SUVs, and \$90 for oversized vehicles. Bestparking.com also provides information on discounted parking options.

Getting Around New York City

New York City is very accessible by walking and public transportation. We recommend mindfully walking around the different neighborhoods, though Times Square gets very crowded. The majority of locals take advantage of public transportation and avoid driving around the city. However, there are plenty of taxis, Ubers, and Vias available if you prefer to take a car around. Taxis accept cash, debit, and credit cards.

The subway is arguably the fastest and easiest way to get around the city. Check out <http://www.mta.info/> for information on different subway lines, buses, and service notices. Google Maps also offers subway and bus directions, and is a great way to estimate how long it will take to get from place to place. New York also has an intricate bus system; however, the buses can run slower than the subways. When you are here, check out <http://bustime.mta.info/> for real-time updates on bus locations. To use the bus or subway, you will need to purchase a MetroCard from a vending machine in a subway station. The machines accept cash, debit, or credit cards, and the subway/bus fare is currently \$2.75 per ride. Stop by the Local Arrangements table for help navigating the subway system.

Things to Do in New York City

Cuisines

New York City is filled with too many excellent restaurants to list. We strongly recommend venturing away from Times Square and sampling our diverse cuisine. New York is known for bagels (try Russ & Daughter's, Ess-a-Bagel, Tal Bagel), pizza (try Grimaldi's, Ray's, Lombardi's), hot dogs (try Gray's Papaya, Papaya King, a sidewalk cart), pastrami sandwiches (try Katz's Deli, 2nd Avenue Deli), and black-and-white cookies (try Greenberg's, Glaser's Bake shop). We also recommend trying pork buns at Momofuku Noodle Bar or Ippudo, steak at Peter Luger's Steakhouse, a burger at J.G. Melon's, and having a chocolate chip cookie from Levain Bakery.

In addition to local foods, we have a variety of Indian (try anywhere on East 6th Street or in "Curry Hill"), Chinese (try Shanghai Asian Manor in Chinatown), Korean (try any place in Koreatown), Italian (try Bar Pitti, Carbone, Scarpetta), Japanese (try Sushi of Gari, Sushi Yasuda), Thai (try Kin Shop, Spice, Pok Pok NY), and many more. Relatively reliable restaurant reviews and recommendations by neighborhood can be found on Yelp and OpenTable.com. OpenTable.com is also very useful for making restaurant reservations.

Museums

There are numerous museums and galleries—both world-famous and local—in New York City. Some of the major museums include the Metropolitan Museum of

Art, Museum of Modern Art, the Whitney Museum, and the Museum of Natural History. To avoid crowds, arrive as early as possible. Many museums have free admission or suggested admission. If you are a member of a museum in another city, you can also get reciprocal privileges at some NYC museums. Brooklyn Museum of Art is also free on the first Saturday of each month. The National Museum of the American Indian and the Hispanic Society of America are always free. The 9/11 Memorial Museum is also worth checking out. We recommend buying your tickets in advance (see <https://www.911memorial.org/visit-museum-1> for more information). For questions about lesser-known museums and galleries, stop by the Local Arrangements table at the convention.

Theater

The convention hotel is located in the center of the Broadway show district. We recommend purchasing tickets in advance through Broadwaybox.com or looking for same-day tickets to select Broadway shows on the TKTS App, TodayTix App, or at the TKTS booth. There are also numerous excellent Off-Broadway shows and small theaters. If you have time, we also recommend purchasing tickets in advance for the NYC Ballet or the Metropolitan Opera, or at least visiting Lincoln Center. Additionally, *Sleep No More* (<http://www.sleepnomore.com/#share>) and *Then She Fell* (<http://www.thenshefell.com/>) are immersive theatrical experiences worth checking out.

Music

There are plenty of music venues in New York City, big and small. Some of the best music venues include Cake Shop, Pete's Candy Store (in Brooklyn), Irving Plaza, Terminal 5, Mercury Lounge, Barclay's Center, and more. Check out Ticketmaster.com for information about local concerts.

Shopping

There are department stores, boutiques, and stores all over New York City. The big department stores are Macy's Herald Square, which is within walking distance from the Marriott, Bloomingdales, Saks, and Lord & Taylor. There are a number of high-end stores on Madison Avenue, Fifth Avenue, and in Soho. There are also great boutiques in Nolita and Williamsburg, Brooklyn.

Bar Hopping

There are bars all over NYC, with many popular hangouts in the East Village, Lower East Side, and Meatpacking District. The Meatpacking District has more upscale bars and clubs. Additionally, The View bar atop the Marriott Marquis provides 360-degree views of Manhattan and surrounding areas as it slowly rotates.

Sports

If you are interested in going to a sports event, check out http://www.nyc.com/sport_tickets/ for up-to-date information. If you are interested in playing sports, the Chelsea Piers Sports Complex on 23rd Street and the Hudson River provides a four-tiered outdoor golf driving range, bowling, ice skating, tennis, rock climbing, and more. It is quite a unique experience to hit golf balls off the four-tiered driving range. Check out <https://www.chelseapiers.com/> for more information.

Uniquely New York

If you plan to extend your trip in New York, the Village Halloween parade will be held on Monday, 10/31: <https://www.halloween-nyc.com/>, and is a sight to see. There are also a number of unique ways to tour the city, such as through the Accomplice Show, an immersive theatrical experience that takes you on an adventure. See <https://www.accomplicetheshow.com/> for more information.

Additionally, the iconic attractions are worth a visit, such as Grand Central Terminal, Rockefeller Center, St. Patrick's Cathedral, and Central Park. Even if you don't go inside, it is worth getting a view of the Chrysler Building and Empire State Building. You can also walk around Wall Street and then take the Staten Island Ferry (free of charge) between Manhattan and Staten Island for great views of the Statue of Liberty and Ellis Island.

Additionally, the Union Square Greenmarket (17th Street and Broadway) is a great farmer's market offering an array of produce, wine, cheese, baked goods, meat/seafood, and more. The items are from Long Island, New Jersey, Upstate New York, and other nearby areas. The Union Square Greenmarket is open Monday, Wednesday, Friday, and Saturday from 8 a.m.–6 p.m.

Weather

October is generally a beautiful month to visit New York, though the weather can be variable. The average high is 65 degrees Fahrenheit and the average low is 50 degrees Fahrenheit. Make sure to bring a light jacket, layers, and walking shoes.

We Are Excited to See You in October!

If you have any questions about New York, please feel free to email us and we will be glad to assist you (Rebecca Skolnick: RebeccaBSkolnick@gmail.com). Keep checking the ABCT website and listserv for information on Dine with a New Yorker (dinners have been arranged for Friday and Saturday nights), the fun run, yoga, and other news about the conference. We will have a Local Arrangements table at the conference near the registration booths, so stop by and let us assist you with where to go and what to do. We look forward to seeing you in NYC!

What Are Your Behavioral Roots?

AABT/ABCT's 50th Anniversary is a celebration for all members! Take a moment during the convention to add your "Golden Moment" or behavioral genealogy on our "Behavioral River." There will be several large free standing boards in the Marriott Marquis with markers that are just waiting for your listings. The New York Convention is intended to be an engaging experience for each and every one of you. Enjoy!

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

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

3-SESSION SERIES

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

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ABCT 50

HONORING the past | ENVISIONING the future

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Welcome to ABCT's 50th Anniversary! As the 2016 Program Chair, I am delighted to welcome you to New York for this historic and celebratory occasion. 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.

As you may have already noticed, 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, cross-cutting topics central to the recent history and future of ABCT: technology and treatment; cognitive science and transdiagnostic principles; neuroscience and psychological treatment; and dissemination and implementation. On Friday and Saturday, we are featuring a set of Invited Panels on these cross-cutting topics. The luminary speakers will highlight advances in science and practice in each of these domains:

Technology and Treatment

Chair: Christopher Fairburn; *Panelists:* Kathleen Carroll, Ellen Frank, David Mohr, Ricardo Muñoz

Cognitive Science and Transdiagnostic Principles

Chair: Steven Hollon; *Panelists:* Emily Holmes, Jutta Joormann, Matthew Nock, Bethany Teachman

Neuroscience and Psychological Treatment

Chair: Michelle Craske; *Panelists:* Richard Davidson, Eric Nestler, Elizabeth Phelps, Mary Phillips

Dissemination and Implementation

Chair: David Barlow; *Panelists:* Bruce Chorpita, David Clark, Edna Foa, Vikram Patel

In addition, David Clark will present the Lifetime Achievement Award Address, focused on trying to solve the tricky problem of how to dis-

seminate evidence-based therapies to the public. Finally, in her Presidential Address, Michelle Craske will outline her vision for the future of behavioral and cognitive therapies, and the ways in which our field and ABCT can progress in leaps and bounds.

Please note that we have a unique, longer convention schedule this year. Friday, Saturday, and Sunday each start earlier and end later than usual; many more presentations will occur on Sunday, and the convention ends on Sunday at 1:15 pm. We had a record number of submissions this year, and we extended the schedule in order to accommodate both the usual sessions and special anniversary events. We strongly encourage you to stay through Sunday at 1:15 pm.

Words cannot express my gratitude for the opportunity to serve as Program Chair. I am extremely grateful to President Michelle Craske and the ABCT Board for giving me this opportunity. The 50th Anniversary "takes a village," and it has been an honor and privilege to be a part of this village. First, I would like to thank the record 347 members of the 2016 Program Committee; their expertise, diligence, and flexibility resulted in an exceptional program. Second, the chairs of the Convention and Education Issues Committees did a truly exceptional job, as usual, with this year's program: Jeff Goodie (CIT), Aidan Wright (AMASS), Lauren Weinstock (Institutes), Sarah Kertz (MCS), Risa Weisberg (Research & Professional Development), and Barbara Kamholz (Workshops). This is Jeff Goodie's final year as the Coordinator of Convention and Education Issues, and we all are indebted to Jeff for his tremendous leadership in convention planning over the past several years. Third, I am grateful for the invaluable wisdom and guidance of Terry Wilson, chair of the 50th Anniversary Committee, who envisioned many aspects of this historic convention. Also instrumental in these efforts were Executive Director, Mary Jane Eimer, and Representatives-at-Large Sabine Wilhelm and Sandra Pimentel. Fourth, I would like to thank all of the ABCT central office staff and Web Editor, Kristene Doyle, for their dedication to the 50th Anniversary initiatives and events. Fifth, I am incredibly thankful for the assistance of two people in particular. Linda Still, Director of Education and Meeting Services, guided us through our first year working with the new online system, Cadmium, and our unique convention schedule this year. Last and definitely not least, I am incredibly grateful to Andrea Gold, Assistant Program Chair, who provided steadfast support and diligence that greatly facilitated this entire process. Thank you, Linda and Andrea!

