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50 years

50

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PRESIDENT'S MESSAGE

ABCT's 50th Anniversary

Michelle G. Craske, UCLA



THE THEME OF OUR 50th Anniversary is "Honoring the Past, Envisioning the Future." This is a time to reflect on the wisdom, foresight, determination, and even courage of the pioneers who laid the foundation for behavioral and cognitive therapies and were instrumental in founding our organization. In my early years as an assistant professor at UCLA, I had the pleasure of working with Joseph Wolpe, who held an Emeritus position within our Department of Psychology (I still have his swivel chair in my office). When I teach on the topic of cognitive behavioral theory and therapy to first-year graduate students in clinical psychology, I begin by describing Wolpe's pioneering efforts. Dissatisfied with treatment models post-World War II, Wolpe turned to science for answers. On his own initiative, he read every one of Pavlov's experiments. Jerry Davison, whose initial introduction to Wolpe as a graduate student eventually developed into a close and enduring relationship, was responsible for archiving the hand-written summaries and critiques of Pavlov's studies in a library at USC. Wolpe used Pavlov's findings to formulate the first standardized and scientifically derived approach to the treatment of "neuroses," that being systematic desensitization. Wolpe began by applying principles of Pavlovian fear conditioning and extinction, combined with Hullian drive principles, to the reduction of conditional fear in

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INSTRUCTIONS for AUTHORS

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

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

Submissions must be accompanied by a Copyright Transfer Form (a form is printed on p. 35 of the February 2011 issue of *tBT*, or download a form from our website): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor, Brett Deacon, Ph.D., at bdeacon@uow.edu.au. Please include the phrase ***tBT submission*** and the author's last name (e.g., ***tBT Submission-Smith et al.***) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

cats (carried out in two small rooms on the roof of University of Witwatersrand Medical School, South Africa). Following demonstration of fear extinction, Wolpe set about applying these principles to individuals suffering from phobias. He faced enormous criticism from psychoanalysts for his novel, scientifically driven approach to treatment. Nonetheless, he persevered tirelessly and continued to inspire others (including myself), even towards the end of his life. Wolpe's influence stretches far and wide, including links to many members of our organization.

I was particularly fortunate to be mentored by Jack Rachman for my Ph.D. As a junior lecturer at the University of Witwatersrand, Jack was profoundly influenced by Joseph Wolpe's ideas, and became his informal mentee before becoming a long-term friend. Jack Rachman drove the experimental psychopathology approach to the treatment of mental disorders to another level. After leaving South Africa, his work at the Maudsley Institute in London laid the groundwork for exposure and response prevention for obsessive-compulsive disorder, deepened the conceptualization of fear and courage, and highlighted the multiple response modalities that comprise fear (perhaps a foreshadowing the NIMH Research Domain Criteria Initiative). In conjunction with Hans Eysenck (to whom he was introduced by Joseph Wolpe), Jack founded the journal *Behaviour Research and Therapy*. Jack's more recent investigation of cognitions has been critical to the development of cognitive theories and therapies. As a graduate student, Jack inspired and encouraged me to use these principles to further our understanding and treatment of anxiety disorders. My postdoctoral mentor, David Barlow, cemented those principles even further. David not only relied upon scientific principles to understand and treat anxiety disorders, but he used the same principles to implement these treatments in clinical settings. His impact on the uptake of empirically based treatments for anxiety and related disorders in real-world settings cannot be overstated. Furthermore, David's model of clinical training that seamlessly blends the development of therapeutic skills with learning of clinical trial methodology has become the gold standard worldwide.

Not only are Jack and David luminaries in their reliance on principles of experimental psychopathology for understanding emotional disorders and treatment development, they are exemplary role

models of scientific curiosity and openness to new ideas. And of course Joseph Wolpe embraced new ideas in his pioneering efforts. Without willingness to search for new perspectives, our field is subject to stagnation; willingness to test new methods and models is essential for progress and innovation. Yes, cognitive behavioral therapy is an empirically supported treatment with a strong experimental basis and well-established efficacy, but we should always explore other avenues that augment cognitive behavioral therapy or even take us in new directions, as long as they are derived using principles of scientific enquiry. We must continuously update our methods and theories to keep pace of advances in allied fields, such as cognitive science, neuroscience, biotechnology, and information technology. For example, whereas we have established the efficacy of cognitive behavioral therapies, they are not uniformly effective and little is known about the processes through which therapeutic change occurs. As Alan Kazdin has outlined in his writings, understanding processes responsible for therapeutic change allows optimization of treatment strategies that directly target those processes, removal of inert strategies that offer little benefit, and development of novel, more expeditious and effective approaches. Hence, to the extent that decreased rumination and increased specificity of autobiographical memory mediate cognitive and behavioral treatments for depression, then strategies that hone in on those changes may streamline treatment and optimize outcomes. In addition, understanding "mechanisms" may uncover moderators of treatment response, leading to greater precision in treatment matching and better outcomes. As an illustration, identification of changes in attentional bias to threat-relevant stimuli as a mediator of attentional bias modification training would suggest that such training may work best for those individuals who show significant attentional bias towards threat at the onset of treatment.

But even more exciting possibilities lie ahead. We are on the cusp of major shifts in the methods by which psychological treatments are delivered. The Internet and other technological aids are already increasing access to care across the lifespan and across the world, from the depressed mother in a rural South African village, to the traumatized veteran returning from war with posttraumatic stress disorder, to children entering developmental transitions that place them at risk for anxiety and

depression. Similarly, Internet-based programs and other technological aids are being used to train nonprofessionals and professionals in evidence-based treatments and to guide the fidelity with which these treatments are delivered. Alongside these developments, we must work to contain the proliferation of apps and Internet-based programs by employing scientifically rigorous methodologies to evaluate their efficacy and understand the processes responsible for their effects. In addition, just as with traditional therapist-delivered treatments, Internet-based treatments should be streamlined to target specific areas of dysregulation that contribute to psychopathology and eventually be matched to individual needs.

Moreover, borrowing ideas from my engineering colleagues at UCLA, I can envision a "personal cloud" that is regularly accessed in order to assess symptoms, functioning, and life stress, using an array of remote monitoring devices. Active inputting of symptoms, functioning, and life stress can be accompanied by 24/7 passive monitoring of an array of biological and behavioral indices using cell phones. A personal cloud of this type would increase awareness of psychological well-being and need for treatment, in the same way that blood glucose monitoring assesses diabetic status and need for insulin. In addition, it could identify tipping points that guide clinical decision making in terms of treatment onset, offset, or reset. For example, we may learn specific patterns of behavior, physiology, or self-report that signify impending relapse or emerging suicidality that could be offset by preventative intervention; or we may identify patterns indicative of limited treatment engagement that could trigger evidence-based methods for enhancing motivation. By gathering such data on large enough samples, we will have a much better chance of developing a "precision medicine" approach. For example, we may learn which profile of behavioral, physiological, and self-report data early in treatment predict long-term treatment response, or which profile moderates response to cognitive restructuring, versus acceptance and mindfulness, versus attentional bias modification, to name a few.

I envision new, more efficient and more effective therapies that target specific risk and maintenance processes. These new therapies might combine behavioral and cognitive methods with pharmacological aids to learning, neuromodulatory techniques, and technological tools such as virtual reality. The latest advances in pharma-

cological augmentation of consolidation of extinction learning in the treatment of anxiety disorders, and possibilities of disruption of reconsolidation to erase fear memories (albeit under certain limiting boundary conditions) exemplify such mechanistic treatment developments. The combination of cognitive strategies with neuromodulation (such as exercises in cognitive reappraisal to prime neural regions at the same time that they are targeted with transcranial direct current stimulation or transcranial magnetic stimulation) is just beginning to be explored. Virtual reality has been used in the treatment of phobias and post-traumatic stress disorder for some time,

but offers opportunities far beyond those conditions, including depression and psychosis.

Achievement of these goals will require much greater integration across basic science and clinical science, with all minds working together on the same problems, and greater attention to the sources of dysregulation that underlie psychopathology and explain treatment change. Similarly, improving methods for continuous reciprocal feedback between clinical science and clinical practice will be essential. In addition to the continual development of unique and innovative approaches, the development of gold standards in para-

digms and measures and agreed upon operationalization of intervention strategies is essential for moving forward.

We have come a long way since ABCT was founded 50 years ago, and I believe we are poised to make even larger strides in our mission to enhance health and well-being in the next 50 years by harnessing science, our major guiding principle, and remaining open to new ideas.

...

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ORIGINS

50 Years Ago: Who's Been Hanging Out in Dorothy's Apartment? The Humble Origin of the Association for Advancement of Behavior Therapy

Mitchell L. Schare, *Hofstra University*



IN DECEMBER 1973, the 8th Annual Convention of the Association for Advancement of Behavior Therapy (AABT),¹ the former name of the Association for Behavioral and Cognitive Therapies (ABCT), was held in Miami Beach. During the Association's annual business report, presiding President Gerald Davison made a statement that might sound odd from today's perspective. He stated the Association had moved out of Dorothy Susskind's apartment to 45th Street in New York City, a location shared with a medical society and offering such advantages as "very low rental fees" and inexpensive use of office equipment (Davison, 1974). This statement raises questions such as: Who was Dorothy Susskind, why was our organization housed in her apartment, and who were the people going there? In the pantheon of behavioral founders, Dr. Susskind's name is not typically cited but her influence in this organization and thus

in the development of behavior therapy is nevertheless profound.

In the 1940's and 1950's, psychoanalysis was the dominant model of working with most forms of psychopathology. Concurrently, in some universities and medical schools the application of learning theory to the alleviation of human suffering was systematically studied, mainly in three countries unified by academic exchange and the English language.² In America a great amount of behavioral science

research involved the study of conditioning and learning. B. F. Skinner's pioneering work with operant conditioning, along with many other investigators, some Pavlovian in orientation, provided strong evidence to demonstrate the production of "experimental neurosis" in animals to be studied as analogues to the experience of pathological anxiety in humans (cf. Estes & Skinner, 1941; Gantt, 1944; Masserman, 1943). These animal models led other researchers to next experiment with the application of learning principles to rid anxious behaviors in animals and then in humans.

A Few Key Players

At the University of London's Institute for Psychiatry (i.e., the Maudsley Hospital), Professor Hans Eysenck was becoming known for personality research. He caused quite a stir in the psychotherapy world by declaring that his analysis of contemporary psychotherapy (i.e., psychoanalytic and eclectic) outcomes were not very convincing, stating, "... roughly two-thirds of a

¹There were actually two early variants on the original name of our association, the first being Association for Advancement of Behavioral Therapies. The details of the changes are reviewed in a discussion of AABT newsletter titles by Franks (1987). The initiation of one of the changes from "therapies" to "therapy," based upon an argument of a unified learning orientation accounting for all procedures, may readily be traced to a letter to the editor by two relatively unknown graduate students (described as "pipsqueaks" by Franks, 2000) who presented a strong argument, resulting in the change to the singular form (Wilson & Evans, 1967). Both authors subsequently became highly significant contributors to the field of behavior therapy.

²AABT's first president, Cyril Franks, might dispute the assertion that the countries all shared the English language. In an interview, conducted by G. Terence Wilson, Dr. Franks wryly asserted, with his beautiful British accent, that his future spouse Violet did not speak a word of English when he met her while on a predoctoral fellowship at the University of Minnesota. When pressed by Dr. Wilson, Dr. Franks said that she spoke "American" with a distinct Brooklyn dialect (Franks, 2000).

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group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not" (Eysenck, 1952). His research group went on to seek learning-based solutions to relieve neuroses that could be systematically studied in the laboratory. While time has proven that Dr. Eysenck and many of his Maudsley collaborators were major contributors to the development of behavior therapy, one stands particularly tall regarding ABCT.