Best wishes to you all, and have a wonderful time at the convention!

Convention Itinerary Planner

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2016 convention in New York City. In order to learn more details about the sessions, including full descriptions and times, skill levels, and learning goals, please utilize the Itinerary Planner. Feel free to access the Itinerary Planner at ABCT's website at www.abct.org/conv2016. To view the entire convention program—including SIG meetings, poster sessions, invited addresses—you can *search* by session type, date, time, presenter, title, category, or keyword, or you can view the entire schedule at a glance. (Keep in mind, the ABCT convention program book will only be mailed to those who pay \$10 in advance. All other registrants will receive the book onsite.) After reviewing this special Convention 2016 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!



Search | Find | Plan



www.abct.org/conv2016

Note

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

> Clinical Intervention Trainings *[ticketed sessions]*

Wednesday, 8:30-5:00 p.m.: Day 1

Thursday, 8:30-5:00 p.m.: Day 2

CLINICAL INTERVENTION TRAINING 1

Process Focused ACT: An Intermediate ACT Workshop

Steven C. Hayes, University of Nevada

Evidence-based practice is moving from a protocols-for-syndromes era to the use of evidence-based processes linked to evidence-based procedures that address problems and promote prosperity in people. ACT has always been a process-based therapy, but this CIT will explore the clinical flexibility that approach provides. This training assumes that attendees are reasonably familiar with mid-level ACT terms, in particular the six core psychological flexibility processes (acceptance, defusion, flexible attention to the now, perspective taking, sense of self, values, and commitment). Anyone who has tried to apply the model clinically, or who has had at least a day-long beginning-level ACT workshop, can benefit. This session will focus on ACT micro-skills—reading, targeting, and moving psychological flexibility processes—and will help you to see psychological flexibility processes in flight, targeting these processes at will within the therapeutic relationship. The goal is to be able, at any moment, in any session, to go in any flexibility direction you wish. This degree of flexibility and fluency changes ACT as an evidence-based therapy from a kind of march into a fluid psychotherapeutic dance that can fit the demands of your setting, client, and time restrictions. The style of the CIT will be interactive. Just as you can't learn to dance solely through verbal instructions, this skills-building intensive creates more fluid and flexible ACT abilities by creatively breaking ACT down into a manageable set of skills and fostering these skills with practice and feedback. Instead of being primarily instructional, we will rely on seeing, doing, and getting feedback in round after round of targeted experiences.

Thursday, 8:30-5:00 p.m.

CLINICAL INTERVENTION TRAINING 2

Child and Adolescent Anxiety Disorders: A Developmental and Family-Based CBT Model

Anne Marie Albano, Columbia University

Anxiety disorders run a chronic, stable course to adulthood, are associated with high comorbidity and broad impairment in functioning, and are common but sorely underrecognized and undertreated. Cognitive behavioral therapy is efficacious for youth anxiety, and yet research suggests some 40% of youth do not improve, and almost 50% of responders to CBT with or without concomitant medication relapse over time (see Ginsburg et al., 2014). To enhance outcomes, this CIT presents a developmental and contextual frame for CBT. Steeped in research, the model uses ecologically valid contexts for CBT within the frame of development. Key to treatment is addressing age-appropriate developmental milestones and anxiety through contextually rich exposure tasks. Also critical for treating youth ages 7 to 17 is changing parental beliefs and practices that become entwined in youth anxiety. Dr. Albano will present the developmental and contextual model in detail, address family and environmental factors, and outline intervention strategies. Clinical case examples will illustrate ways to assess developmental tasks, engage parents and youth in collaborating in treatment, and enhance exposure therapy. The question of medication will be addressed. Participants will be encouraged to engage in active learning through role-play and exercises throughout the CIT.

Thursday 8:30-5:00 p.m.

CLINICAL INTERVENTION TRAINING 3

The Primary Care Behavioral Health Model: An Effective Platform for Behavior Therapy

Patricia J. Robinson, Mountainview Consulting Group

Kirk D. Strosahl, Central Washington Family Medicine

This presentation will provide participants with an overview of the Primary Care Behavioral Health (PCBH) model, a group of specific strategies for bringing behavioral health services into primary care. The PCBH model aligns well with the central components of the patient-centered medical home and creates new opportunities for efficient delivery of preventive, acute, and chronic care services. In this approach, a behavioral health consultant (BHC) works as a generalist providing evidence-based brief interventions to patients of all ages and for all types of problems. Most often, patients see the BHC on the same day of their medical visit. In this presentation, participants will use a core competency tool specific to their discipline to identify learning targets and then practice new skills. While PCMH teams, including behavioral and medical provider, are encouraged to attend and work together in developing greater mastery of skills fundamental to addressing behaviorally influenced problems among primary care patients, behavioral health providers attending without medical providers will learn skills they can teach to team members.

— Thursday —

INSTITUTE 1 • 8:30 - 5:30 p.m.

The Mindful Way Through Anxiety: Helping Clients to Worry Less and Live More

Susan M. Orsillo, *Suffolk University*
Lizabeth Roemer, *University of Massachusetts, Boston*

INSTITUTE 2 • 8:30 - 5:30 p.m.

Neuroscience-Informed Behavioral Interventions: From Cognitive Behavioral Therapy to Cognitive Training

Sheila Rauch, *Emory University*
Martin Paulus, *Laureate Institute for Brain Research*
Kevin Pelphrey, *Yale Child Study Center*
Denis Sukhodolsky, *Yale University*
Rebecca B. Price, *Western Psychiatric Institute and Clinic*
Greg J. Siegle, *Western Psychiatric Institute and Clinic*
Rudi de Raedt, *Ghent University*

INSTITUTE 3 • 1:00 - 6:00 p.m.

Treatment of Complex Obsessive-Compulsive Symptoms

Dean McKay, *Fordham University*
Fugen Neziroglu, *Bio-Behavioral Institute*

INSTITUTE 4 • 1:00 - 6:00 p.m.

Emotion Regulation Therapy

Douglas S. Mennin, *Hunter College*
David M. Fresco, *Kent State University*

INSTITUTE 5 • 1:00 - 6:00 p.m.

Adapted Parent-Child Interaction Therapy for Early Childhood Anxiety

Anthony C. Puliafico, *Columbia University Medical Center*
Jonathan S. Comer, *Florida International University*
Jami M. Furr, *Florida International University*
Donna B. Pincus, *Boston University*

— Thursday —

INSTITUTE 6 • 1:00 - 6:00 p.m.

A Manualized Cognitive-Behavioral Therapy Group for Treating Diverse Addictive Behaviors

Bruce S. Liese, *University of Kansas*

INSTITUTE 7 • 1:00 - 6:00 p.m.

Special Considerations: Implementing and Adapting Treatment Protocols for PTSD With Active-Duty Military Service Members

Brooke A. Fina, *University of Texas Health Science Center at San Antonio*
Katherine A. Dondanville, *University of Texas Health Science Center at San Antonio*
Lindsay M. Bira, *University of Texas Health Science Center at San Antonio*
Alan L. Peterson, *University of Texas Health Science Center at San Antonio*

INSTITUTE 8 • 1:00 - 6:00 p.m.

Treating Executive Functioning and Motivation Deficits in Teens With ADHD

Margaret H. Sibley, *Florida International University*

INSTITUTE 9 • 1:00 - 6:00 p.m.

Cognitive Therapy for Suicide Prevention

Gregory K. Brown, *Perelman School of Medicine of the University of Pennsylvania*
Kelly L. Green, *Perelman School of Medicine of the University of Pennsylvania*

> Advanced Methodology and Statistics Seminars

[*ticketed sessions*]

*A special series of offerings for applied researchers,
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— *Thursday* —

AMASS 1 • 8:30 - 12:30 p.m.

Dyadic Data Analysis: An Introduction to the Actor-Partner Interdependence Model

Robert A. Ackerman, *University of Texas at Dallas*

— *Thursday* —

AMASS 2 • 1:00 - 5:00 p.m.

Intensive Longitudinal Methods: An Introduction to Diary and Experience Sampling Research

Niall Bolger, *Columbia University*

Jean-Philippe Laurenceau, *University of Delaware*

> Master Clinician Seminars [ticketed sessions]

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

— *Friday* —

MASTER CLINICIAN SEMINAR 1 • 8:00 - 10:00 a.m.

The Therapeutic Relationship in Cognitive Behavior Therapy

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

— *Friday* —

MASTER CLINICIAN SEMINAR 5 • 4:30 - 6:30 p.m.

Cognitive Therapy for OCD: Beyond Exposure and Response Prevention

Adam S. Radomsky, *Concordia University*

MASTER CLINICIAN SEMINAR 2 • 10:30 - 12:30 p.m.

Targeting the Dark Side of Cooperation: “Secret Intentions” and “Disguised Demands”

Thomas R. Lynch, *University of Southampton*

— *Saturday* —

MASTER CLINICIAN SEMINAR 6 • 8:30 - 10:30 a.m.

Comprehensive Behavioral Intervention for Tics (CBIT)

Doug Woods, *Marquette University*

Sabine Wilhelm, *Massachusetts General Hospital*

MASTER CLINICIAN SEMINAR 3 • 1:15 - 3:15 p.m.

Problem-Solving Therapy for Suicide Prevention and Treatment

Arthur M. Nezu, *Drexel University*

Christine Maguth Nezu, *Drexel University*

MASTER CLINICIAN SEMINAR 7 • 8:30 - 10:30 a.m.

Trauma-Focused Cognitive Behavioral Therapy for Young Children and Their Parents

Esther Deblinger, *Child Abuse Research Education Service (CARES) Institute*

MASTER CLINICIAN SEMINAR 4 • 3:45 - 5:45 p.m.

Overcoming Roadblocks in Cognitive Behavioral Therapy

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

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

— Friday —

WORKSHOP 1 • 8:15 - 11:15 a.m.

**Empirically Supported Educational Methods:
Effective Tools to Teach CBT**

R. Trent Codd, III, *Cognitive-Behavioral Therapy Center
of WNC, P.A.*

Donna Sudak, *Friends Hospital*

Leslie Sokol, *Academy of Cognitive Therapy*

Marci Fox, *Academy of Cognitive Therapy*

WORKSHOP 2 • 9:45 - 12:45 p.m.

**Interoceptive Exposure for Obsessive-
Compulsive Concerns: An Underused
Weapon in the Arsenal against OCD**

Shannon Blakely, *University of North Carolina at
Chapel Hill*

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

WORKSHOP 3 • 11:45 - 2:45 p.m.

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

Denise M. Sloan, *Boston University School of Medicine*

Brian P. Marx, *National Center for PTSD*

WORKSHOP 4 • 1:00 - 4:00 p.m.

**Creating Effective Behavioral Experiments:
Uniting Heart and Mind**

James Bennett-Levy, *University of Sydney*

WORKSHOP 5 • 3:15 - 6:15 p.m.

**Mechanistically Guided Neurofeedback/
Neurostimulation for CBT**

Greg J. Siegle, *University of Pittsburgh*

Kate B. Nooner, *University of North Carolina Wilmington*

Ruth A. Lanius, *University of Western Ontario*

Kymberly D. Young, *University of Pittsburgh*

— Saturday —

WORKSHOP 6 • 11:00 - 2:00 p.m.

**Incorporating Significant Others to Maximize
PTSD Treatment**

Candide M. Monson, *Ryerson University*

Steffany J. Fredman, *The Pennsylvania State University*

WORKSHOP 7 • 11:00 - 2:00 p.m.

**What Are Transdiagnostic Mechanisms?
Bridging the Research-Practitioner Gap With
Mechanism-Specific Case Formulations and
Treatment Plans**

Rochelle I. Frank, *University of California, Berkeley*

Joan Davidson, *University of California, Berkeley*

WORKSHOP 8 • 2:30 - 5:30 p.m.

**Organizational Skills Training: An Empirically
Sound Treatment Addressing Critical
Functional Impairments in Children With
Attention-Deficit Hyperactivity Disorders**

Richard Gallagher, *New York University School of Medicine*

Jenelle Nissley-Tsiopinis, *Children's Hospital of
Philadelphia*

WORKSHOP 9 • 2:30 - 5:30 p.m.

**Disconnecting CBT from the Biomedical
Model: Theoretical and Practical Considera-
tions for Clients With Anxiety and Addictions**

Brett Deacon, *University of Wollongong*

Stanton Peele, *Independent psychologist, researcher,
and writer*

> General Sessions

[no ticket required]

Clinical Roundtables, Mini Workshops, Panel Discussions, and Symposia are part of the general program: no tickets are required to attend these sessions.

CLINICAL GRAND ROUNDS

The Inhibitory Learning Approach to Exposure Therapy: Principles and Practice

Presenter: Jonathan S. Abramowitz

CLINICAL ROUNDTABLES

Clinical Roundtable 1

CBT in Probation: Diverse Perspectives on Interviews With Three Justice-Involved Clients

Moderator: Damon Mitchell

Panelists: Denise Davis, Raymond DiGiuseppe, Christopher Martell, Raymond Chip Tafrate, Amie Zarlino

Clinical Roundtable 2

Mechanisms of Change in CBT for Autism Spectrum Disorder: Knowledge and Process-Based Interventions

Moderator: Jeffrey Wood

Panelists: Valerie Gaus, Jonathan Hoffman, Connor Kerns, Matthew D. Lerner, Rebecca Sachs

Clinical Roundtable 3

Exposure and Response Prevention, Distress Tolerance, Mindfulness, and Acceptance: Expert Perspectives on Treating Anxiety Disorders

Moderators: Efthimia Rigogiannis, Jessica Renz

Panelists: Jonathan B. Grayson, James Herbert, Lata McGinn, Alec L. Miller

Clinical Roundtable 4

Addressing Stigma, Prejudice, and Discrimination Through CBT

Moderator: Andrew Jeon

Panelists: Tahiriya Abdullah, Jessica R. Graham, John E. Pachankis, David Pantalano, Barbara Warren

MINI WORKSHOPS

Mini Workshop 1

Tricking Coyote: Cutting-Edge Strategies for Harnessing Motivation

Michael Otto, Boston University

Mini Workshop 2

What You Need to Know to Provide Evidence-Based Coordinated Specialty Care for First-Episode Psychosis: The Navigate Program

Shirley Glynn, UCLA/VAGLAH
Susan Gingerich, Philadelphia, PA
Kim Mueser, Boston University
Piper Meyer-Kalos, University of Minnesota

Mini Workshop 3

CBT for Menopausal Symptoms

Sheryl Green, St. Joseph's Healthcare and McMaster University
Eleanor Donegan, Concordia University
Randi McCabe, St. Joseph's Hospital

Mini Workshop 4

Guided Discovery Strategies: Practical Strategies to Overcome Common Pitfalls

Scott Waltman, University of Pennsylvania
Brittany Hall, UT Southwestern Medical Center, Moncrief Cancer Institute
Lynn McFarr, Harbor UCLA Medical Center

Mini Workshop 5

Managing the Environment for Adolescents Evidenced to Abuse Drugs Utilizing Stimulus Control Strategies Within the Context of Family Behavior Therapy

Brad Donohue, University of Nevada, Las Vegas
Yulia Gavrilova
Christopher Plant, University of Nevada, Las Vegas
Marina Galante, University of Nevada, Las Vegas

Mini Workshop 6

Alliance-Focused Training for CBT: Strategies for Identifying, Addressing, and Repairing Ruptures in the Therapeutic Alliance in CBT

Jeremy Safran, New School Research Institute
John C. Muran, Adelphi University
Catherine Eubanks, Yeshiva University

Mini Workshop 7

Creatively Adapting Behavioral Approaches for Treating Feeding and Eating Disorders

Deborah Glasofer, Columbia Center for Eating Disorders, NY State Psychiatric Institute

Joanna Steinglass, Columbia Center for Eating Disorders, NY State Psychiatric Institute
Elizabeth Zakarin, Columbia University Clinic for Anxiety and Related Disorders
Ali Mattu, Columbia University Medical Center, Columbia University Clinic for Anxiety and Related Disorders

Mini Workshop 8

When Anxiety Traps Emerging Adults and Their Parents: Developmentally Informed CBT for "Failure"

Anne Marie Albano, Columbia University Medical Center
Shannon Bennett, Weill Cornell Medical College
Bridget Poznanski, Florida International University

Mini Workshop 9

Bridging Evidence-Based Treatment and Mhealth: Two Mobile App Adaptations of Behavioral Activation

Jennifer Dahne, University of Maryland, College Park
Carl Lejuez, University of Maryland

Mini Workshop 10

Taking Anxiety Disorder Treatment to the Next Level: Using ERP for Maximum Effect

Patrick McGrath, Alexian Brothers Center for Anxiety and Obsessive Compulsive Disorders

Mini Workshop 11

Present-Moment Power Moves in ACT

Kirk Strosahl, Central Washington Family Medicine
Patricia Robinson, Mountainview Consulting Group, Inc.

Mini Workshop 12

Evidence-Based Assessment for Mood Disorder: Assessing Quickly and Accurately to Reach Better Outcomes

Eric Youngstrom, The University of North Carolina at Chapel Hill

Mini Workshop 13
The Road to ROM Is Paved With Good Intentions: A Road Map for Overcoming the Challenges of Routine Outcome Monitoring (ROM) Implementation Through Test-Driving One Measurement Feedback System
Corey Fagan, University of Washington
Lisa Smith, Boston University

Mini Workshop 14
Mo' Metaphors in CBT With Youth: Fresh Prince, Mulan, and Supergirl Join the Party!
Robert Friedberg, CSTAY at Palo Alto University

Mini Workshop 15
An Introduction to Motivational Interviewing and Interactions With CBT
Daniel McNeil, West Virginia University
Trevor Hart, Ryerson University

Mini Workshop 16
Self-Criticism and Self-Compassion: Risk and Resilience for Psychopathology
Ricks Warren, University of Michigan

Mini Workshop 17
Intensive CBT for Adolescent School Avoidance
Jamie Micco, Massachusetts General Hospital

Mini Workshop 18
Core Competencies in CBT: Becoming an Effective and Competent Cognitive-Behavioral Therapist
Cory Newman, University of Pennsylvania, Perelman School of Medicine

PANEL DISCUSSIONS

Panel Discussion 1
50 Years of Cognitive-Behavioral Treatment for OCD: Past, Present, and Future
Moderator: Jonathan Abramowitz
Panelists: Martin Franklin, Edna Foa, Paul Salkovskis, H. Blair Simpson, Eric Storch, Sabine Wilhelm

Panel Discussion 2
Education and Mental Health: An Overdue and Necessary Alliance
Moderator: Hillary Vidair
Panelists: Fabian Agiurgioaei-Boie, Louis Amato, Raymond DiGiuseppe,

Matthew Pagirsky, Helen Stevens, Mark Terjesen

Panel Discussion 3
Dissemination and Implementation of CBT in Resource-Limited International Settings
Moderator: Jessica Magidson
Panelists: Lena Andersen, Lauren Ng, Conall O'Cleirigh, Steven Safren, Milton Wainberg

Panel Discussion 4
Mindfulness and Acceptance in Contemporary Cognitive and Behavioral Therapies
Moderators: Joanna Arch, Sona Dimidjian
Panelists: Steven Hayes, Stefan G. Hofmann, Willem Kuyken

Panel Discussion 5
Dissemination and Implementation of Evidence-Based Practices in Schools: Lessons Learned
Moderator: Erica Lee
Panelists: Molly Adrian, Marc Atkins, Kristina Metz, Wendy Reinke, Kevin Stark, Golda Ginsburg

Panel Discussion 6
Looking Forward: A Panel Discussion on Diversity in Clinical Psychological Science
Moderator: Adam Miller
Panelists: David Rosmarin, Kamilla Venner, Leah Adams, Juliette Iacovino, Anna Bardone-Cone, Kristen Lindgren

Panel Discussion 7
Implementing Evidence-Based Interventions in Schools Following Hurricanes Katrina and Sandy
Moderator: Juliet Vogel
Panelists: Peter D'Amico, Howard Osofsky, Joy Osofsky, Rebecca Schwartz, Anthony Speier