Hailing from Wales, Cyril Franks, originally a student of physics and electronics, became attracted to understanding people and "whatever made them tick in the aftermath of the second world war" (Franks, 2001). Residing in London at that time, Franks began to take courses in general and clinical psychology, which would allow him to gain entry into a clinical internship and a Ph.D. program in psychology. While researching this next academic step he found that throughout Europe the educational orientation was Freudian and that nonphysicians (like clinical psychologists) in Great Britain were not permitted to work for the public health service despite the dire need for therapy by war veterans (Franks, 2000). Franks became most interested in Eysenck's work at the Institute for Psychiatry and applied to the Ph.D. program in psychology, despite the limitations on clinical psychology practice, which consisted of giving psychological tests, vocational counseling and conducting "non-threatening, physician sanctioned research" (Franks, 2001). The appeal of meaningful research with Dr. Eysenck was a stronger pull than the frustration he felt when observing recent clinical psychology graduates who quickly disregarded their training in psychological science to accept the "Freudian dogma" as no alternative was available.

Franks began to study the dimensions of personality as articulated by his mentor. However, with an expertise in electronics, he was called upon to set up conditioning experiments in order to demonstrate personality and drug phenomena. The group eventually settled upon a combination of Pavlovian and Hullian principles to guide their research. The next step for the Maudsley group was to apply these learning models to changing behavior. After a good number of years serving as a postdoctoral researcher, Dr. Franks chose to leave England due to the predominance of the psychoanalytic model and belief that America would be more open and accepting of

newer approaches to therapy. In 1957, he was offered a position as the director of psychology at the Princeton Neuropsychiatric Institute, spending time there before being hired as a professor at Rutgers University in 1969. Ironically, Dr. Franks had stated on numerous occasions that he left London to escape the yoke of psychoanalytic thinking only to find that the New York City metropolitan area had even more psychoanalytic practitioners (Franks, 1997, 2000).

Discontentment with the psychoanalytic model was also an influential factor in the career of Joseph Wolpe. Following his high school graduation in South Africa, Wolpe attended the University of Witwatersrand, studying medicine and being drawn to the study of psychology. During training he became enamored with the psychoanalytic model, which in the 1930's was the prevalent treatment approach (Wolpe, 2000). After earning a bachelor of medicine degree, an MBChB (the British system equivalent of an M.D. in America), in 1942, Dr. Wolpe felt that it was his duty to volunteer for the war effort and then served in the South African medical corps working with soldiers suffering from "war neurosis." At that time, long-term psychoanalysis was not possible with the large number of patients presenting. A shorter-term model had developed called "narcoanalysis," during which patients were administered sodium pentothal to induce the release of repressed memories and therefore "cure" them (Poppen, 2001; Wolpe, 2000). In studying the outcomes of this treatment, Dr. Wolpe observed that most patients seem to initially benefit from this treatment; however, within 2 to 3 months they regressed. Furthermore, it was relatively rare to find a patient who benefited from the narcoanalysis in the long term.

Wolpe set out to find an alternative therapeutic procedure to help neurotic patients. Having been imbued with strong principles of scientific inquiry from psychology, Dr. Wolpe wished to consider Pavlov's work on conditioning and read all available translations honing in on the conditioning of experimental neurosis (Pavlov, 1927). Masserman's (1943) book was influential on Wolpe and contained many variants of neurotic conditioning procedures but relied on applying psychoanalytic concepts to explain the conditioning processes. After leaving the service in 1946, Wolpe earned his M.D. (equivalent to a research Ph.D.) and was supported by visiting professor Leo Reyna, a recent Ph.D. himself. (Reyna had a strong conditioning back-

ground, having studied under Kenneth Spence at Iowa.) Wolpe also studied Clark Hull's (1943) *Principals of Behavior*, which significantly influenced him (Poppen, 2001). He investigated the experimental neurosis paradigm, as Masserman and Yum (1946) had with cats, seeking to then reverse the neuroses using a variety of conditioning principles (Wolpe, 1969). After much research, he settled upon "reciprocal inhibition" as the key concept. One needed to undo or countercondition the conditioned fear response (*conditioned excitement*—a concept he attributed to Salter, 1949) of the autonomic nervous system through conditioning inhibition, for which he used relaxation skills as the agent.

Wolpe's (1958) publication of *Psychotherapy by Reciprocal Inhibition* (procedurally known today as systematic desensitization) is widely recognized by many scholars as the watershed moment in the development of behavior therapy. For the first time a learning-based treatment was provided with a sound theory, a specified assessment component, followed by discrete therapeutic procedures and supportive outcome data. Wolpe's research had been known for some time by the Maudsley group, having visited with them on a number of occasions. Learning researchers throughout America were familiar with Wolpe's journal contributions, which led him to a fellowship year at Stanford University in 1957 where he wrote his book. The publication of this book heralded a new era of a learning-based, scientific alternative to psychoanalysis that caused widespread attention to this approach and was seen as an important turning point in the history of behavior therapy (Cautela, 2000).

A number of undergraduate psychology students and junior colleagues at Witwatersrand, Arnold Lazarus and Stanley Rachman among them, found themselves sneaking away from their psychology studies to meet and learn from Dr. Wolpe. Lazarus became Wolpe's student and collaborator for many years while Rachman traveled north and earned his Ph.D. with Eysenck at the Maudsley hospital. Many years later, Lazarus was hired at Rutgers University at Franks' urging (Franks, 2000).

Wolpe saw opportunities in America and accepted a position in 1960 as a Professor of Psychiatry at the University of Virginia School of Medicine. In 1962, with great support from the medical school and an anonymous donor (Salter, 2000), Wolpe, along with colleagues Leo Reyna



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and Andrew Salter, held the first conference on behavior therapy in Charlottesville, VA, the proceedings of which were published as a book (Wolpe, Salter, & Reyna, 1964). It was the desire of these leaders to have researchers come together to talk about the many important issues of learning theory in the developing field of behavior therapy.

In mid-20th century New York City, psychoanalysis was the only game in town. That game was to change when Andrew Salter came along, a brilliant individual who thought unconventionally about the human condition. Arguably it could be said that this clinical psychologist ushered in the beginning of the modern behavior therapy movement. Following his 1937 graduation from New York University, Salter made his way to the New York Public Library for his graduate education (Salter, 2000). He read Pavlov's work voraciously as well as other learning theory, including work by Clark Hull. Without the benefit of classes, laboratories, or additional letters after his name, Salter (1941) published a paper looking at hypnosis procedures as conditioning processes and which subsequently led to a book on the topic (Salter, 1944). As a result of this work, which strongly advocated short-term therapy compared to the prevailing psychoanalytic model, his perspective was acclaimed in articles that appeared in the *New York Times*, *Time* magazine, and *Life* magazine (Salter, 2000). In 1949 Salter published a landmark volume in the history of behavior therapy, *Conditioned Reflex Therapy*, an analysis of anxiety and anger as conditioned processes. He argued that problems are caused by conditioned disinhibition,

which allowed for excesses in behavior that need to be fixed. In some ways Salter's therapy foreshadows models of social skills training and assertiveness which emerged many years later. Salter's book well preceded Wolpe's and has been acknowledged by early behavior therapists, including Wolpe (1969), as having been very influential in their thinking. Salter is also known for his powerful and passionate critique of the whole psychoanalytic enterprise, titled *The Case Against Psychoanalysis* (1952).

Dorothy Susskind was brought up and educated in New York City. She attended Hunter College in Manhattan, a selective "all-girls school" where she studied biology with minors in physics and chemistry, convinced that science was the future and "... that I was going to save the world" (Susskind, 2000). Susskind next attended Columbia University, earning a master's of science and then taught students at a local high school where she observed that there were a number of students with considerable emotional problems. She enrolled in a master's program in guidance counseling following a discussion with her principal, who offered to pay for the degree. However, she found the material too superficial and subsequently attended City College, which had an excellent psychology program. Dr. Susskind earned her Ph.D. in 1965, having served a clinical internship earlier in 1957, "where you saw everything," and was the first psychologist allowed to conduct therapy sessions without the requirement of being analyzed (Susskind, 2000).

Though analytically trained, at her first job in a child guidance center Dr. Susskind found the thought of doing psychoanalysis

with children to be "ridiculous." She worked her cases in a more practical manner by talking with the children and realizing that in many cases inappropriate reinforcement of maladaptive behaviors appeared to maintain the very issues that needed to be changed. She heard that Wolpe was going to give a talk at the Princeton Neuropsychiatric Institute (where Franks was the director) and went to see him speak. Susskind was intrigued by what she heard, yet her psychoanalytic training made her somewhat cautious. She decided to read the new, edited volume by Eysenck (1964), *Experiments in Behavior Therapy*, which included contributions by many (including Franks). This book impressed her so much so that she described it as "marvelous... it was like a person who is in the desert and suddenly sees water, it was scientific and I liked it" (Susskind, 2000). In 1965, she decided to attend an institute being offered by Wolpe in Virginia, the first of what became an ongoing summer series, where she was in a class of nine people (including Joseph Cautela) and stayed there for 3 months. Her patients benefitted from Wolpe's approach to therapy in a short period of time, which was miraculous to Susskind.

Getting Together in NYC

When Franks (2000), the founding president of AABT, was asked directly about who were the key people in starting ABCT, the first person mentioned, and enthusiastically so, was Dorothy Susskind. Upon returning to New York from the Virginia Institute, Dr. Susskind found herself "bubbling" with excitement about this new scientific therapy but felt very isolated. So she took it upon herself to invite a few people, including Cyril Franks, Edward Dengrove (a New Jersey psychiatrist strongly influenced by Wolpe and Franks), Leonard Krasner (a Stony Brook University professor and strong behavior therapy advocate) among them, to her studio apartment to talk about behavior therapy. As word spread, the small meeting led to fairly regular grouping of 10 to 12 people coming to the apartment. As cited on the ABCT website, the organization was formally started in 1966 with the following people recognized as founding members: John Paul Brady, Joseph Cautela, Edward Dengrove, Cyril Franks, Martin Gittelman, Leonard Krasner, Arnold Lazarus, Andrew Salter, Dorothy Susskind, and Joseph Wolpe.



left to right: Andrew Salter, Leonard Krasner, Martin Gittelman, Joseph Wolpe, Edward Dengrove, Dorothy Susskind, Joseph Cautela, Arnold Lazarus, Cyril Franks

Cyril Franks was a powerhouse of organization. He forcibly argued that the name of the organization should be modeled after similar types of organizations, such as the British Association for Advancement of Science, which had a philosophical premise of moving ahead scientific inquiry, not simply advancing individual careers (Franks, 2000). He was first president, founder and editor of the *Newsletter* and founder of the flagship journal, *Behavior Therapy*³ in 1970. At his side was Dorothy Susskind as the organization's first executive director. Together they organized, made calls, licked envelopes, and brought mailings to the post office. At some point early on, Franks (2000) was very happy when they hired a part-time secretary, Betsy Kovacs, to do some typing. Eventually Betsy became the first hired, executive secretary of the organization.

Susskind (2000) reflected what these early behavior therapists were like when they got together at meetings. "At the beginning we were like a group of adolescents who had discovered a new toy. Some of us were a little bit arrogant saying what do you know. We had the three musketeers (Krasner, Franks, and Dengrove) going around and about saying how great behavior therapy was" and implying that other approaches were stupid. Susskind argued with the group that psychoanalysts were not stupid and that this small group needed to approach others in a more tactful manner. As her career unfolded, she personally gave lectures, seminars, and taught courses around the NYC community. It was Dorothy's advocacy of teaching others that is found strongly in the fabric of ABCT today. We have always been an interdisciplinary organization wishing to disseminate our knowledge to all comers.

The sharing of knowledge began systematically as AABT held its first annual convention in September 1967 in Washington, D.C., in conjunction with the 75th Convention of the American Psychological Association. The first program (*opposite*) consisted of a business meeting, a single symposium on "Behavior therapy

³It should be noted that early volumes of the journal were printed in a bright violet color to stand out. However, in personal communication with Mary Jane Eimer, the ABCT Executive Director since 1980, the color was also chosen by Cyril Franks to honor his spouse, Violet Franks, a Ph.D. psychologist and member of the organization.