Panel Discussion 8
Can Evidence-Based CBT Interventions for Hoarding Be Disseminated to Multidisciplinary Human Service Professionals for Community Implementation?
Moderator: Gail Steketee
Panelists: Christiana Bratiotis, Jordana Muroff, Jackson Sherratt, Michael Tompkins, Sheila Woody

Panel Discussion 9
Preparing the Next Generation of Scientist-Practitioners: Disseminating Principles of CBT Through

Undergraduate Teaching
Moderator: Christopher Lootens
Panelists: Kathryn Bell, Kerstin Blomquist, Laura Knouse, Sarah Markowitz, Lauren Stutts

Panel Discussion 10
The Present and Future of Behavior Therapy and Addictive Behaviors
Moderator: Barbara McCrady
Panelists: Brian Bosari, Carlo Di-Clemente, Stephen Maisto, Barbara McCrady, Jeremiah Weinstock, Katie Witkiewitz

Panel Discussion 11
Internet Delivery of Psychosocial Interventions and Assessments of Mood Disorders
Moderator: Lauren Weinstock
Panelists: Thilo Deckersbach, David Miklowitz, Louisa Sylvia, Lisa Uebelacker

Panel Discussion 12
Developing and Fostering Community-Academic Partnerships: Partnering With Agencies, Communities, and Systems in the Implementation of Evidence-Based Practice
Moderators: Laura Skriner, Courtney Wolk
Panelists: Marc Atkins, Rinad Beidas, Bruce Chorpita, Kimberly Hoagwood

Panel Discussion 13
African Americans and Schizophrenia
Moderator: Arundati Nagendra
Panelists: Khalima A. Bolden, Kayla Gurak, Enrique W. Neblett, Amy Pinkham, William Spaulding

Panel Discussion 14
Behavioral Parent Training Trailblazers: Origin Stories and Future Directions for the Next 20 Years
Moderator: Camilo Ortiz
Panelists: Sheila Eyberg, Marion Forgatch, Robert McMahon, Matthew Sanders

Panel Discussion 15
How to Develop and Disseminate Intensive Treatment for Pediatric Anxiety Disorders and OCD
Moderator: Kaitlin Gallo
Panelists: Lindsey Bergman, Adam Lewin, Jamie Micco, Jacqueline Sperling, Eric Storch

Panel Discussion 16

Strategies and Successes in Shattering the "Ivory Ceiling" for Women in Psychology

Moderator: R. Meredith Elkins

Panelists: Anne Marie Albano, Christine Conelea, R. Kathryn McHugh, Donna Pincus, Monnica Williams, Antonette Zeiss

Panel Discussion 17

CBT, DBT, and ACT: Different Waves or Branches on the Same Tree?

Moderator: Simon Rego

Panelists: David Barlow, Steven Hayes, Kelly Koerner

Panel Discussion 18

Integrating Sexual and Gender Minority-Affirmative Approaches Into Evidence-Based Practice

Moderator: Matthew Capriotti

Panelists: Ashley Austin, Michael Burnias, Annesa Flentje, Nicholas Heck, John Pachankis, David Pantalone

Panel Discussion 19

Successes and Challenges in the Implementation of Treatment Programs for First-Episode Psychosis

Moderator: Emily Gagen

Panelists: Melanie Bennett, Susan Gingerich, Robert Heinssen, Irene Hurford, Larry Seidman

Panel Discussion 20

DBT Clinical Outcomes From Implementation Initiatives Across the Globe

Moderator: Yevgeny Botanov

Panelists: Meltem Budak, Pablo Gagliesi, Andre Ivanoff, Michaela Swales

Panel Discussion 21

Decades of Progress, and Much Ground Yet to Cover: What Four Veterans Have Learned Since Graduate School About Intervention for Children With Mental Health Problems

Moderator: Jonathan Comer

Panelists: Philip Kendall, John E. Lochman, Robert McMahon, William Pelham

Panel Discussion 22

Implementation of CBT in the Public Mental Health System: Clinical, Administrative, and Economic Considerations for Sustainable Implementation

Moderator: Sara J. Landes

Panelists: Torrey A. Creed, Lynn McFarr, Urmi N. Patel, Leslie Sokol, Scott Waltman

Panel Discussion 23

Applying the New Standards for Empirically Supported Treatments: Implications for CBT and Beyond

Moderator: Dean McKay

Panelists: Dianne Chambless, Evan Forman, Marvin Goldfried, Steven Hollon, David Klonsky, David Tolin

Panel Discussion 24

Disseminating Evidence-Based Practices in the New York City Foster Care System: A Discussion of Success, Barriers, and Lessons Learned

Moderator: Christina Grice

Panelists: Elissa Brown, Mara Rosenblatt, Mel Schneiderman, Kerri Smith

Panel Discussion 25

CBT in the Era of the Brain Initiative: Where Do We Go From Here?

Moderator: Kristen Ellard

Panelists: Jonathan Abramowitz, Brett Deacon, Stefan G. Hofmann, Greg Siegle, Susan Whitfield-Gabrieli

Panel Discussion 26

Creative Strategies for a Special Population: Dissemination and Implementation in Autism Spectrum Disorder

Moderator: Laura Anthony

Panelists: Laura Anthony, Audrey Blakeley-Smith, Susan Hepburn, Lauren Kenworthy, John Strang

Panel Discussion 27

Dissemination Through Teaching: Training Behavioral Health Professionals in Acceptance-Based Behavioral Approaches Inside and Outside of the Classroom

Moderators: Jennifer Block-Lerner, LeeAnn Cardaciotto

Panelists: Sandra Georgescu, Sarah Hayes-Skelton, Donald Marks, Elizabeth Roemer

Panel Discussion 28

Where We've Been and Where We're Going: Our Evolving Understanding of How CBT Works

Moderator: Carmen McLean

Panelists: Edna Foa, Stefan G. Hofmann, Richard J. McNally, David Tolin, Kate Wolitzky-Taylor

Panel Discussion 29

Common Problems in Methodology and Data Analysis

Moderator: Alessandro De Nadai

Panelists: Scott Baldwin, Scott Compton, Robert Gallop, Lance Rappaport

Panel Discussion 30

The Future Is Integrated Care: Mental and Behavioral Health Service Delivery in Primary Care Settings

Moderator: Jennifer Langhinrichsen-Rohling

Panelists: John Friend, Miriam Ehrensaft, Kevin Hamberger, Keri Johns, Patricia Robinson, Kirk Strosahl

Panel Discussion 31

Spirituality and Religion in CBT: What Clinicians Can Learn From the Teachings of Different Religions

Moderator: Jeremy Cummings

Panelists: E. Thomas Dowd, David Rosmarin, Mehmet Sungur, Dennis Tirch

Panel Discussion 32

Scholarly Journals in Clinical Psychology: Their Role in an Evolving Health Care Market and Evidence-Based Practice

Moderator: Philip Kendall

Panelists: Anne Marie Albano, J. Gayle Beck, Brian Chu, Joanne Davila, Andres De Los Reyes, Denise M. Sloan

Panel Discussion 33

The Past, Present, and Future of Personalized Medicine in Mental Health: A Panel Discussion of the Proceedings of the 2016 Treatment Selection Idea Lab

Moderator: Zachary Cohen

Panelists: Aaron Fisher, Stefan G. Hofmann, Marcus Huibers, Thomas Ollendick, Patricia Resick, Greg Siegle

Panel Discussion 34

Overcoming Traditional Barriers Only to Encounter New Ones: Doses of Caution as the Exciting Field of Behavioral Telehealth Begins to "Go Live"

Moderator: Laura Bry,

Panelists: Lynn Bufka, Tommy Chou, Jonathan Comer, David Mohr, Kenneth Weingardt

Panel Discussion 35

Staying Relevant in the "Brain Age": How to Incorporate Biologi-

cal Measures and Mechanisms to Fund Your Psychosocial Research

Moderator: Ryan Jacoby,
Panelists: Lauren Alloy, Stacey Daugh-
ters, Mitchell Prinstein, David Tolin,
Sabine Wilhelm

Panel Discussion 36

What's Basic Cognitive Science Got to Do With It?: Contributions, Detractions, Integration, and Future Directions for Cognitive and Behavioral Therapies

Moderator: Allison Ouimet,
Panelists: Nader Amir, Brett Deacon,
Richard J. McNally, Adam Radomsky,
Greg Siegle

Panel Discussion 37

Beyond the DSM, Envisioning a Dimensional Future of Empirically Supported Processes to Understand and Treat Psychopathology

Moderators: Maria Karekla, Georgia Panayiotou
Panelists: Evan Forman, Todd Farchione, John Forsyth, Steven Hayes, Anthony Rosellini

Panel Discussion 38

Status and Future Potential of Youth Transdiagnostic Treatments

Moderator: Andrea Temkin
Panelists: Brian Chu, Jill Ehrenreich-May, John E. Lochman, Katharine L. Loeb, Lorie A. Ritschel

Panel Discussion 39

Dissemination of the Unified Protocol in Routine Care: Balancing Flexibility Within Fidelity

Moderator: Shannon Sauer-Zavala
Panelists: Amantia Ametaj, David Barlow, Kate Bentley, Hannah Boettcher, James Boswell, Cassidy Gutner

Panel Discussion 40

Getting Funding for Research on Women's Health

Moderators: RaeAnn Anderson, Laura Seligman
Panelists: Carolyn Becker, Kristen Carpenter, Sona Dimidjian, Dawn Johnson

SYMPOSIA

Symposium 1

The Contrast Avoidance Model: Reconceptualizing Worry in GAD and as a Transdiagnostic Process

Chair: Thane Erickson
Discussant: Douglas Mennin

Symposium 2

New Outcome Data on Treatments for Suicidal Adolescents

Chairs: Molly Adrian, Michele Berk
Discussant: Anne Marie Albano

Symposium 3

State of the Art of Couples Interventions: New Treatment Outcomes

Chair: Kayla Knopp
Discussant: Galena Rhoades

Symposium 4

The Transdiagnostic Influence of Sleep Disruption on Emotion Dysregulation

Chair: Skye Fitzpatrick
Discussant: Edward Selby

Symposium 5

Neural Activation in Emotion Regulation and Disorders of Positive and Negative Affect

Chairs: Lily Brown, Katherine Young
Discussant: Philippe Goldin

Symposium 6

Innovative Predictors of Treatment Outcome

Chair: Natalia Garcia
Discussant: Robert DeRubeis

Symposium 7

Psychological Risk Factors for Anxiety and Depressive Disorders: Results from the Netherlands Study of Depression and Anxiety