FIRST ANNUAL MEETING
of the
ASSOCIATION FOR ADVANCEMENT OF THE BEHAVIORAL THERAPIES (AABT)
SEPTEMBER 2nd and 3rd, 1967

(All meetings will be held in the WASHINGTON HILTON HOTEL, Washington, D. C., in conjunction with the 75th APA Convention. Non-members of the AABT are invited to attend all sessions.)

SATURDAY, SEPTEMBER 2nd - THOROUGHbred ROOM

- | | |
|-------------------|--|
| 1:00 - 1:50 p. m. | Business Meeting |
| 3:00 - 4:50 p. m. | <u>Symposium</u> "Behavior therapy from a clinician's point of view" |
| | Chairman: Allen E. Bergin (Teachers College) |
| | Participants: Arnold A. Lazarus (Temple U.)
Marvin R. Goldfried (SUNY at Stony Brook)
Gerald C. Davison (SUNY at Stony Brook) |
| | Discussant: Charles B. Truax (Ark. Rehab. Res. Cent.) |
| 5:00 - 8:00 p. m. | <u>Studies in Behavior Modification. I</u> |
| | Chairman: Arnold A. Lazarus (Temple U.) |
| 5:00 p. m. | John R. Geary (Mill Valley, Calif.) Alcoholics anonymous: an effective form of behavior therapy. |
| 5:20 p. m. | Bradley D. Bucher (U. Calif.) A portable electric shock device, with applications for habit control. |
| 5:40 p. m. | J. Zimmerman and J. L. Nurnberger (Ind. U.) A treatment of "dissertation neurosis." |
| 6:00 p. m. | D. H. Barlow, W. S. Agras and H. Leitenberg (U. Vermont) Control of classic neurotic "symptoms" through reinforcement and non-reinforcement. |
| 6:20 p. m. | J. S. Birnbrauer (U. N. Car.) The generality and permanence of punishment effects |
| 6:40 p. m. | T. C. Lovitt, S. I. Sulzbacher and J. D. Kidder (U. of Washington) Conjugate contingencies: an assessment tactic. |
| 7:00 p. m. | Joseph Cautela and Matthew Avitabile (Boston Coll.) Physiological concomitants of covert sensitization. |
| 7:20 p. m. | Nancy C. Flood and Stephanie B. Stolz (U. Kansas) Establishment of verbal imitation in an elective-mute autistic child. |
| 7:40 p. m. | Gerald R. D'Alessio (Pequannock Valley M. H. C.) The concurrent use of behavior modification and psychotherapy. |

SUNDAY, SEPTEMBER 3rd - INTERNATIONAL BALLROOM WEST

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|-------------------|--|
| 4:00 - 5:40 p. m. | <u>Studies in Behavior Modification. II</u> |
| | Chairman: Cyril M. Franks (N. J. Neuro-Psychiat. Inst., Princeton) |
| 4:00 p. m. | John R. Emery (U. Calif.) Standard versus individualized hierarchies in desensitization to reduce test anxiety. |
| 4:20 p. m. | Bruce L. Baker (Harvard U.) Symptom treatment and symptom substitution in enuresis. |
| 4:40 p. m. | Michael Kahn and Paul Quinlan (Yale U.) Desensitization with varying degrees of therapist contact. |
| 5:00 p. m. | Horace D. Beach (Dalhousie U.) An experimental study of the use of aversive stimuli to modify human behavior. |
| 5:20 p. m. | Ernst Schmidhofer (Chilton T. Perkins St. Hosp., Md.) Cerebral training. |
| 6:00 - 8:00 p. m. | <u>Behavior Modification in Training and Special Education</u> |
| | Chairman: Martin Gittelman (League School, N. Y. C.) |
| 6:00 p. m. | William D. Wolking (U. Florida) Behavior therapy training in A. P. A. approved programs. |
| 6:20 p. m. | Paul S. Graubard, Sara Unobskey et al (Yeshiva U.) A training-research program in behavioral modification for educators. |
| 6:40 p. m. | Patricia Sand and Stephen I. Sulzbacher (U. Washington) The public health nurse as a behavioral engineer: research and training. |
| 7:00 p. m. | J. I. Taber, R. M. Frumkin and Beverly Babcock (West- era Res. U.) An application of contingency management procedures to the problem of intellectual retardation in disadvantaged children. |
| 7:20 p. m. | F. J. Vingoe and R. G. Knudsen (Colo. St. U.) A behavioral analysis and treatment approach to reading deficiencies. |
| 7:40 p. m. | Herbert Fensterheim (N. Y. Med. Coll.) The application of learning principles to behavioral modification in physical rehabilitation. |

from a clinician's point of view," and three paper sessions on "Studies in Behavior Modification," for a total of 20 presentations. This year we celebrate ABCT at the organization's 50th annual convention with 123 symposia presentations, 40 panel discussions, 4 invited panels, and over 1,600 poster presentations. Our current membership is over 5,000, with half of that figure full members and half student members.

Behavior therapy and ABCT have evolved from a few strong-minded individuals looking for a better scientific approach to alleviate emotional suffering. The behavioral and cognitive therapies have been embraced worldwide and dominate much of modern training in mental health practice and research. So many ABCT members have found their identity, their source of lifelong education and much needed collegiality through this organization—our professional home. Our behavioral science, practice, and careers stand firmly on the many shoulders of these giants who had the foresight to organize this association and to whom we are eternally grateful.

References

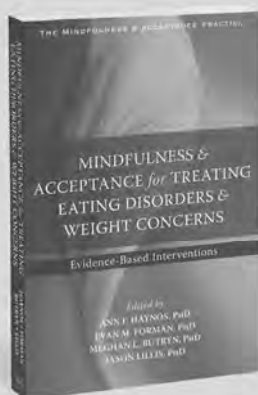
- Cautela, J. (2000). *Archives video series – Joseph Cautela interviewed by David Barlow* [Video]. New York: Association for Behavioral and Cognitive Therapies.
- Davison, G.C. (1974). Report of AABT business meeting. *AABT Newsletter*, 1 (1), 2-5.
- Estes, W. K., & Skinner, B. F. (1941). Some quantitative properties of anxiety. *Journal of Experimental Psychology*, 29(5), 390-400.
- Eysenck, H. J. (1952). The effects of psychotherapy: an evaluation. *Journal of Consulting Psychology*, 16(5), 319-324.
- Eysenck, H.J. (Ed.). (1964). *Experiments in Behavior Therapy*. New York: Pergamon Press.
- Franks, C.M. (1987). Behavior therapy and AABT: Personal recollections, conceptions and misconceptions. *the Behavior Therapist*, 10(8), 171-174.
- Franks, C.M. (1997). It was the best of times, it was the worst of times. *Behavior Therapy*, 28, 389-396.
- Franks, C.M. (2000). *Archives video series – Cyril M. Franks interviewed by G. Terrence Wilson – 1996* [Video]. New York: Association for Behavioral and Cognitive Therapies.
- Franks, C.M. (2001). From psychodynamic to behavior therapy: Paradigm shift and personal perspectives. In W. T. O'Donohue, D. A. Henderson, S. C. Hayes, J. E. Fisher, & L. J. Hayes (Eds.), *A history of the behavioral therapies: Founders' personal histories*. Reno, NV: Context Press.
- Gantt, W.H. (1944). *Experimental basis for neurotic behavior: Origin and development of artificially produced disturbances of behavior in dog*. New York: Paul B. Hoeber, Inc.
- Hull, C. (1943). *Principles of behavior*. New York: Appleton-Century-Crofts.
- Masserman, J.H. (1943). *Behavior and neurosis: An experimental psycho-analytic approach to psychobiologic principles*. Chicago: University of Chicago Press.
- Masserman, J.H., & Yum, K.S. (1946). An analysis of the influence of alcohol on the experimental neuroses in cats. *Psycho Somatic Medicine*, 8, 36.
- Pavlov, I.P. (1927). *Conditioned reflexes: an investigation of the physiological activity of the cerebral cortex*. New York: Liverright.
- Poppen, R. (2001). Joseph Wolpe: Challenger and champion for behavior therapy. In W. T. O'Donohue, D. A. Henderson, S. C. Hayes, J. E. Fisher, & L. J. Hayes (Eds.), *A history of the behavioral therapies: Founders' personal histories*. Reno, NV: Context Press.
- Salter, A. (1941). Three techniques of autohypnosis. *Journal of General Psychology*, 24, 423-438.
- Salter, A. (1944). *What is hypnosis*. New York: Richard R. Smith.
- Salter, A. (1949). *Conditioned reflex therapy*. New York: Creative Age Press.
- Salter, A. (1952). *The case against psychoanalysis*. New York: Holt.
- Salter, A. (2000). *Archives video series – Andrew Salter interviewed by Gerald C. Davison* [Video]. New York: Association for Behavioral and Cognitive Therapies.
- Susskind, D.M. (2000). *Archives video series – Dorothy M. Susskind interviewed by Mary Jane Eimer* [Video]. New York: Association for Behavioral and Cognitive Therapies.
- Wilson, G.T., & Evans, W.I.M. (1967). Behavior therapy and not the behavior therapies. *Newsletter of the Association for Advancement of Behavioral Therapies*, 2, 5-7.
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.
- Wolpe, J. (1969). *The practice of behavior therapy*. New York: Pergamon Press.
- Wolpe, J. (2000). *Archives video series – Joseph Wolpe interviewed by Gerald C. Davison – 1994* [Video]. New York: Association for Behavioral and Cognitive Therapies.

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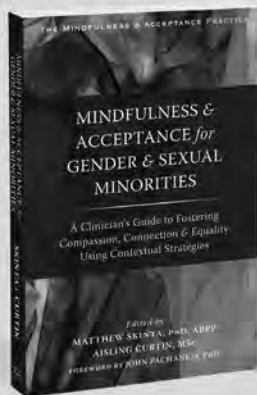
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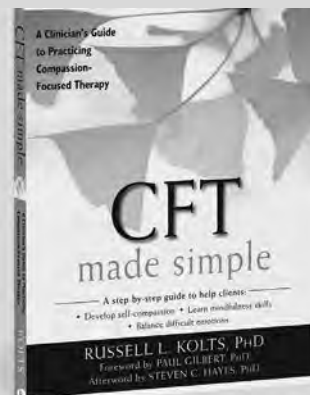
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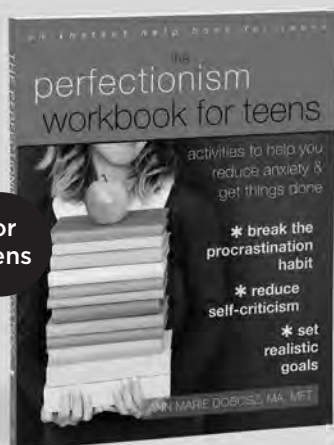
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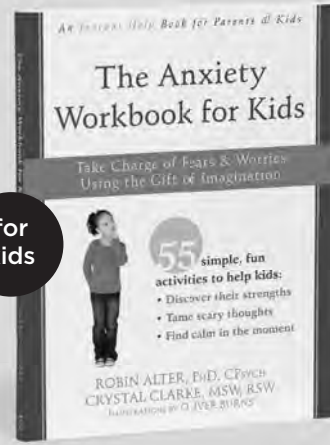


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REFLECTION

Happy Nifty Fifty

Stefan G. Hofmann, *ABCT Past President (2012–13),
Boston University*



AMAZING! ABCT turned 50. Common wisdom has it that 50 marks the midlife milestone of somebody's life. For this reason, the 50th birthday is a very special celebration. I used to think that 50 is really old. Many younger people still do. But after I turned 50 myself 2 years ago, I changed my cognitive appraisal about turning 50 (and as we all know, cognitive appraisal really does matter). Fifty is not old at all, regardless of what all the other younger-than-50-year-old-people think. The important thing about turning 50 is not to suppress or deny it. Instead, we need to accept our fate and be mindful about it (no, Steve Hayes, there is no need to discuss ACT at this point).

Mindful 50-year-olds accept the fact that they are 50. They combine youthfulness and wisdom as well as energy and patience. Mindful 50-year-olds have a pretty good sense of what they want in life and definitely know what they don't want; they rely on their strength and don't get bothered too much by the many age-related weaknesses.