Chair: Bethany Teachman
Discussant: Bethany Teachman

Symposium 8

Attention Biases in Children: Developmental Trends, Relations to Psychopathology, and Attention Bias Modification

Chair: Natalie Miller
Discussant: Brandon Gibb

Symposium 9

Acceptance as Change: Evidence for Distancing and Validation as Change Mechanisms in Mindfulness and Acceptance-Based Therapies

Chair: Jennifer Shaver
Discussant: Evan Forman

Symposium 10

Anxiety in Autism Spectrum Disorder: Next Questions Regarding the Construct and Cognitive-

Behavioral Treatment

Chair: Connor Kerns
Discussant: Philip Kendall

Symposium 11

Psychotherapy Process-Oriented Assessment to Enhance Trauma-Focused Treatment: In-Depth Clinical Exploration of Key Change Processes

Chair: Janie Jun
Discussant: Adele Hayes

Symposium 12

A Translational Perspective Examining Mechanisms That May Enhance or Impair Extinction Learning and Exposure Therapy

Chair: Elizabeth Marks
Discussant: Richard J. McNally

Symposium 13

Exploring How Temporal Dynamics of Brain Activity Might Enhance Our Understanding of Psychopathology: Evidence From Functional Connectivity Analyses

Chair: Katherine Young
Discussant: Kevin Ochsner

Symposium 14

Depression and Stress: Perspectives on Psychobiology and Treatment

Chairs: Alicia Meuret, Thomas Ritz
Discussant: Christopher Beevers

Symposium 15

A Systems Approach to Modeling Intra- and Interpersonal Processes in Psychotherapy and Psychopathology

Chairs: Brian Baucom, Zac Imel
Discussant: Donald Baucom

Symposium 16

Problems in Parenting With Pediatric Populations: Opportunities for Behavioral Interventions

Chair: Bruce Compas
Discussant: Bruce Compas

Symposium 17

Cognitive Bias Modification Effects on Noncognitive Outcomes: Do Results Generalize to Behavioral and Physiological Outcomes?

Chairs: Evelyn Behar, Jedidiah Siev
Discussant: Jutta Joormann

Symposium 18

Attention and Learning Processes Underlying Pediatric Anxiety: A

Mechanistic Approach to Improve Diagnosis and to Enhance Treatment

Chair: Tomer Shechner
Discussant: Daniel Pine

Symposium 19

Effectiveness of Mindfulness and Acceptance-Based Approaches to Obesity: Evidence from Small- and Large-Scale Trials

Chair: Brittney Evans
Discussant: TBD

Symposium 20

Rethinking Extinction and Developing Novel Treatments for Fear

Chairs: Joseph Dunsmoor, H. Blair Simpson
Discussant: H. Blair Simpson

Symposium 21

Combining Cognitive Risk Factors in Explaining Depression: Novel Approaches

Chairs: Ernst Koster, Igor Marchetti
Discussant: Christopher Beevers

Symposium 22

Early Detection and Prevention of Psychosis

Chair: Mark van der Gaag
Discussant: Kim Mueser

Symposium 23

Dissemination and Implementation of Cognitive-Behavioral Interventions for Older Adults

Chairs: Patricia Marino, Wilkins Victoria
Discussant: Zweig Richard

Symposium 24

Cortisol as a Resource Mobilizer: Implications for Stress and Internalizing Disorders

Chairs: Catherine Stroud, Suzanne Vrshek-Schallhorn
Discussant: Kate Harkness

Symposium 25

Direct-to-Consumer Marketing of Psychological Treatments: Consumer Preferences and Attitudes Toward Evidence-Based Practice

Chair: Jacqueline Bullis
Discussant: Brad Nakamura

Symposium 26

Wagging the Dog: How the Biomedical Model Has Affected Funding Priorities, Scientific Agendas, and Endorsement of Chemical Imbalance Myth

Chair: Brett Deacon

Discussant: Jonathan Abramowitz

Symposium 27

Technology-Enhanced Access to Empirically Supported Treatments: From Innovation to Integration

Chair: Patrick Kerr
Discussant: Margo Adams Larsen

Symposium 28

Brief Behavioral Therapy for Anxiety and Depression: Results of a Multisite Randomized Trial in Pediatric Primary Care

Chair: V. Robin Weersing
Discussant: Joel Sherrill

Symposium 29

Investigating Shared and Differential Mediators of Cognitive-Behavioral Group Therapy Versus Mindfulness-Based Interventions for SAD

Chair: Philippe Goldin
Discussant: Richard Heimberg

Symposium 30

New Developments in Virtual Reality Exposure Therapy

Chair: Heidi Zinzow
Discussant: Greg Reger

Symposium 31

Moderators and Mediators of Youth Treatment Outcomes: Where to, From Here?

Chairs: Marija Maric, Thomas Ollendick
Discussant: Stephen Hinshaw

Symposium 32

Current Research Advances in Pediatric OCD: Novel Treatment Approaches and Factors Associated With Outcome

Chair: Monica Wu
Discussant: Eric Storch

Symposium 33

Two Heads Are Better Than One: Novel Approaches to the Study and Treatment of Individual Psychopathology in a Couple Context

Chair: Steffany Fredman
Discussant: Keith Renshaw

Symposium 34

Mechanisms of Sexual Victimization and Sexual Aggression: Pathways to Campus Rape Interventions

Chair: RaeAnn Anderson
Discussant: Brian Marx

Symposium 35

The Measurement and Modification of Clinically Relevant Cognitive Biases

Chair: Elaine Fox
Discussant: Colin MacLeod

Symposium 36

Promoting Decentering as a Potential Key Mechanism of Change

Chair: Sarah Hayes-Skelton
Discussant: Debra Hope

Symposium 37

Pathophysiology of Irritability: Integrating Clinical Psychology and Developmental Neuroscience

Chair: Melissa Brotman
Discussant: Amy Roy

Symposium 38

Going Beyond the Basics: Identifying Modifiable and Clinically Useful Predictors of Attrition From Cognitive-Behavioral Treatment

Chair: Clair Cassiello-Robbins
Discussant: David Barlow

Symposium 39

Expanding the Vulnerability Model for Hoarding: Recent Advances in Research on Genetics and Decision Making

Chair: Kiara Timpano
Discussant: Randy Frost

Symposium 40

Peering Into the Black Box: Are We Getting Closer to Unpacking the Learning Collaborative Implementation Model?

Chair: Rochelle Hanson
Discussant: Sonja Schoenwald

Symposium 41

Novel Strategies for Enhancing CBT: D-Cycloserine, Oxytocin, and Exercise

Chair: Angela Fang

Symposium 42

Anxiety Sensitivity: A Transdiagnostic Treatment Target

Chair: Hannah Boettcher
Discussant: Brett Deacon

Symposium 43

Factors Influencing Response to Cognitive Behavioral Interven-

tions for Youth Anxiety, Depression, and Bipolar Disorder: Implications for Understanding Transdiagnostic Processes
Chair: Heather MacPherson, Mei Yi Ng
Discussant: Mary Fristad

Symposium 44
Taking the Lab into the Clinic: Incorporating Biomarkers into PTSD Treatment Research
Chair: Anu Asnaani
Discussant: Stefan G. Hofmann

Symposium 45
Toward a Life Span Understanding of Sluggish Cognitive Tempo: Internal and External Validity of Sct in Adolescents and Adults
Chair: Stephen Becker
Discussant: Keith McBurnett

Symposium 46
How Can Recent Technological Advances Help Us Better Understand Risk for Suicide and Non-suicidal Self-injury? Cutting Edge Research Using Real-time Monitoring Methodology
Chairs: Evan Kleiman, Brianna Turner
Discussant: Matthew Nock

Symposium 47
Treatment of Depression and Anxiety in Pregnancy: Outcomes for Mother and Child
Chair: Claudi Bockting
Discussant: Steven Hollon

Symposium 48
Implementing School-based Interventions: Promoting Effectiveness, Adoption, and Engagement
Chairs: Catherine DeCarlo Santiago, Tali Raviv
Discussant: Tali Raviv

Symposium 49
Advancing CBT Beyond Mental Health: Behavior Therapies Working to Prevent or Provide Care for People with HIV
Chairs: Sannisha Dale, Trevor Hart
Discussant: Conall O'Cleirigh

Symposium 50
Envisioning the Clinical Integration of Network Analysis and Cognitive-behavior Therapy: New Developments
Chair: Richard J. McNally
Discussant: Eiko Fried

Symposium 51
CBT Interventions for Anxious Young Children
Chairs: Michal Kahn, Ronald Rapee
Discussant: Avi Sadeh

Symposium 52
Examining the Link Between Childhood Adversity and Youth Psychopathology from a Cognitive Science and Transdiagnostic Approach: Moving from "Who" to "How" and "Why"
Chairs: Adam Miller, Brianna Turner
Discussant: Katie McLaughlin

Symposium 53
Mental Health Literacy: Why Should We Care and How Do We Assess It?
Chairs: Ashley Harrison, Casey Schofield
Discussant: Amy Mendenhall

Symposium 54
What Processes Predict Acute and Long-term Outcomes in Treatment for Depression?
Chair: Heather O'Mahen
Discussant: Willem Kuyken

Symposium 55
Cognitive Biases in Mood, Anxiety, and Substance Use Disorders
Chairs: Scarlett Baird, Michelle Davis
Discussant: Christopher Beevers

Symposium 56
New Insights from Intensive Longitudinal Research Exploring Daily Processes in Psychopathology
Chairs: Rachel Hershenberg, Lisa Starr
Discussant: Todd Kashdan

Symposium 57
Dissemination of Couple-based Treatments for Individual and Relationship Disorders: Challenges and Opportunities
Chair: Douglas Snyder
Discussant: Jay Lebow

Symposium 58
Preventing Suicide Among Military and Veteran Populations
Chair: Daniel Lee
Discussant: Marjan Holloway

Symposium 59
Anxiety and Depression: Specificity, Overlap, and Interrelatedness

Chairs: Nicholas Jacobson, Michelle Newman
Discussant: Lauren Alloy

Symposium 60
Under the Influence: The Co-occurrence of Substance Use Disorders with PTSD and Potential Mechanisms Maintaining Their Comorbidity
Chair: Anu Asnaani
Discussant: Sonya Norman

Symposium 61
Biopsychosocial Approach to the Study, Treatment, and Dissemination of Family Interventions for Early Psychosis
Chair: Marc Weintraub
Discussant: David Miklowitz