In many ways, ABCT is a typical mindful (and happy) 50-year-old. I was very fortunate that I was able to grow up and age together with ABCT. I feel so attached to ABCT that if I had to choose a 4-letter word as a tattoo, it would probably be "ABCT." However, I don't really like tattoos. Besides, ABCT does not encourage tattoos. Therefore, no ABCT tattoo will appear on any part of my body any time soon.

I grew up with ABCT. I was very lucky to have received mentorship and training from leaders of this fine organization and

the global CBT community. I started my career under the superb mentorship of Anke Ehlers when I was an undergraduate and graduate student and have been under the guidance of David Barlow since my postdoctoral work with him; without him, my life would have been very different. After a very brief phone interview and based on the recommendation by Anke and David Clark, Dave Barlow took a chance and offered me over the phone a post-doc position in his lab in 1994. Back then, I was working in Dresden in East Germany as a research associate in an unrelated field. I thought my young career as a CBT scholar was over before it began. But the phone call with Dave gave me a chance to live my professional dreams. I am eternally grateful to him for it.

During the later stages of my career, I received wonderful mentorship and training from Aaron T. Beck as well as the staff of the Academy of Cognitive Behavior Therapy. Tim is an inspiration and role model without comparison. More recently, I have begun working with other influential thinkers, including my very good friend Steve Hayes. ABCT has always offered the time and place to begin, continue, and form these relationships.

Given how much ABCT gave to me, it was only fair to give back to ABCT by serving this organization in various roles. I started as Anxiety Disorders SIG president, then became Representative at Large, then editor of *C&BP*, and then became President of this incredible organization.

My time as President of ABCT was one of the highlights of my career. The central office staff is a model for a caring, compassionate, hard-working, dedicated, and efficient team. All of my goals as President have been met or were exceeded. I wanted

to grow the membership base; ABCT has now reached an all-time high. I wanted to increase dissemination of CBT; ABCT now has the position of Director of Outreach and Partnerships that is occupied by Tammy Schuler, a Ph.D. psychologist. I wanted to create a "Fellow" status to reward and retain our senior members; ABCT made it happen. I also wanted to form closer ties to funding agencies and policymakers in order to promote CBT. Again, ABCT was there to support me by, for example, inviting and arranging a meeting with Kathleen Nordahl, executive director for professional practice of the APA and the late Varda Shoham from the NIMH. Even after my presidency was over, the central office staff supported a gathering to discuss the value of CBT for the U.S. health care system with Ben Carey, the science writer for the *New York Times*.

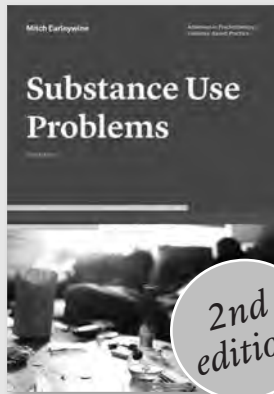
Perhaps the most significant task during my presidency, however, was to work with McKinley Advisors, a well-respected consulting firm, to help us navigate through the ever-changing landscape of CBT. McKinley's report gave us clear guidance for our future work and laid the groundwork for a number of concrete initiatives. This is not to brag (well, maybe a little), but rather to illustrate how efficient and flexible the central office staff can be. It also exemplifies how well the leadership works together. None of these goals could have been achieved without sharing the same vision and closely working together. Especially during the McKinley activities, Deb Hope, Bob Klepac, Dean McKay, Denise David, and I remained in very close contact. The greatest kudos, however, go to Mary Jane Eimer and her central office staff for their shared vision and all their excellent work. It is clear that we all deeply care for ABCT and that we share the same values.

Thank you, ABCT, for being part of my life. Maybe one of these days I will add a tattoo with your name somewhere on my body (preferably one that can be washed off). But I first need to make sure that your name doesn't change again. I will wait a few more decades, just to be sure. Happy birthday, ABCT!



See our new releases in New York at the ABCT's 50th Annual Convention 2016!

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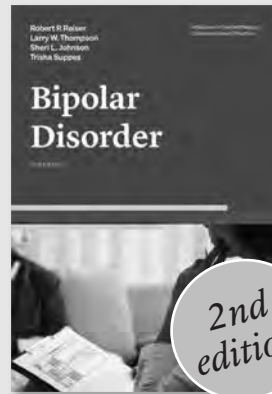


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REFLECTION

Fifty Years of ABCT Equals Fifty Years of Dissemination

Dean McKay, *ABCT Past President (2013-14), Fordham University*



IMAGINE FOR A MOMENT that you just attended a meeting of ABCT, enrolled in several workshops, went to symposia and panel discussions, and returned to your everyday clinical work eager to apply many of

the new evidence-based methods you learned. All of that is easy to imagine if you've attended just a single annual meeting of ABCT. But imagine further that when you return from the conference these new approaches you learned were being called unhelpful, improper, unethical, and potentially harmful by your nonbehavioral colleagues. There was a time, not terribly long ago, where practicing your craft based on new skills learned at the conference was met with scorn from non-CBT-oriented therapists. When I attended my first ABCT conference as a graduate student, on the occasion of the 25th anniversary, also held in New York, there were numerous talks on the efficacy of exposure-based treatment, cognitive therapy, and the underlying cognitive mechanisms for a wide range of psychopathology. I ran myself ragged at that conference, attending talks nonstop, eager to learn the latest findings in cognitive-behavioral methods. What followed, for me at least, was intense dissonance when discussing these approaches with non-CBT colleagues at a training site who expressed open hostility to the idea of employing exposure for anxiety, or cognitive therapy

for depression, or cognitive-behavioral methods for managing substance abuse. But the research presented at the conference was compelling, and the science of the approaches espoused by the professionals who reacted with disdain to CBT was simply lacking. We have ABCT, and its founders, to thank for having the courage of their convictions to help disseminate these methods in the face of this severe skepticism and for facing a more receptive public and wider profession when it comes to availing CBT to clients.

Fortunately, we have been steadily moving past that era. Direct-to-consumer efforts to inform the public about the science of CBT has led to increased demand for our methods of treatment. This has created pressure on providers to offer CBT even if there was previous resistance to this due to theoretical conflict, antiscience attitudes, or simple misunderstanding of the methods. While challenges still exist, such as providers misrepresenting the degree of CBT expertise they possess (McKay, 2014; McNally & McNally, 2016), overall the progress toward "getting the word out" to the public has been steadily improving.

Dissemination of scientifically informed treatment has always been a mainstay of ABCT. Indeed, the concept is fundamental to the organization's culture and DNA. Its original name, the Association for the Advancement of Behavior Therapy (AABT), specifically implies dissemination through the advancement of a science of behavior change. Looking ahead

to the next 25 to 50 years of ABCT, we can expect more dissemination efforts. We see this with initiatives by the organization aimed at improving the fidelity of treatment delivery through postworkshop consultations. Webinars, where training can be offered regularly throughout the year, have become a highly popular method of training, and are no doubt likely to continue to grow. Large-scale dissemination efforts into primary care have been under way for some time (i.e., Andrews & Williams, 2015), and are integral to mental health care policy in the United Kingdom (National Institute for Health & Clinical Excellence, 2008) with treatments that were developed, debated, and refined through meetings of scholars at annual meetings of ABCT dating back decades. All of this augurs well for the future of CBT and the future of scientifically informed treatment delivery.

Happy anniversary, ABCT! I'm looking forward to many more years of dissemination of efficacious interventions and advances in how mental health care is delivered.

References

- Andrews, G., & Williams, A.D. (2015). Up-scaling clinician assisted internet cognitive behavioural therapy (iCBT) for depression: A model for dissemination into primary care. *Clinical Psychology Review, 41*, 40-48.
- McKay, D. (2014). "So you say you are an expert": False CBT identity harms our hard earned gains [President's column]. *the Behavior Therapist, 37*, 213-216.
- McNally, D.M., & McNally, R.J. (2016). The Affordable Access Gap: CBT's hidden dissemination problem. *the Behavior Therapist, 39*, 21-22.
- National Institute for Health and Clinical Excellence (2008). *Cognitive behavioural therapy for the management for common mental health problems*.



REFLECTION

From Back Then to Now at ABCT

Gail Steketee, *ABCT President-Elect 2016, Boston University*



I'M NOT EXACTLY CERTAIN when I became a member of ABCT (then AABT), but it was back in the late 1970's, not so long after I earned my MSW (1973). My social work training included courses on psychodynamic and humanistic psychotherapy. My inept application of these methods in a field placement at a children's hospital was followed by a second placement and more solid grounding in family therapy, which was rising to prominence at the time. There was no whiff of training in learning theory and behavioral methods, but I did have one field training experience with a clinical psychologist who actually visited families in their homes and took me along while he taught them parent training skills and learned about their home situation. His work seemed the most useful compared to other methods. But of course that brief exposure was insufficient for me to feel competent in helping my varied clients at a family service organization, and so after 3 years, I sought more training nearby at Dr. Joseph Wolpe's Behavior Therapy Institute located at Eastern Pennsylvania Psychiatric Institute under Temple University's Department of Psychiatry. There I found a real clinical and research home and after sitting in on a series of trainings, I signed on as a full-time trainee, and eventually as full-time grant-funded "research associate."

There I met many wonderful colleagues from around the globe, many of whom are still ABCT members and terrific colleagues. I'd try to name them all, but will inevitably forget someone very important, so at my age I'll skip that effort. I found a niche early on, working closely for several years with excellent mentor Dr. Edna Foa and a truly fun team of researchers who trained me well in OCD and anxiety research and treatment. We also learned to taste wines, for which I have Dr. Michael Kozak to thank. Both the research and the wine have been enduring loves throughout my career. I well remember those days when AABT truly needed to "advance" behavior therapy, which remained a dark horse in a mental health world dominated by Freudian thinking and the latest fads.

Eventually, I understood that I'd need a Ph.D. if I was to do any real research, so I went back to get my Ph.D. in social work at Bryn Mawr, and settled in to work with my close colleagues who were clinical psychologists and psychiatrists. This led me eventually to seek a faculty position at Boston University School of Social Work where I have over 30 years behind me (good grief, that went fast), rising through the faculty ranks and now in the role of Dean.

Throughout those years, I've considered ABCT to be my professional home. I've had the pleasure of serving as Program Chair when Neil Jacobson was President during the 25th silver anniversary conference in NYC. I helped out as a member of the Awards Committee for several years.

But mostly, I just attended every conference, looking forward to putting together posters, symposium papers, workshops and master clinician sessions with my wonderful research colleagues—Dianne Chambliss, Randy Frost, Sabine Wilhelm, Dave Tolin, OCCWG members (you know who you are), and many more. ABCT meetings are where I can enjoy getting together with colleagues from my own lineage mentored by Joe Wolpe and Edna Foa, and these days, not only the next generation of our students, but also I get to meet and greet their students. We mentees have become mentors and now grand-mentors, pleased with the developments in our field that are far beyond what we worked on as students. ABCT continues to foster a research ethic that holds us all to a high standard as we compete with excellent peers to get our work accepted.

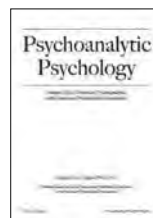
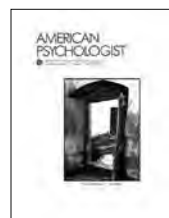
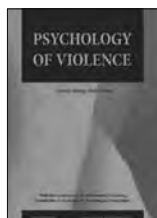
Who knew that I would wake up one day as President-Elect of this fine organization? I thought that organizing the World Congress of Behavioral and Cognitive Therapies in Boston in 2010 (when newly elected president Sabine Wilhelm was an outstanding Program Chair), with excellent assistance from ABCT's central office, would be the closest I would get to knowing the inside of the organization. But now there is a "whole nother" (love that idiotic phrase!) way to engage with ABCT as I begin to understand just how complex this organization is. ABCT has a small group of dedicated staff members, a highly engaged Board, and an army of member volunteers who staff more committees than I can keep track of, accomplishing a myriad of tasks, including our impressive publications. Keeping track of all the committees, the SIGs, and who is working on what is a bit mind-blowing. I have so much to learn in the coming couple of years and am truly looking forward to it. We have much to celebrate after these amazing 50 years!