Symposium 62
Conceptualizing Processes of Resilience in the Face of Life Stressors: Emerging Perspectives and Future Directions in Research with Sexual and Gender Minorities
Chairs: Brett Millar, H. Jonathon Rendina
Discussant: Jeffrey Parsons

Symposium 63
Recent Experimental and Naturalistic Treatment Research on Fear Acquisition and Extinction Processes in Individuals with OCD
Chair: Adam Reid
Discussant: Katharina Kircanski

Symposium 64
Psychosocial Treatment of ADHD in Children and Adolescents: Promoting Engagement, Skills, and Consideration of Individual Differences
Chair: George DuPaul
Discussant: Margaret Sibley

Symposium 65
Examining the Mediating Role of Repetitive Negative Thinking Across Psychological Outcomes
Chair: Sarah Kertz
Discussant: Kiara Timpano

Symposium 66
An Interpersonal Approach to the Prevention of Adolescent Internalizing Disorders: Recent Findings and New Directions
Chair: Annette La Greca
Discussant: Laura Mufson

Symposium 67

Risk for Mood Disorders: Honoring the past and Looking Forward to the Future

Chair: Kate Harkness

Discussant: Sheri Johnson

Symposium 68

You Can't Stop Smoking? New Therapeutic Approaches in Smoking Cessation

Chairs: Maria Karekla, Michaela

Paraskeva-Siamata

Discussant: Bradley Collins

Symposium 69

New Directions in the Study of Intolerance of Uncertainty as a Transdiagnostic Factor Across Child Anxiety Disorders

Chair: Amanda Sanchez

Discussant: R. Nicholas Carleton

Symposium 70

Utilizing Machine Learning Techniques to Improve Prediction and Prevention of Suicide and Self-Injury

Chair: Kate Bentley

Discussant: Matthew Nock

Symposium 71

Assessment and Treatment of Anger and Aggression in Family and Close Personal Relationships

Chair: Denis Sukhodolsky

Discussant: Raymond Chip Tafrate

Symposium 72

The How and the Why: Mediators and Change Processes in Dialectical Behavior Therapy

Chair: Chelsey Wilks

Discussant: Marsha Linehan

Symposium 73

Neurobiological, Cognitive and Psychological Predictors of Treatment Response and Mechanisms of Change in Cbt for Anxiety Disorders and Depression

Chair: Maren Westphal

Discussant: Steven Hollon

Symposium 74

The Influence of Brain-Derived Neurotrophic Factor on Emotional and Behavioral Rigidity: Applying Neuroscientific Cross-Species Models to Understanding Psychiatric Risk and New Interventions

Chairs: Karin Coifman, Karin Nylocks

Discussant: John McGeary

Symposium 75

New Directions in the Quantitative Empirical Classification of Psychopathology

Chairs: Aaron Fisher, Aidan Wright

Discussant: Richard J. McNally

Symposium 76

Stress, Inflammation and Coping in Relation to Depression

Chairs: Lauren Alloy, Brae Anne

McArthur

Discussant: Robin Nusslock

Symposium 77

Novel Strategies for Sequencing Treatments for Child and Adolescent Behavior Problems

Chairs: Jeremy Pettit, Wendy Silverman

Discussant: Joel Sherrill

Symposium 78

Past and Future of Behavioral Sleep Medicine: [whole] Health in Sleep

Chair: Eleanor McGlinchey

Discussant: Daniel Buysse

Symposium 79

Posttraumatic Pathways to Health Disparities for Gay and Bisexual Men: Implications for HIV Prevention

Chair: Abigail Batchelder

Discussant: Steven Safren

Symposium 80

Cross-cultural Dissemination and Implementation of a Transdiagnostic Intervention: The Unified Protocol in International Settings

Chair: Amantia Ametaj

Discussant: Cassidy Gutner

Symposium 81

Adaptations of DBT for Children and Adolescents in School, Psychiatric, and Medical Settings

Chair: Alec Miller

Discussant: Jill Rathus

Symposium 82

A Transdiagnostic, Multi-Method Examination of the Role of Specific Emotions and Emotion Regulation Strategies in Risky, Self-Destructive, and Health-Compromising Behaviors

Chairs: Katherine Dixon-Gordon, Nicole Weiss

Discussant: Terri Messman-Moore

Symposium 83

Developmental Trajectory of Social Cognition in High Risk and Early Psychosis in Relation to Typical Development and Resilience: Applying Cognitive Science to Transdiagnostic Treatment Targets

Chair: Charlie Davidson

Discussant: Morris Bell

Symposium 84

Utilizing Mood Disorders Constructs to Advance the Development and Implementation of Youth Interventions

Chair: Dikla Eckshtain

Discussant: Joel Sherrill

Symposium 85

On Common Ground: The Overlap and Interplay Between Anxiety and Eating Pathology

Chair: Laurie Zandberg

Discussant: Carolyn Becker

Symposium 86

Partnering and Parenting in the Presence of PTSD

Chair: Steffany Fredman

Discussant: Candice Monson

Symposium 87

Neuro-markers and Neuro-modulation of Attention Bias Modification

Chairs: Nader Amir, Arturo Carmona

Discussant: Nader Amir

Symposium 88

But Will It Change My Life?: CBT's Impact on Broad Domains of Outcome in Anxiety and Related Disorders

Chair: Alexander Kline

Discussant: Mark Powers

Symposium 89

Recent Advances in the Study of Health Anxiety

Chairs: Alison McLeish, Emily O'Bryan

Discussant: Bunmi Olatunji

Symposium 90

Unpacking the Sleep and Suicide Relationship: The Influence of Sleep Disruption on Suicidal and Self-injuring Behavior

Chair: Skye Fitzpatrick

Discussant: Rachel Manber

Symposium 91

Evaluating Biological Predictors of Treatment Efficacy and Mechanisms of Change in Cognitive Behavioral Therapies for Depression and Anxiety

Chair: David Rozek

Discussant: Anne Simons

Symposium 92

Dissemination of Evidence-based Practices for Children: Real World Outcomes in Real World Settings

Chair: Elissa Brown

Discussant: Michael de Arellano

Symposium 93

Distress Intolerance: Novel Approaches with Transdiagnostic Implications

Chair: Jennifer Veilleux

Discussant: Teresa Leyro

Symposium 94

Understanding Complexity: Using Multiple Levels of Analysis to Improve the Transdiagnostic Understanding and Treatment of Suicidal Thoughts and Behaviors Across the Lifespan

Chair: Aliona Tsytes

Discussant: Brandon Gibb

Symposium 95

Integrated Interventions for Comorbid Nicotine Dependence and Post-traumatic Stress Disorder

Chair: Lindsey Hopkins

Discussant: Conall O'Cleirigh

Symposium 96

Network Analysis as an Innovative Approach to Understanding Eating Behavior: Identifying Key Treatment Targets in Eating and Weight Disorders

Chairs: Brittney Evans, Helen Murray

Discussant: Kelsie Forbush

Symposium 97

The Dissemination and Implementation of Cognitive-behavioral Therapy and Motivational Interviewing into Forensic Settings

Chair: Raymond Chip Tafrate

Discussant: Michael Wydo

Symposium 98

Are We Barking up the Right Tree? Mapping out the Future of Cognitive Bias Modification

Chairs: Alexandre Heeren, Charlotte Wittekind

Discussant: Ernst Koster

Symposium 99

The Role of Disgust in Psychopathology: New Insights from Contemporary Learning Theory

Chair: Thomas Armstrong

Discussant: Bram Vervliet

Symposium 100

Looking to the Future: A Presentation of Novel Extensions and Implementations of Exposure-based Techniques

Chairs: Lisa Anderson, Matteo Bugatti

Discussant: David Barlow

Symposium 101

Programs for Preventing Depression: Impact on Parents' and Children's Depression

Chair: Judy Garber

Discussant: V. Robin Weersing

Symposium 102

Nothing to Lose Sleep Over: New Advances in Understanding Sleep Problems Among Anxious Youth

Chairs: Danielle Cornacchio, Bridget

Poznanski

Discussant: Dana McMakin

Symposium 103

The History and Future of Dissemination of CBT for Psychosis in Community Mental Health in Washington State: Implications for U.S. Sustainability

Chairs: Sarah Kopelovich, Maria Monroe-DeVita

Discussant: Piper Meyer-Kalos

Symposium 104

Enhancing Implementation of Youth Mental Health Interventions: Real-time Adaptations, Workforce Expansions, and Staging

Chair: Kimberly Becker

Discussant: Kimberly Hoagwood

Symposium 105

Positive Affect, Anxiety, and Depression

Chair: Tomislav Zbozinek

Discussant: Richard Zinbarg

Symposium 106

Do Traditional Models of Intimate Relationships and Couple Interventions Translate to Understudied Groups?

Chair: Eliza Weitbrecht

Discussant: Joanne Davila

Symposium 107

Behavioral Activation Is Behavior Therapy Past, Present, and Future: Basic Science, Translational Neuroscience, Treatment Outcomes, and Dissemination

Chairs: Anahi Collado, W. Edward

Craighead

Discussant: Steven Hollon

Symposium 108

Beyond the Disease Model: Contemporary Research on Understanding and Combating Mental Illness Stigma

Chair: Caitlin Chiupka

Discussant: Robert Klepac

Symposium 109

Monitoring Progress in Psychotherapy: Why and How

Chair: Jacqueline Persons

Discussant: John Hunsley

Symposium 110

Expanding the Reach of EBTs: Recent Innovations in Guided Self-help Interventions

Chair: Laurie Zandberg

Discussant: G. Terence Wilson

Symposium 111

Innovations in Methodological Approaches for Research with Lesbian, Gay, Bisexual, Transgender and Other Sexual and Gender Minority (LGBTQ) Individuals

Chair: Michael Newcomb

Discussant: David Pantalone

Symposium 112

Disseminating Novel and Accessible Mindfulness- and Acceptance-based Interventions for College Students

Chairs: Donald Marks, Ashlyne Mullen

Discussant: Jacqueline Pistorello

Symposium 113

The Development and Implementation of Exercise Interventions for Individuals with Serious Mental Illness

Chair: Julia Browne

Discussant: Kim Mueser

Symposium 114

Rethinking Attentional Dysregulation in Affective Disorders

Chair: Ernst Koster

Discussant: Jutta Joormann

Symposium 115
**Can Feeling Good Be Bad?
An Investigation of Positive
Emotion Dysfunction in
Risky, Self-Destructive, and
Health-Compromising
Behaviors**