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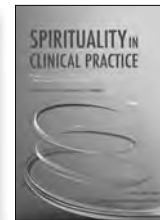
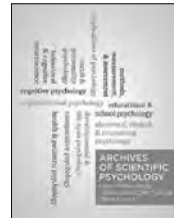
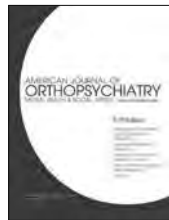
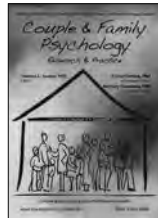


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AMERICAN PSYCHOLOGICAL ASSOCIATION

REFLECTION

50 Is the New 40

Michael W. Otto, *ABCT Past President (2005-2006), Boston University*



EXACTLY A DECADE AGO I was moving into my final few months of serving as ABCT President, an academic role that I cherish as among my very favorite. To me, ABCT represents the finest collection of accomplished clinical researchers, magnificent students, and outstanding young professionals, who, at the conference, are all filtered through the lens of friendship and warm collegial interactions. And now, at this moment of our pending 50th anniversary, I am lucky enough to be in the position to provide a perspective of looking back and looking forward at a few moments in the history of this fine organization. And from that perspective let me say, things change and things stay the same.

Before I get to academic topics, let me say “thank you” to the cohort of early arrivals at my Presidential Address 10 years ago. I was up on the dais with my 6-year-old son helping with the sound check. After a tentative “hello” or two in the microphone, he spontaneously burst out with a booming, “I love science!” The assembling audience cheered their approval, and my son went on to spend Sunday at the conference asking anyone with a badge, “Do you know me?” For all those ABCT members who warmly said, “Yes, you are the kid who loves science,” you have my eternal gratitude. You know who you are.

The topic of my Presidential Address was the role of memory in helping patients bridge the gap between what happens in the clinical session and what they need to do to gain benefit in their lives. I spoke specifically on the potential role of the extinction enhancer, d-cycloserine, for improving outcomes from exposure therapy for the anxiety disorders. At the time, my colleagues and I were finding some very large effects in

the pilot studies we were conducting, showing that we could make the strong benefits of exposure even stronger with use of this putative memory enhancer. At the time a friend and psychopharmacologist joked, “If you find a great drug effect, hurry up and use it before it loses its efficacy” (with more study). Now, a decade later, the overall effect advantage of d-cycloserine appears to be much more modest, and dependent on some noteworthy moderators (like how well the patient responded to each exposure session). Aside from giving us more accurate expectations on the effect of this memory enhancer, my colleagues and I also learned that every time we made CBT briefer and more focused for the protocol, patients kept getting better. Although memory enhancing efficacy may fade with time, the advantage of treating panic disorder in a focused 5 sessions will continue on.

One of my other agendas at the ABCT conference a decade ago was to showcase some of the advances in the animal laboratory to help ensure they would be translated into clinical strategies. My invited speakers at the ABCT convention were selected, in part, to underscore the now well-known point that extinction learning is not the sequential weakening of a learned fear association, rather it is an active learning of a new safety association. Part of the importance of this point is that it can help clinicians think adaptively about how to make this new safety learning salient to help ensure that when these two memories compete—fear vs. safety as the dominant meaning of the fear cue—the safety memories have the prevailing influence on affect and behavior. So, 10 years ago, part of the message was that “No, extinction learning is not an elimination of the fear memory,” whereas now the new message appears to be, “Uh, yeah, there are ways to actually eliminate a learned fear.” This latter perspective is a product of great science on the

reconsolidation of memories, and the ability to disrupt memory reconsolidation (with certain drugs, alternative learning, or even distraction) to change or eliminate the original fear memory. Meta-analysis now indicates that the effects of “post-retrieval extinction” procedures (the “retrieval” puts the memory in flux for modification) are reliable for aiding extinction in the context of de novo conditioning paradigms. Currently, we are just at the point where successful studies with clinical samples are emerging. I predict that we are about to see a rapid escalation of promising clinical studies, much like we did with d-cycloserine studies a decade ago, documenting whether these procedures truly can be used to make exposure therapy even stronger.

Finally, as things cycle around, I am again gearing up for a “presidential year,” this time as 2017 President of the Society of Clinical Psychology (APA Div 12). Throughout the years, clinical scientists at ABCT have also had a major role in bringing empirically supported treatments to the American Psychological Association. This next year it is my turn to do what I can to bridge the gap between science and practice. In addition to the famous empirically supported treatment list, the Society of Clinical Psychology has been busy building and refining intervention toolkits and providing mentorship to young professionals and others on clinical science methods and outcome, as well as offering a new speed mentoring event at the APA conference. My fondest hope is that many of my ABCT colleagues will join me in a BE THE BRIDGE effort to improve active two-way communication between clinical scientists and clinicians, including some new initiatives of “How do you know what you know?” within the clinical session to underscore the empiricism present in session-by-session clinical decision making. As part of the Friday-night party events at this year’s conference, I hope you will join me at the Society of Clinical Psychology reception to further discuss this agenda and your involvement in it, as well as potential symposium or workshop events at the APA conference. I look forward to seeing you at the 50th annual ABCT conference. Oh, and I love science!



REFLECTION

Thoughts of a Past-President

Robert L. Leahy, *ABCT Past President (2008-2009),
American Institute for Cognitive Therapy*



I THINK THAT SOME past-presidents may harbor a fear that they will show up at the next ABCT conference and have to introduce themselves as, "Remember Me?" But there is no reason for this to ever

happen. What strikes me as an important part of the community of ABCT is that there are always lots of people who know you—if you keep connected, keep seeing friends, and keep involved with the field. Like some of my colleagues I can remember when there was no real cognitive therapy, no DBT, no ACT and behavior therapy was limited and somewhat marginalized in clinical training programs. A lot has changed and ABCT has been a big part of that.

I have viewed my participation in the program over the years as a great opportunity to discipline my focus on a new project that strikes my interest at the moment. Over the years every book and chapter that I have written has had its beginning in an ABCT presentation. It's where you can test-drive your ideas, get feedback, learn from other participants, and have to sit down and actually write something out so you have something to talk about. We in CBT have been fortunate to see significant advances in the treatment of all of the anxiety disorders, OCD, PTSD, depression, bipolar disorder, borderline personality, eating disorders, and many other problems. We may find ourselves locking horns about different paradigms, but no one has a monopoly on the truth, patients don't care about your brand, and if we stop and listen

we might actually learn from each other. I hope so.

CBT is often criticized for being too simplistic, not dealing with emotion, not addressing childhood history, not dealing with the therapeutic relationship and ignoring the importance of resistance. I have taken these criticisms as invitations to broaden the CBT approach and so every time I hear our non-CBT colleagues raise these criticisms, I think, "Oh yeah? How about this one?" I think that the cognitive therapy approach that Beck advances has considerable richness for dealing with many of these issues, but I also recognize the importance of integrating our work with other approaches such as mindfulness, DBT, ACT, behavioral activation and meta-cognitive therapy. One concern that I have is that CBT can become too much of a technology and not as clearly related to other areas of psychology. I recall when I was president that I met with students receiving awards from ABCT (through me as president). I praised one student who had integrated work on attribution processes into a CBT model, indicating to her that it was nice to see this kind of work. She thanked me and then told me that her advisor in graduate school had discouraged her from taking nonclinical courses in social psychology, since they were not relevant. That seemed to me to be a rather narrow approach. After all, we are psychologists first and CBTers second.

It's my hope that CBT will be open to the entire field of psychology and that we will be able to return to ABCT in ten years and recognize that what we never knew before had become the new brilliant advancement.

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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.

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ABCT 50 governing bodies

When the Association was founded in 1966, there was a Board of Directors and committees. As goals and objectives of the society grew, a new governing structure was introduced in 1982 which added coordinators and additional committees. As tasks were accomplished or reimagined, committees have been adjusted and sometimes retired. Additionally, there has been an ongoing effort to empower the committees while at the same time maintaining efficiency and accountability of our governing structure. Committee Chairs are responsible to Coordinators, who are responsible to the Board of Directors. As always, the Board is responsible to the membership. The following lists, therefore, of individuals who have served the Association are arranged by interest or tasks. We have listed committees linked by their efforts. In several instances committees have been moved from one "interest area" to another. They are listed here by their current "home." We have made every effort to be inclusive, and apologize if a volunteer member has been omitted. It is the work of Association members that has allowed ABCT to grow and to have purpose. We thank those who have served!

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Jillian Shipherd, Ph.D., 2010 - 2012
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Lauren M. Weinstock, Ph.D., 2017-2019

AMASS Committee

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Frank W. Weathers, Ph.D., 2001-2003
Christopher J. Correia, Ph.D., 2004-
2006
Steven Taylor, Ph.D., 2006-2009
Christopher J. Correia, Ph.D., 2006
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Master Clinician Seminar Series

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C. Barr Taylor, M.D., 1979
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Tommie Cayton, Ph.D., 1995
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Wendy Silverman, Ph.D.,
& Annette M. La Greca, Ph.D., 1997
Christopher Peterson, Ph.D., 1998
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& Peter J. Bieling, Ph.D., 1999
David Reitman, Ph.D., 2000
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Victoria M. Follette, Ph.D., 2002
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& Donna B. Pincus, Ph.D., 2003
Persephanie Silverthorn, Ph.D., 2004
Kelly J. Rohan, Ph.D., 2005
Pam Wiegartz, Ph.D., 2006
Amy Wenzel, Ph.D., 2007
Deborah C. Beidel, Ph.D., 2008
Jan Mohlman, Ph.D., 2009
Allison Harvey, Ph.D., 2010
Cynthia Crawford, MA. Sc., 2011
Jennifer Bodart, Psy.D. and Kathryn
Kanzler, Psy.D 2012
Kirsten L. Haman, Ph.D., 2013
Michael McCloskey, Ph.D. and
Deborah Drabick, Ph.D., 2014
Patrick McGrath, Ph.D.
& Shona Vas, Ph.D., 2015
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Stephanie H. Felgoise, Ph.D., 2001-2004
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2012 - 2014
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 Stephanie Felgoise, Ph.D., 2006-2008
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 Debra A. Hope, Ph.D., 1998-2000
 Carrie Winterowd, Ph.D., 2001-2003
 Curtis Hsia, Ph.D., 2004-2006
 Joaquin Borrego, Jr., Ph.D., 2007-2009
 Todd A. Smitherman, Ph.D., 2010-2012
 Danielle J. Maack, Ph.D., 2013-2015
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Committee on Clinical Directory and Referral Issues

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 Robert S. Schachter, Ed.D., 2013-2015
 Laura A. Payne, Ph.D., 2016-2018

Committee on Consulting Services and Peer Review

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 Raymond G. Romanczyk, Ph.D., 1984-1986
 Gail Bernstein, Ph.D., 1987-1989

List-Serve Committee

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 Patrick L. Kerr, Ph.D., 2015 – 2017

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 Joshua C. Magee, Ph.D., 2013 - 2015
 Emily L. Bilek, Ph.D., 2016 – 2018

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 Jan S. Handleman, Ed.D., 1993-1995
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 William T. O'Donohue, Ph.D., 1999-2001

Publicity

Barry S. Lubetkin, Ph.D.,
 & Eileen Gambrell, D.S.W., 1973
 Michel Hersen, Ph.D., 1974
 Michel Hersen, Ph.D., 1975-1976
 Alan S. Bellack, Ph.D., 1977-1979
 Kelly D. Brownell, Ph.D., 1980-1981

Committee on Public Education

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 Sandra Pimentel, Ph.D., 2014-2015
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PUBLICATIONS***Coordinators***

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 Gerald C. Davison, Ph.D., 1992-1994
 Lizette Peterson, Ph.D., 1995-1997
 Linda C. Sobell, Ph.D., 1998-2000
 Arthur Freeman, Ph.D., 2001-2003
 Judith Favell, Ph.D., 2004-2006
 Philip C. Kendall, Ph.D., 2007-2009
 David A.F. Haaga, Ph.D., 2010-2012
 Anne Marie Albano, Ph.D., 2013-2015
 Steven A. Safren, Ph.D., 2016-2018

Archives Editors

Art Freeman, Ed.D., 1997-2000
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 Eric Wagner, Ph.D., 2003-2006

Web Editors

Bruce Gale, Ph.D., 2003-2004
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 Susan B. White, Ph.D., 2011-2013
 Sandra S. Pimentel, Ph.D., 2014-2015
 Robert S. Schachter, Ph.D., 2016-2018

For complete listing of journal editors, see pages 244-245.

1971 • **JOHN PAUL BRADY**, University of Pennsylvania
Behavior Therapy: Fad or Psycho-Therapy of the Future?

1973 • **JOSEPH R. CAUTELA**, Boston College
A Behavioral Coding System

1974 • **GERALD C. DAVISON**, SUNY Stony Brook
Homosexuality: The Ethical Challenge

1975 • **RICHARD B. STUART**
Weight Watchers International
Protection of the Right to Informed Consent to Participate in Research

1976 • **NATHAN H. AZRIN**, Anna Mental Health Center
Overcorrection, Self-Correction, and Contingent Positive Practice

1977 • **TODD R. RISLEY**, University of Kansas
Winning

1978 • **ALAN E. KAZDIN**, Pennsylvania State University
Fictions, Factions, and Functions of Behavior Therapy

1979 • **DAVID H. BARLOW**, SUNY Albany
Behavior Therapy: The Next Decade

1980 • **MICHEL HERSEN**, University of Pittsburgh
Complex Problems Require Complex Solutions

1981 • **G. TERENCE WILSON**, Rutgers University
Psychotherapy Process and Procedure: The Behavioral Mandate

1982 • **ROSEMERY O. NELSON**, University of North Carolina
Behavioral Assessment: Past, Present and Future

1983 • **K. DANIEL O'LEARY**, SUNY Stony Brook
The Image of Behavior Therapy: It Is Time to Take a Stand

1984 • **ALAN O. ROSS**, SUNY Stony Brook
To Form a More Perfect Union

1985 • **ALAN S. BELLACK**, Medical College of Pennsylvania
Schizophrenia: Behavior Therapy's Forgotten Child

1986 • **W. STEWART AGRAS**
Stanford University School of Medicine
So Where Do We Go From Here?

1987 • **W. EDWARD CRAIGHEAD**
Duke University School of Medicine
There's a Place for Us: All of Us

1988 • **DENNIS C. RUSSO**, The Children's Hospital and
Harvard Medical School
A Requiem for the Passing of the Three-Term Contingency

1989 • **KELLY BROWNELL**, University of Pennsylvania
Dieting, Weight, and the Perfect Body: Where Physiology and Culture Collide

1990 • **PHILIP C. KENDALL**, Temple University
Healthy Thinking

1991 • **NEIL S. JACOBSON**, University of Washington
A New Look at the Efficacy of Psychotherapy

1992 • **G. ALAN MARLATT**, University of Washington
Controlled Drinking: A Decade of Controversy

1993 • **RICHARD M. SUINN**, Colorado State University
Origins of the Species (Psychopathology) . . . the Rest of the Story

1994 • **LINDA C. SOBELL**, University of Toronto
Bridging the Gap Between Science and Clinical Practice: The Challenge Before Us

1995 • **THOMAS H. OLLENDICK**
Virginia Polytechnic Institute & State University
Aggression and Violence in Society: Where Do We Go From Here?

1996 • **ARTHUR FREEMAN**, PCOM
Sharing Behavior Therapy: A Parable for Our Time

1997 • **ANTONETTE M. ZEISS**, Palo Alto VAHCS
Looking Ahead: Health Care for the Elderly as a Model for the Future

1998 • **STEVEN C. HAYES**, University of Nevada, Reno
Human Suffering

1999 • **STEVEN D. HOLLON**, Vanderbilt University
Cognitive Behavior Therapy in the Treatment and Prevention of Depression

2000 • **ARTHUR M. NEZU**, MCP Hahnemann University
Problem-Solving Revisited: A Zen Journey

2001 • **MARSHA M. LINEHAN**, University of Washington
The Status of Suicide Research and the Future of Behavior Therapy

2002 • **RICHARD G. HEIMBERG**, Temple University
The Understanding and Treatment of Social Anxiety: What a Long, Strange Trip It's Been (and Will Be)

2003 • **JACQUELINE B. PERSONS**
San Francisco Bay Area Center for Cognitive Therapy
Empiricism, Mechanism, and the Practice of Cognitive-Behavior Therapy

2004 • **PATRICIA A. RESICK**, National Center for PTSD,
Boston VAHCS, and University of Missouri, St. Louis
Beyond Cognitive Processing: A Reconceptualization of Posttrauma Pathology

2005 • **J. GAYLE BECK**, SUNY Buffalo
Moving Beyond the Status Quo: What Lies Ahead for Behavioral Theory and CBT...

2006 • **MICHAEL OTTO**, Boston University
Enhancing Exposure Interventions: Translational Research Perspectives

2007 • **RAYMOND DIGIUSEPPE**, Albert Ellis Institute
Anger as a Clinical Problem

2008 • **ANNE MARIE ALBANO**, Columbia University
Cognitive Behavioral Therapy for Child Anxiety Comes of Age

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American Institute for Cognitive Therapy
The Role of Emotion in Cognitive Therapy

2010 • **FRANK ANDRASIK**, University of Memphis
Behavioral Medicine: Expanding Our Reach

2011 • **DEBRA A. HOPE**, University of Nebraska-Lincoln
Exploring the Interaction of Learning, Culture and Hormones in Anxiety

2012 • **ROBERT K. KLEPAC**, University of Texas Health Science Center-San Antonio
CBT and ABCT: Continuing the Progress Reflected in a Short and Remarkable Past

2013 • **STEFAN HOFMANN**, Boston University
The Future of CBT in the Age of the DSM-5

2014 • **DEAN McKAY**, Fordham University
Embracing the Repulsive: The Case for Disgust as a Functionally Central Emotional State in the Theory, Practice, and Dissemination of Cognitive-Behavioral Therapy

2015 • **JONATHAN S. ABRAMOWITZ**
University of North Carolina-Chapel Hill
Are the Obsessive-Compulsive Related Disorders Related to Obsessive-Compulsive Disorder? A Critical Look at DSM-5's New Category

2016 • **MICHELLE CRASKE**, UCLA
Honoring the Past, Envisioning the Future

ABCT 50 *publications*

BEHAVIOR THERAPY

1970–1978 • *Volumes 1–9*

Editor: Cyril M. Franks

Associate Editors:

John Paul Brady, M.D., Vols. 1–9

Alan E. Kazdin, Vols. 6–9

Gene G. Abel, M.D., Vols. 8–9

1979–1983 • *Volumes 10–14*

Editor: Alan Kazdin

Associate Editors:

Edward B. Blanchard, Vols. 10–12

Merna D. Galassi, Vol. 10

Donald P. Hartmann, Vol. 10

Paul Karoly, Vols. 10–12

W. Robert Nay, Vols. 10–11

Thomas R. Kratochwill, Vols. 10–14

Philip C. Kendall, Vols. 12–13

Francis J. Keefe, Vols. 13–14

Marsha Linehan, Vol. 13

Rex L. Forehand, Vols. 14

1984–1986 • *Volumes 15–17*

Editor: David H. Barlow

Senior Associate Editor:

W. Edward Craighead

Associate Editors:

Frank Andrasik

Sandra L. Harris

1987–1989 • *Volumes 18–20*

Editor: Edward H. Blanchard

Associate Editors:

Ted Rosenthal

Barry Edelstein

Rex Forehand

1990–1992 • *Volumes 21–23*

Editor: W. Edward Craighead

Associate Editors:

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Susan O'Leary

Lizette Peterson

1993–1995 • *Volumes 24–26*

Editor: Lizette Peterson

Associate Editors:

Don Baucom, Vols. 24–25

Karen Gil, Vols. 24–26

Richard McNally, Vols. 24–26

Frank Andrasik, Vol. 26

1996–1998 • *Volume 27–28*

Editor: Frank Andrasik

Associate Editors:

J. Gayle Beck, Vols. 27–29

Michael Dow, Vols. 17–28

Sheila M. Eyberg, Vols. 27–29

Mark B. Sobell, Vol. 29

1999–2001 • *Volume 30*

Editor: J. Gayle Beck

Associate Editors:

Ileana Arias, Vols. 30–32

Ronald Drabman, Vol. 30

Thomas Joiner, Vol. 30

Daniel W. McNeil, Vol. 31–32

Christopher A. Kearney, Vol. 31–32

2002–2005 • *Volumes 33–36*

Editor: David A. F. Haaga

Associate Editors:

Timothy A. Brown, Vols. 33–36

John Lochman, Vols. 33–36

Anne Simons, Vol. 33

Deborah Beidel, Vol. 34

Melinda Stanley, Vols. 35–36

2006–2008 • *Volumes 37–39*

Editor: Richard Heimberg

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Thomas Ollendick

Mark Sobell

Allison Harvey

2010–2013, *Vols 41–44*

Editor: Thomas Ollendick

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Alicia E. Meuret

Michelle G. Newman
Sabine Wilhelm

2014-2016, Vols. 45-47
Editor: Michelle G. Newman
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Evelyn Behar
Bryce D. McLeod
Reginald D. V. Nixon
Thomas Ritz
Denise M. Sloan

AABT NEWSLETTER

Editors: Cyril Franks, 1966-1973
Eileen D. Gambrill, 1974-1978

the BEHAVIOR THERAPIST

1978-1980 • Volumes 1-3
Editor: Michael F. Cataldo
1981-1983 • Volumes 4-6
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1984-1986 • Volumes 7-9
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1996-1998 • Volumes 19-21
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1999-2004 • Volumes 22-27
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2005-present • Volumes 28-30
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1983-1986 • Volumes 5-8
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COGNITIVE and BEHAVIORAL PRACTICE

1994 • Volume 1
Editor: Lizette Peterson
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Scientific Advisory Editor:
Lizette Peterson

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2014-2016
Vols. 20-23
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Associate Editors:
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Behavior Therapy, Vols. 47 (5 & 6) — SPECIAL ANNIVERSARY ISSUES

Honoring the Past and Looking to the Future: Updates on Seminal Behavior Therapy Publications on Etiology and Mechanisms of Change
<http://dx.doi.org/10.1016/j.beth.2016.08.004>

Honoring the Past and Looking to the Future: Updates on Seminal Behavior Therapy Publications on Current Therapies and Future Directions
<http://dx.doi.org/10.1016/j.beth.2016.08.003>



Cognitive and Behavioral Practice, Vol. 23(4) — SPECIAL ANNIVERSARY ISSUE

50th Anniversary Special Series of Commentaries by Selected Past Presidents of the Association

<http://dx.doi.org/10.1016/j.cbpra.2016.07.001>

Career/Lifetime Achievement

1995 Joseph Wolpe
1996 Andrew Salter
1997 Nathan Azrin
1998 Aaron T. Beck
1999 Arnold Lazarus
2000 Cyril Franks
2001 Albert Bandura
2002 Leonard Krasner
2003 Gerald C. Davison
2004 Leonard P. Ullmann
2005 Albert Ellis
2006 Edward B. Blanchard
2007 Steven C. Hayes
2008 David Barlow
2009 Edna B. Foa
2010 G. Alan Marlatt
2011 Antonette M. Zeiss
2012 Alan E. Kazdin
2013 Thomas H. Ollendick
2014 Lauren B. Alloy
& Lyn Y. Abramson
2015 David M. Clark
2016 Marsha M. Linehan

Outstanding Educator/Trainer

1997 Gerald Davison
2000 Leo Reyna
2003 Harold Leitenberg
2006 Marvin R. Goldfried
2009 Philip C. Kendall
2012 Patricia A. Resick
2016 Christine Maguth Nezu