Chair: Nicole Weiss
Discussant: Melissa Cyders

Symposium 116
**Lifespan and Methodological
Perspectives on Inter-
personal Emotion
Regulation: Implications
for Clinical Science**

Chair: Kara Christensen
Discussant: Michelle Newman

Symposium 117
**Advancing Behavioral In-
terventions for Tic Disor-
ders: Refining Assessment
and Adapting Approaches
to Treatment**

Chair: Flint Espil
Discussant: Christine Conelea

Symposium 118
**Advances in Treatments for
Traumatic Stress Disorders
and Addictions Using Be-
havioral and Pharmaco-
logic Approaches in Civilian
and Veteran Populations**

Chair: Denise Hien
Discussant: Sonya Norman

Symposium 119
**Emotion Dysregulation in
Eating Disorders**

Chair: Kimberly Claudat
Discussant: Leslie Anderson

Symposium 120
**Mind the Gap: Working to
Prevent a Research-prac-
tice Divide in the Emerging
Field of Mental Health
Technologies for Youth
Problems**

Chair: Tommy Chou
Discussant: Muniya Khanna

Symposium 121
**Minimizing Barriers and
Maximizing Reach: The
Dissemination of Online
Relationship Interventions**

Chairs: Dev Crasta, Ronald
Rogge
Discussant: James Córdova

Symposium 122
**Future Directions of Brief
Behavioral Activation:
Modifications, Mechanisms
and Measurement**

Chair: Laura Pass
Discussant: Shirley Reynolds

Symposium 123
**Personalized
Psychotherapy**

Chair: Robert DeRubeis
Discussant: Steven Hollon

Invited Panels

*Luminary speakers will highlight advances in science and practice in these four cross-cutting domains.
[No ticket required]*

FRIDAY

10:00 – 12:00 PM, Broadway Ballroom, 6th Floor

Invited Panel 1: Technology and Treatment The Impact of Digital Technology on Psycho- logical Treatment

Chair and Moderator: Christopher Fairburn,
University of Oxford
Panelists: Kathleen Carroll, Yale University School
of Medicine
Ellen Frank, University of Pittsburgh School
of Medicine
David Mohr, Northwestern University
Ricardo Muñoz, Palo Alto University

2:30 – 4:30 PM, Broadway Ballroom, 6th Floor

Invited Panel 2: Cognitive Science and Transdiagnostic Principles

Chair and Moderator: Steven Hollon,
Vanderbilt University
Panelists: Emily Holmes, MRC Cognition and Brain
Sciences Unit, Cambridge
Jutta Joormann, Yale University
Matthew Nock, Harvard University
Bethany Teachman, University of Virginia

SATURDAY

10:00 – 12:00 PM, Broadway Ballroom, 6th Floor

Invited Panel 3: Neuroscience and Psychologi- cal Treatment

Chair and Moderator, Michelle Craske, UCLA
Panelists: Richard Davidson,
University of Wisconsin-Madison
Eric Nestler, Icahn School of Medicine at Mount Sinai
Elizabeth Phelps, NYU and Nathan Kline Institute
Mary Phillips, University of Pittsburgh, Western
Psychiatric Institute and Clinic

2:30 – 4:30 PM, Broadway Ballroom, 6th Floor

Invited Panel 4: Dissemination and Implementation

Chair and Moderator: David Barlow,
Boston University
Panelists: Bruce Chorpita, UCLA
David Clark, University of Oxford
Edna Foa, University of Pennsylvania
Vikram Patel, Centre for Global Mental Health

PRESIDENTIAL ADDRESS

Saturday, 5:45 – 7:00 PM | Broadway Ballroom, 6th Floor
Michelle G. Craske, Ph.D., *University of California, Los Angeles*
Honoring the Past, Envisioning the Future

LIFETIME ACHIEVEMENT AWARD ADDRESS

Friday, 12:30 – 1:30 PM | Broadway Ballroom, 6th Floor
David M. Clark, Ph.D., *University of Oxford*

> Special Interest Group Meetings

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

Addictive Behaviors

Friday, 1:30 pm – 3:00 pm, O'Neill Room, 4th Floor

African Americans in Behavior Therapy

Friday, 9:45 am – 11:15 am, Majestic & Music Box Rooms, 6th Floor

Aging Behavior & Cognitive Therapy

Sat., 11:45 am – 12:45 pm, Odets Room, 4th Floor

Anxiety Disorders

Friday, 9:45 am – 11:15 am, Brecht Room, 4th Floor

Asian American Issues in Behavior Therapy and Research

Friday, 3:45 pm – 4:45 pm, Times Square Room, 7th Floor

Attention-Deficit/Hyperactivity Disorder (ADHD)

Friday, 1:15 pm – 2:45 pm, Odets Room, 4th Floor

Autism Spectrum and Developmental Disorder

Sunday, 9:45 am – 11:15 am, Harlem Room, 7th Floor

Behavior Analysis

Friday, 10:30 am – 12:00 pm, Harlem Room, 7th Floor

Behavioral Medicine and Integrated Primary Care

Friday, 3:15 pm – 4:45 pm, Brecht Room, 4th Floor

Behavioral Sleep Medicine

Sat., 10:00 am – 11:30 am, Columbia & Duffy Rooms, 7th Floor

Bipolar Disorder

Friday, 12:15 pm – 1:45 pm, Harlem Room, 7th Floor

Child and Adolescent Anxiety

Sat., 4:30 pm – 5:30 pm, Majestic & Music Box Rooms, 6th Floor

Child and Adolescent Depression

Friday, 4:15 pm – 5:15 pm, Harlem Room, 7th Floor

Child and School-Related Issues

Sat., 9:30 am – 11:00 am, Harlem Room, 7th Floor

Child Maltreatment and Interpersonal Violence

Sat., 4:00 pm – 5:30 pm, Plymouth & Royale Rooms, 6th Floor

Clinical Psychology at Liberal Arts Colleges

Friday, 1:15 pm – 2:45 pm, Brecht Room, 4th Floor

Clinical Research Methods and Statistics

Friday, 5:30 pm – 6:30 pm, Harlem Room, 7th Floor

Cognitive Therapy

Sat., 1:30 pm – 2:30 pm, Shubert & Uris Rooms, 6th Floor

Couples Research and Treatment

Friday, 5:00 pm – 6:00 pm, Shubert & Uris Rooms, 6th Floor

Dissemination and Implementation Science

Sat., 10:00 am – 11:30 am, Juilliard & Imperial Rooms, 5th Floor

Forensic Issues and Externalizing Behaviors

Friday, 3:15 pm – 4:45 pm, O'Neill Room, 4th Floor

Functional Analytic Psychotherapy

Friday, 2:30 pm – 4:00 pm, Harlem Room, 7th Floor

Hispanic Issues in Behavior Therapy

Sat., 11:45 am – 1:15 pm, Shubert & Uris Rooms, 6th Floor

Men's Mental and Physical Health

Sat., 10:00 am – 11:30 am, Times Square Room, 7th Floor

Military Psychology

Friday, 12:00 pm – 1:30 pm, Shubert & Uris Rooms, 6th Floor

Mindfulness and Acceptance

Sat., 4:00 pm – 5:30 pm, Shubert & Uris Rooms, 6th Floor

Native American Issues in Behavior Therapy and Research

Sat., 2:30 pm – 4:00 pm, Times Square Room, 7th Floor

Neurocognitive Therapies / Translational Research

Sat., 4:00 pm – 5:30 pm, Juilliard & Imperial Rooms, 5th Floor

Obesity and Eating Disorders

Friday, 5:30 pm – 6:30 pm, Brecht Room, 4th Floor

Parenting and Families

Friday, 11:30 am – 1:00 pm, Brecht Room, 4th Floor

Schizophrenia and Other Serious Mental Disorder

Sat., 4:00 pm – 5:30 pm, Columbia & Duffy Rooms, 7th Floor

SIG Leaders

Sat., October 29th, 8:00 am – 9:15 am, Liberty Room, 8th floor

Spiritual and Religious Issues in Behavior Change

Friday, 9:15 am – 10:15 am, Harlem Room, 7th Floor

Student

Sat., 4:30 pm – 5:30 pm, Harlem Room, 7th Floor

Study of Gay, Lesbian, Bisexual, and Transgender Issues

Friday, 1:45 pm – 3:15 pm, Times Square Room, 7th Floor

Suicide and Self Injury

Friday, 10:00 am – 11:30 am, Times Square Room, 7th Floor

Technology and Behavior Change

Sat., 12:00 pm – 1:30 pm, Harlem Room, 7th Floor

TIC and Impulse Control Disorders

Sat., 4:30 pm – 5:30 pm, Times Square Room, 7th Floor

Trauma and PTSD

Sunday, 8:00 am – 9:30 am, Harlem Room, 7th Floor

Women's Issues in Behavior Therapy

Friday, 9:45 am – 11:15 am, Shubert & Uris Rooms, 6th Floor

> Registration

[Preregistration deadline: September 26]

Preregister on-line at www.abct.org or to pay by check, complete the registration form available in PDF format on the ABCT website. Participants are strongly urged to register by the preregistration deadline of September 26. Beginning September 27 all registrations will be processed at the on-site rates. **Please note:** Convention Program Books will be distributed on-site. Only those who choose to pay the postage and handling fee of \$10 will be mailed a program book in advance.

To receive discounted member registration fees, members must renew for 2017 before completing their registration process or to join as a New Member of ABCT: <https://www.abctcentral.org/eStore/index.cfm>

Preconvention Ticketed Sessions & Registration

The preconvention activities will be held on Wednesday, October 26, and Thursday, October 27 at the New York Marriott Marquis. All preconvention activities are designed to be intensive learning experiences. Preregister to ensure participation.

Registration for the Clinical Intervention Training Session 1 (scheduled for Wednesday and Thursday) will be available on Wednesday in front of Marquis A/B on the 9th Floor, if there are any seats available.

Registration for all other PRE-Convention Sessions (AMASS, Clinical Intervention Seminars, Institutes) will take place in the New York Marriott Marquis at the ABCT Onsite Registration area on the 5th Floor.

Thursday, October 27:	7:30 a.m. – 6:30 p.m.
Friday, October 28:	7:30 a.m. – 6:30 p.m.
Saturday, October 29:	7:30 a.m. – 6:30 p.m.
Sunday, October 30:	7:30 a.m. – 1:00 p.m.