Outstanding Researcher

1998 Alan Kazdin
1995 Edna Foa
2001 David H. Barlow
2004 Terence M. Keane
2007 Thomas D. Borkovec
2010 Steven D. Hollon
2013 Michelle G. Craske

Outstanding Clinician

1996 Albert Ellis
1999 Marsha M. Linehan
2002 Marvin R. Goldfried
2005 Frank M. Dattilio
2008 Jacqueline Persons
2011 Judith S. Beck
2015 Anne Marie Albano

Mid-Career Innovator

2014 (in honor of G. Alan Marlatt)
Carla Kmett Danielson

Outstanding Service to ABCT

2000 Linda C. Sobell
& Mary Ellen Brown, AABT
2001 Dorothy J. Susskind
2002 Barry Lubetkin
& Steven T. Fishman
2003 Lizette Peterson-Homer (in
memoriam), Richard J. Seime,
& Rosemary Park, AABT
2004 Arthur M. Nezu
& Mary Jane Eimer, AABT
2005 G. Terence Wilson
2006 All individuals who have served as
Secretary-Treasurer for the association
2007 Mitchell L. Schare
2008 Bob Klepac
2009 Arthur Freeman
2010 Gail Steketee, Michael W. Otto,
Sabine Wilhelm, Stefan Hofmann,
Mary Ellen Brown
2011 George F. Ronan
2012 Laura E. Dreer, Carl V. Indovina,
PsyD, and Lynn McFarr (for their
hard work on ABCT list-serve
development and maintenance
2013 Kelly Koerner
2014 Michael Petronko
& Mary Jane Eimer
2015 David A.F. Haaga
2016 Patrick L. Kerr

Outstanding Mentor

2006 Richard G. Heimberg
2008 G. Terence Wilson
2010 Richard J. McNally
2012 Mitchell J. Prinstein
2014 Bethany Teachman
2016 Evan M. Forman

Outstanding Training Program

1995 University of Mississippi Medical
Center/Department of Veterans' Affairs
Medical Center (Ronald Drabman,
Training Director)
1996 Peter Monti, Brown University
1997 SUNY Stony Brook
1998 University of Georgia
1999 Clinical Psychology Training
Programs at Rutgers
2000 VA Palo Alto Health Care System
2001 Clinical Psychology Training
Program at West Virginia University
2002 Psychology Internship and

Postdoctoral Programs at Wilford Hall
Medical Center, Robert K. Klepac,
Director of Psychology Training
2003 University of Washington Clinical
Ph.D. Program, Robert J. Kohlenberg,
Director of Training
2004 SUNY Binghamton, Clinical
Psychology Program, Peter Donovan,
Director of Training
2005 The May Institute, Walter P.
Christian, President and CEO, and
Dennis C. Russo, Chief Clinical Officer
2007 Ph.D. Program in Combined
Clinical & School Psychology, Mitchell
L. Schare, Ph.D., ABPP, Director of
Training, Hofstra University
2009 SUNY Albany, Doctoral Program
in Clinical Psychology (John Forsyth,
Ph.D., Director of Clinical Training)
2011 Massachusetts General
Hospital/Harvard Medical School
Predoctoral Internship in Clinical
Psychology, Sabine Wilhelm, Ph.D.,
Director, Cognitive Behavior Therapy
Program, and Steven A. Safren, Ph.D.,
Director, Behavioral Medicine Program
2013 University of Nebraska-Lincoln
Clinical Psychology Training Program,
David J. Hansen, Ph.D., Director

Distinguished Friend to Behavior Therapy

1995 Plenum Press
1996 Daniel Goleman
1997 Anxiety Disorders Association of
America
1998 Obsessive-Compulsive
Foundation
1999 Canadian Broadcasting
Corporation
2000 Lisa Simon Onken and Jack David
Blaine, NIDA
2001 Jeff Kluger ("What Are You
Afraid of?", *Time*)
2002 Anne Fletcher (*Sober for Good*)
2003 John Allen, Chief of the
Treatment Research Branch of the
National Institute of Alcohol Abuse and
Alcoholism
2004 Nora Volkow, NIDA
2005 Jon Kabat-Zinn, Center for
Mindfulness in Medicine, Health Care,
and Society, University of
Massachusetts Medical School

2006 Jack Gorman, Harvard Medical School and McLean Hospital
2007 Art Dykstra, CEO, Trinity Services
2008 Michael Davis
2009 B. Timothy Walsh, M.D., New York State Psychiatric Institute
2010 Paul Ekman, Ph.D., Paul Ekman Group, LLC
2011 The Honorable Erik K. Shinseki, Secretary, Department of Veterans Affairs
2012 Michael Gelder, M.D., FRCPsych, University of Oxford, UK
2013 Mark S. Bauer, M.D., VA Boston Healthcare System
2014 Vikram Patel, FMedSci, London School of Hygiene & Tropical Medicine
2015 Benedict Carey, *New York Times*
2016 Patrick J. Kennedy

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

2016 Nicole Caporino

President's New Researcher

1979 Dianne Chambless
 1980 J. Kelly
 1981 Linda Craighead
 1982 William Thrash
 1983 Karen Bierman
 1984 Edward Konarski, Jr.
 1985 Janet St. Lawrence
 1986 Thomas Wadden
 1987 Richard Ingram
 1988 Michael Carey
 1989 K. Perkins
 1990 Deborah Beidel
 1991 Ernest Jouriles
 1992 David Haaga
 1994 Thomas Bradbury
 1995 Steven Taylor
 1996 Brian Cox
 1997 Lynn Rankin-Esquer
 1998 Michael Addis
 1999 Diane L. Spangler
 2000 Beth A. Kotchick & Lindsey L. Cohen
 2001 Page Anderson
 2002 Allison Harvey
 2003 John R. Z. Abela
 2004 Michael Zvolensky
 2005 C. W. Lejuez (honorable mention: Matthew Nock)
 2006 Christopher Beevers
 2007 Jasper Smits
 2008 Matthew Nock
 2009 Bunmi Olatunji

2010 Matthew T. Tull
 2011 Andres De Los Reyes
 2012 Jonathan Comer
 2013 Jesse Cougle
 2014 Michael D. Anestis
 2015 Rinad S. Beidas
 2016 Cara C. Lewis

Student Dissertation Award

1995 Daniel Edwards, University of Florida
 1996 John P. Forsyth, West Virginia University
 1997 Giao Tran, American University
 1998 Melissa Polusny, Mankato State University
 1999 Amy Wenzel, University of Iowa; Elizabeth T. Miller, University of Washington
 2000 Natalie Walders, Case Western University

Virginia Roswell Dissertation

2001 Jill T. Levitt, Boston University
 2002 Sudie Back, University of Georgia
 2003 Elizabeth M. Podniesinski, Boston University
 2004 James MacKillop, SUNY Binghamton
 2005 Sharon L. Cohan, San Diego State University
 2006 Michael P. Twohig, University of Nevada
 2007 Laura Allen
 2008 Marina A. Bornovalova
 2009 Diane Logan
 2010 Margaret Sibley
 2011 Katherine J. W. Baucom
 2012 Caroline Oppenheimer
 2013 Kaitlin P. Gallo
 2014 Anahi Collado
 2015 Danielle E. MacDonald
 2016 Emily Georgina

Leonard Krasner Student Dissertation

2009 Michael D. Anestis
 2010 Shari Steinman
 2011 Christian Webb
 2012 Johanna Thompson-Hollands
 2013 Sarah Royal
 2014 Samantha Moshier
 2015 Lauren E. Szkodny
 2016 Tomislav Damir Zbozinek

John R. Z. Abela Student Dissertation

2011 Katie C. Hart
 2012 Amanda S. Morrison
 2014 Mei Yi Ng
 2016 Faith Orchard

presidents

2017-18: Sabine Wilhelm
 2016-17: Gail Steketee
 2015-16: Michelle G. Craske
 2014-15: Jonathan Abramowitz
 2013-14: Dean McKay
 2012-13: Stefan G. Hofmann
 2011-12: Robert K. Klepac
 2010-11: Debra A. Hope
 2009-10: Frank Andrasik
 2008-09: Robert Leahy
 2007-08: Anne Marie Albano
 2006-07: Ray DiGiuseppe
 2005-06: Michael Otto
 2004-05: J. Gayle Beck
 2003-04: Patricia Resick
 2002-03: Jacqueline B. Persons
 2001-02: Richard G. Heimberg
 2000-01: Marsha M. Linehan
 1999-00: Arthur M. Nezu
 1998-99: Steven D. Hollon
 1997-98: Steven Hayes
 1996-97: Antonette Zeiss
 1995-96: Arthur Freeman
 1994-95: Thomas H. Ollendick
 1993-94: Linda C. Sobell
 1992-93: Richard M. Suinn
 1991-92: G. Alan Marlatt
 1990-91: Neil S. Jacobson
 1989-90: Philip C. Kendall
 1988-89: Kelly D. Brownell
 1987-88: Dennis C. Russo
 1986-87: W. Edward Craighead
 1985-86: W. Stewart Agras
 1984-85: Alan S. Bellack
 1983-84: Alan O. Ross
 1982-83: K. Daniel O'Leary
 1981-82: Rosemary O. Nelson
 1980-81: G. Terence Wilson
 1979-80: Michel Hersen
 1978-79: David H. Barlow
 1977-78: Alan E. Kazdin
 1976-77: Todd R. Risley
 1975-76: Nathan H. Azrin
 1974-75: Richard B. Stuart
 1973-74: Gerald C. Davison
 1972-73: Joseph R. Cautela
 1971-72: Gerald R. Patterson
 1971-72: John Paul Brady
 1969-70: Leonard Ullmann
 1968-69: Arnold A. Lazarus
 1967-68: Joseph Wolpe
 1966-67: Cyril M. Franks

ABCT ➤ 50 *gratitude*

To Phil Kendall:
Thanks for #Uppingtherheostat on what
it means to be an #AmazingMentor!

—Your CAADC crew
circa 1998 to 2004

To Anne Marie Albano:
For #MakingCBTGreatAgain
#We'reWithYOUAlways
—Your Temple/CUCARD crew

Happy Golden Anniversary ABCT! I'd like to thank all the wonderful scientists and practitioners who have contributed so much to the advancement of CBT and for improving the lives of so many. And I'd like to give a special shout-out to mentors Mitch Schare, Howie Kassino, and Kurt Salzinger, whose commitment to the methods underlying CBT have been so influential to so many colleagues. Cheers! —Dean McKay

To my professor and mentor, David Barlow — your training, guidance, and support over these past 15 years have had an immeasurable impact on my career and my life. I am so grateful for all the opportunities you have given me. Thank you for *everything*!

—Laura Payne

In memory of Dr. Albert Ellis, who inspired and trained me to be the best therapist that I can be.

—Walter Matweychuk, Ph.D.

We are family
I got NSTM with me
We are family
Get up ev'rybody and sing!
Thank you Mike Petronko for changing
my life course.
What a wild ride it is, was, & will be.
I won't screw up!

—Katherine Martinez

thank you

Thank you to the Membership and Leadership of ABCT. It continues to be a pleasure and honor to serve as your Executive Director.

—Mary Jane Eimer, CAE

Thank you Jackie Persons and Michael Tompkins, my first clinical supervisors AND manuscript co-authors, who showed me that intervention research was possible.

—Amori Yee Mikami, Ph.D.

Rex, thanks so much for your mentorship, and most of all your friendship, over these past 40+ years. Here's to the next 40!

—Bob

DHB— you have been an amazing mentor — Thank you! JGB

I would like to give a heartfelt shout-out to Dr. Steven J. Beck, who was the DCT at The Ohio State University when I was a graduate student. His support and kind letters have helped me through every phase of my training and career and he is a tremendous fan of ABCT!

—Tammy Schuler, Ph.D.

From: MJE:

Thank you to the ABCT Staff current, past, and those to come. It takes a team to make ABCT soar and you do every day over 5 decades!