General Registration

Upon arrival at the New York Marriott Marquis, you can pick up the program book, addendum, additional convention information, and ribbons at the Pre-Registration Desk on the 5th floor of the Hotel.

PLEASE REMEMBER TO BRING CONFIRMATION LETTER WITH YOU TO THE MEETING.

Onsite Registration and Preregistration pickup will be open:

Thursday, October 27:	7:30 a.m. – 6:30 p.m.
Friday, October 28:	7:30 a.m. – 6:30 p.m.
Saturday, October 29:	7:30 a.m. – 6:30 p.m.
Sunday, October 30:	7:30 a.m. – 1:00 p.m.

The general registration fee entitles the registrant to attend all events on October 27–October 30 except for ticketed sessions. Your canceled check is your receipt. Email confirmation notices will be generated automatically for on-line registrations and will be sent via email the same day you register. Email confirmations will be sent within 1 week for faxed and mailed registrations. If you do not receive an email confirmation in the time specified, please call the ABCT central office, (212) 647-1890, or email Tonya Childers at tchilders@abct.org. You must wear your badge at all times to be admitted to all official ABCT sessions, events, and the exhibits. If you lose your badge there will be a \$15 charge for the replacement.

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

from the ABCT Central Office.

Admission to all ticketed sessions is by ticket only. Preregistration is strongly advised as ticketed sessions are sold on a first-come, first-served basis.

Please note: NO PURCHASE ORDERS WILL BE ACCEPTED. To register, please choose one format:

Registering On-Line

The quickest method is to register on-line at <https://register.rcsreg.com/r2/abct2016/ga/clear.html>. Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members' discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to renew (<https://www.abctcentral.org/eStore/index.cfm>).

To get member rates at this conference, your ABCT dues must be paid through October 2017. The ABCT membership year is October 27, 2016 – October 31, 2017. To renew, go to abct.org or the on-site membership booth.

Registering by Fax

You may fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method please DO NOT send a follow-up hard copy. This will likely cause double payment. For preregistration rates, please register BEFORE the deadline date of September 26.

Registering by Mail

All preregistrations that are paid by check must be mailed to ABCT, 305 Seventh Avenue, 16th Floor, New York, NY, 10001. For preregistration rates, forms must be postmarked by the deadline date of Monday, September 26.

Forms postmarked beginning September 27 will be processed at on-site rates. Forms postmarked after October 3 or later will be processed on-site. There will be no exceptions.

Refund Policy

Cancellation refund requests must be in writing. Refunds will be made until the September 26 deadline, and a \$40 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after September 26.

Payment Policy

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

Exhibits, ABCT Information Booth Hours

- Friday & Saturday: 8:00 a.m. – 6:30 p.m.
- Sunday, 8:00 a.m. – 1:00 p.m.

FAQs

Convention Headquarters Hotel

New York Marriott Marquis | 1535 Broadway
New York, NY 10036

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

There are also a number of supplemental hotels available with various rates in close proximity to the New York Marriott Marquis. For more information on these hotels, please visit the ABCT Convention website at www.abct.org/conv2016

Rooms are available at the New York Marriott Hotel at the ABCT Convention rate until Monday, September 26, 2016. After this date, rooms and rates are subject to rate and room availability. Please be sure to book your reservation early! Visit the ABCT website for more information.

What Does the General Registration Fee Cover? General registration gives you access to all of the Symposia, Clinical Round Tables, Posters, Panel Discussions, Special Sessions, Invited Addresses, Invited Panels, and SIG meetings that you can possibly attend Friday through Sunday. Ticketed sessions—Clinical Intervention Trainings, Workshops, Institutes, Master Clinician Seminars, and AMASS—are not covered under the general registration fee.

What Are “Preconvention Activities”? Full- or half-day intensive learning experiences that take place on Wednesday and Thursday.

What Is Your Refund Policy? Refund requests must be in writing and sent to tchilders@abct.org. Refunds will be made only until the September 26 deadline, and a \$40 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after September 26.

Nursing Mothers Room

We are pleased to make available again this year a Nursing Mothers Room at the 50th Annual ABCT Convention scheduled for October 27 - 30, 2016, at the New York Marriott Marquis Hotel. It has come to our attention through our Membership Committee and in collaboration with the Women's' Issues SIG that such a room has the potential to support the full participation of our attendees who have need to nurse or pump during the convention. It is important to ABCT that all attendees have access to resources that will ease their convention experience.

Due to limited meeting space, the Nursing Mothers Room will be located in one of the hotel guest rooms on the fifth floor. All those who need access should stop by the ABCT Registration Desk for the location and key to gain entry. The room will be available from 7 am to 7 pm, Thursday – Saturday, and 7 am to 2:00 pm on Sunday. The room will be a "shared space," so please knock before entering. The room will contain electrical outlets, chairs, water bottles, and waste paper baskets. We encourage your feedback on this room through our Convention Survey, surveys available in the room, or by e-mailing Alyssa Ward, Ph.D., former Women's SIG Chair, at DrAlyssaWard@gmail.com.

Attendee Orientation to the ABCT Convention

Friday, 8:00 AM – 9:00 AM, Harlem, 7th Floor

Bradley Riemann, *Membership Committee Chair*

Kate Gunthert, *ABCT Ambassadors Chair*

Mary Jane Eimer, *Executive Director of ABCT*

Rise and shine! Maximize your ABCT Convention experience by joining us first thing Friday morning! Enjoy a cup of coffee and get your personal blueprint to ABCT's 50th Annual Convention. Whether you are a first-time Convention attendee or just want to refresh your memory on how to navigate the Convention, all are welcome. Learn how to take full advantage of earning continuing education credits and the documentation required, note networking opportunities, understand how to make the program book your personal road map, how to utilize the online itinerary planner or master the app.

Also, learn how to stay connected to ABCT throughout the year via our website, Facebook page, Special Interest Groups, and other networking opportunities. Plus, be on the lookout for members wearing Ambassador ribbons. They can answer any lingering questions about ABCT in general. We look forward to meeting you soon.

We look forward to seeing you in

NYC

FELLOWSHIPS IN ADVANCED COGNITIVE THERAPY FOR SCHIZOPHRENIA WITH AARON T. BECK

We offer an exciting opportunity for post-doctoral applicants in the Aaron T. Beck Psychopathology Research Center at the University of Pennsylvania. Specifically, our mission is to develop professionals who will become leaders in the field of psychological approaches that promote recovery for individuals with schizophrenia. Under the direction of Aaron T. Beck, M.D., our program includes basic research in schizophrenia, clinical trials of innovative treatments for the disorder, and dissemination and implementation of these treatment protocols into community mental health centers and psychiatric hospitals. We have been recognized for our cutting edge work in this field. For more information, see <http://aaronbeckcenter.org>

Applicants who have earned an Ph.D., Psy.D., or equivalent in psychology, social work, medicine or other related field and have had previous training in cognitive therapy, severe mental illness, or recovery-oriented services are encouraged to apply. Bilingual candidates are especially encouraged to apply.

Please send a curriculum vita with a cover letter and two letters of recommendation via email to Aaron T. Beck, M.D., at abeck@mail.med.upenn.edu.

The University of Pennsylvania is an Equal Opportunity/Affirmative Action Employer. Seeking applicants for current and future positions.

POSTDOCTORAL FELLOWSHIP IN THE IMPLEMENTATION OF COGNITIVE THERAPY IN COMMUNITY BEHAVIORAL HEALTH

The Aaron T. Beck Psychopathology Research Center of the University of Pennsylvania is seeking applicants with previous training in Cognitive Therapy (CT) or Cognitive Behavioral Therapy (CBT) and knowledge of implementation science to join the Beck Community Initiative, under the direction of Torrey A. Creed, Ph.D. Since 2007, the Beck Community Initiative has served as a model for the successful implementation of CT in community behavioral health settings, increasing access to evidence-based treatment for economically, culturally, and ethnically

diverse urban populations. The emphasis of the fellowship will be the implementation of CT in services for individuals seeking recovery from substance abuse, but responsibilities may also include working with providers across a wide range of treatment settings to support adults or children in their recovery from anxiety, depression, anger, recent incarceration, homelessness, and other common behavioral health issues. Primary responsibilities will involve the systematic use of implementation strategies to integrate CT into current practice settings, including engagement of agency staff, delivery of workshops, group supervision, integration of CT into the treatment milieu, and ongoing support for sustained practice of CT. Participation in research, program evaluation, grant writing, IRB activities, planning and execution of specialized training, and other academic and administrative endeavors are also part of the experience. Applications from post-doctoral level or license-eligible individuals are sought for this position.

Qualifications: Advanced professional discipline. Ph.D., Psy.D., or M.D. in clinical psychology, counseling psychology, social work, psychiatry or a related discipline and 1 years to 2 years of experience or equivalent combination of education and experience is required. Candidates with expertise in CT/CBT, the treatment of substance abuse, or implementation science will be considered, but the ideal candidate will have significant experience in all three. Bilingual applicants are particularly encouraged to apply.

Please send a CV, a statement of interest, and two letters of recommendation to Torrey Creed, Ph.D. at tcreed@mail.med.upenn.edu.

Find a CBT Therapist



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

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

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

findCBT.org

the Behavior Therapist

Association for Behavioral
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AWARDS & RECOGNITION

Congratulations to ABCT's 2016 Award Winners

Lifetime Achievement

Marsha M. Linehan, Ph.D., ABPP
University of Washington, Seattle

***Outstanding Contribution by an Individual
for Training/Education***

Christine Maguth Nezu, Ph.D., ABPP
Drexel University

Outstanding Mentor

Evan M. Forman, Ph.D., Drexel University

Outstanding Service to ABCT

Patrick L. Kerr, Ph.D.
West Virginia University School of Medicine

Distinguished Friend to Behavior Therapy

Patrick J. Kennedy

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

Nicole Caporino, Ph.D., American University

Virginia Roswell Student Dissertation Award

Emily Georgia, M.S., University of Miami

Leonard Krasner Student Dissertation Award

Tomislav Damir Zbozinek, M.A., UCLA

John R. Z. Abela Student Dissertation Award

Faith Orchard, Ph.D., University of Reading

President's New Researcher Award

Cara C. Lewis, Ph.D., MacColl Center for Healthcare
Innovation, Group Health Research Institute, Seattle