Keith Alger
Sue Bezares
Mary Ellen Brown
Tonya Childers-Collens
Jeff Gamble
Barbara Mazzella
Theodore "Ted" Murphy
Rosemary Park
Elsie Ramos
Marlene Raphael
Tammy A. Schuler
Stephanie Schwartz
Linda M. Still
David Teisler
Lisa Yarde

Many thanks to Robert Klepac, PhD, ABPP:

Dedicated mentor and leader, and my family and friend for oh so many years!

—Sharon Berry

Lauren B. Alloy . . .

I remember two golden moments, one a great honor and the other one funny. First, I remember with tremendous honor and pride winning the 2014 ABCT Career/Lifetime Achievement Award jointly with my long-time collaborator and best friend, Lyn Y. Abramson. It was so meaningful to receive this award from an organization that has been my home for over 35 years. Second, I remember my most embarrassing and funny moment at an ABCT Conference. In the early 2000's, I was the discussant on a symposium in which all the speakers were male. When I got up to give my discussant comments, I began by singing several lines of "It's Raining Men" by the Weather Girls. The song was very appropriate to the panel of men and my comments, but given that I have a poor singing voice, my heart was pounding at the thought of singing in front of an ABCT audience. However, I got up the courage to do it and got a huge laugh, which is what I was going for.

Mary Karapetian Alvord . . .

I am proud to have been a member for more than 30 years. I remember attending my first conference and being interested in attending every program, and often wanting to attend several at the same time (not possible!). I still find that is the case; a true testament to the consistent outstanding quality of ABCT presenters, presentations, and great comradery.

Gayle Beck . . .

I remember the day that I first met Linda Sobell. I was having lunch at AABT with my close friend, Lizette Peterson, and she indicated that she wanted me to meet her friend, Linda. I had no idea that she was referring to THE Linda Sobell. Several hours later, I was being introduced to this VERY FAMOUS PERSON—who was as down-to-earth and zany as any regular person. Linda and I have been friends ever since—and both of us miss Lizette.

Judith S. Beck . . .

I've had so many golden moments over the years. My first workshop with my dad, Aaron Beck. The 800 plus people who overflowed my interview with him last year. Meeting up with friends and colleagues for meals. A particularly memorable one was a dinner in New Orleans. Seeing my first book at the Guilford Booth. Receiving an Outstanding Achievement Award. Hosting Beck Institute Scholars at an annual breakfast. Greeting people at our Beck Institute booth. Presenting dozens and dozens of workshops and master clinician courses. Learning from the best.

Kelly Brownell . . .

I remember a magical moment at the annual meeting where my behavior therapy family tree gathered, each person having been President of the Association. It was Arnold Lazarus, who had trained Jerry Davison, who had trained Terry Wilson, who had trained Kelly Brownell.

Dianne Chambless . . .

I remember: The first time I attended a meeting of the Women's SIG, which had relatively recently been organized. It was my first or second ABCT, and I felt quite lost in the organization. It seemed like an old boys club where others knew each other and connected, but I wasn't an old boy: I was a recently minted Ph.D. and new faculty member. Marsha Linehan, who was, I believe, the chair of the SIG at that time, and others organized a meeting about challenges in getting and keeping jobs for women. The content was certainly important, but even more important was the experience of being in a room of women and feeling that here was somewhere I belonged. With many women in leadership positions, ABCT is no longer an old boys club, and I'm no longer a scared new assistant professor, but I remember with gratitude the role of the Women's SIG in supporting me during my early professional years.

David M Clark . . .

I remember a golden moment from almost every AABT/ABCT Meeting. The free exchange of ideas, meeting old friends and making new ones. However, what stands out most in the collage is a series of thrilling AABT symposia on panic disorder in the early 1990s where we all discussed how to persuade biological psychiatrists of the value of psychological therapies, and I met my future wife and collaborator (Anke Ehlers).

Michelle Craske . . .

Being in awe every moment of my first ABCT meeting in 1985. Line Dancing in Nashville with Steve Hollon.

Gerald C. Davison . . .

I will always remember my 1974 presidential address at the Chicago convention in which I argued against sexual reorientation programs for gays and lesbians. The audience reception was mixed but respectful and interested. ABCT has always been a leader in the science. It has also concerned itself with the ethical and the political, as it should.

Louanne W. Davis . . .

Participating in a singalong with Dr. Albert Ellis during one of his talks.

Deborah Dobson . . .

I remember how exciting it was to drive from London, Ontario to Chicago in a crammed orange Volkswagen Beetle to my first ABCT conference in 1978. I came with a number of eager graduate students and we had a grand time rubbing elbows with the people whose work we were reading and researching. It was and remains an opportunity to learn from the leaders around the world. Congratulations to ABCT on the first 50 years!

Mary Jane Eimer . . .

1979: ABCT, then AABT offers first award—President's New Researcher—and Dianne Chambless is first recipient!

1981: ABCT elects its first woman president, Rosemary O. Nelson-Gray.

ABCT's first use of rear-screen projection at its 30th Annual Convention in NYC and President Elect Toni Zeiss peering around the podium so she could see on screen to know who to introduce next!

November, 2009: ABCT breaks all records! Tops 5,000 members and 4,200 attendees at our annual convention!

Edna B. Foa . . .

I remember how proud I was to receive the first award that the AABT (then) awarded for Outstanding Research Contributions in 1995 and then years later the Lifetime Achievement Award from ABCT. It has been a great honor to be a member of the association since 1972.

Dave Haaga . . .

I remember meeting the late Mike Mahoney through my advisor, and his friend, Jerry Davison, and being struck by what a brilliant and compassionate person he was.

Constance Hammen . . .

I don't define my career contributions in cognitive-behavioral terms as such, nor do I conduct treatment research, but as a psychopathologist I have always considered AABT/ABCT as my professional "home." Here's what it has meant to me. From the 1980's (maybe the late 70's) it was the exciting place to follow and meet the proponents of the latest in the rapidly emerging cognitive models of the psychopathology of depression and related disorders. I have to say that among other achievements, the annual conferences helped to showcase and nourish a truly remarkable phenomenon: the rapid and enormous growth of depression research by psychologists on assessment, etiology, and intervention that truly helped transform interest and heightened awareness of the magnitude, significance, features, origins, paradoxes, and effective treatments this highly prevalent disorder.

Over the years a meaningful but global personal memory is the progression of my own involvement from giving symposium talks, then organizing symposia, to encouraging my students to participate in and organize symposia, to now seeing their students present symposium talks (while I serve as an academic grandparent-discussant). I have watched many stars being born—including those who, as students, went to other programs besides my own, and I have witnessed new generations of leadership and innovation in the organization among those who were stirred by the richness of ABCT.

These conventions also have always been the places for me to come to "visit" my newly minted books/texts, and relish the company of colleague-friends from around the country (and the world). Additionally it has been a unique opportunity to take CE workshops from the "masters" (too many to name) whose work I have tried to layer into my practice (and certainly my thinking and supervision—another form of dissemination). Finally, ABCT meetings have come to represent the occasion for enthusiastic reunions with former students who enjoy ABCT as much as I do, experiences I greatly cherish and hope to continue.

Steven C. Hayes . . .

Seeing Joe Wolpe in the late 1970's on stage vigorously claiming in a debate that there was already an entirely adequate account of cognition in behavior therapy. It hurt to watch it. Everyone knew it was not true.

Watching Tim Beck give a talk to a packed and enthusiastic room in the late 1970's and me slinking away after a few minutes, knowing the world of behavior therapy had fundamentally changed. It hurt to watch that too. I was a behavior analyst. "Right problem," I thought. "Wrong solution." I knew I didn't have a better answer. I respected Tim, and sent him my first doctoral student for additional training just a few years later . . . but the behavior analyst in me was deeply disturbed. Was there another way? I couldn't see it. It hurt. Stepping up to that moment became a life mission.

Introducing David Barlow in the early 1980's while I was still struggling with panic attacks and having an anxiety attack intense enough that I could not really speak. I somehow pushed out the words "David Barlow needs no introduction. David Barlow." David laughed kindly, but clearly knew it was weird. I never explained it—treating it as "a joke." Sorry, my friend. You deserved better. At the time, it was the best I could do.

The ABCT staff creating a badge ribbon for me when I was Program Chair in 1980 that had the words "Program Chair" on it and was 3 feet long. No "ribbon envy" for me!

Offering a taste of "homemade applesauce" to a well-known hippy-turned-behavior therapist and realizing from his comments that he (inexplicably) thought I was talking about edible marijuana. With the help of an onlooker (a very famous member of our association who immediately realized the misunderstanding), we egged him on with true statements that had double meanings (e.g., "this stuff will knock you flat!") until he joyfully took a big heaping spoonful, immediately spitting it out and exclaiming in total shock, "Hey, this is applesauce!" Still makes me laugh.

Getting the call saying that I'd been nominated to run for ABCT President (I'd not asked anyone to nominate me—it was a total surprise) and immediately thinking in horror—less than a second later—"oh my god! I can't do that! I would have to give a Presidential Address!" I gulped and said I'd run.

As ABCT President in 1998 giving the Lifetime Achievement Award to Tim Beck, a genuine hero despite our different traditions, and thinking as I smiled ear to ear, "How cool is that?"

Giving my Presidential Address on ACT and loving the whole experience even though it was scary. It was the largest crowd I'd ever spoken to. I told jokes; I laid out the ACT vision; I was on. I knew my life had changed.

Organizing the first ABCT Follies when I was Program Chair and the second (and last) one 18 years later as President. A joke I gave in the second one I will never forget. A swami (me) guesses the answer to a question without reading it. The answer was "A cigarette butt and Hank Adams." Then the question in the sealed envelope was opened and read: "Name two burnt-out things you find in a bar." The audience loved it, but the Board was immediately horrified (I told you it was the last one!). Hank wasn't in the room and didn't hear it—he was, of course, down in the hotel bar. When I later sought him out (I knew where to find him) and told him the joke he laughed so hard I thought he'd have a heart attack. Wonderful, crazy man.

Being on stage in an early “third wave” debate, when Michelle Craske disagreed with David Barlow and said that data only days old showed that their exposure protocol was not mediated by anxiety reduction in session, but instead by changes in the client’s relationship to anxiety—much more like what I was talking about. I felt what my son Charlie probably felt like the first time he beat me in racquetball. Live. On stage. Woo hoo! Come to think of it, Dave—I have yet to beat you in actual racquetball (he is sooo good at junk serves)!

Getting the ABCT Lifetime Achievement Award in 2007 and being able to show a recent picture of me taken at my office with the Teddy Bear I got when I was 2 years old immediately over my head. No one seemed to notice, but I laughed inside during the talk.

My talk for that award followed the “Outstanding Researcher” Award talk by Tom Borkovec, who gave the best award talk I’d ever heard. Short (far shorter than mine!), moving, personal. He started off with at least 15 seconds of a single word: “weeeeeeeeeeeeeee.”

Terry Wilson on the dais answering a question from the audience: “How many methods in CBT came directly from research in hard cognitive science?” He paused, and answered firmly “none.” Another intellectual hero, though not just for that moment. Rather, that moment is just the straight shooting that his whole intellectual life represents. And he’s just one of so many. Dave, Michelle, Tim, Hank, Rosemary Nelson, John Cone, and so, so, so many others. Heroes, ideas, laughs, waves; sweet, sad, courageous, and funny. 44 of the 50 years. It’s been an incredible ride.

Rick Heimberg . . .

I remember: giving my Presidential Address at the meeting of ABCT in Reno, NV, in 2002. First, there was a moment of silence for some of our valued members who had passed away during the year, which was a very touching moment. Then, in the process of starting my speech, I looked at my lovely wife, Linda, and told her I love her and thanked her for her support. I then got so choked up that I did not think I would be able to start talking, and in a classic social anxiety moment, I believed I would stand there with nothing to say for eternity! However, I looked out at the audience shortly after and saw a group of Past Presidents sitting together. They had joined arms and were swaying back and forth like campers around a fire (no joke!). Their good humor helped me break my silence and give the speech. I have always remembered that golden moment with a smile.

Stefan Hofmann . . .

ABCT is much more than my professional and academic home. It is the place where friendships are made, battles are fought, and sometimes ideas are formed that could change people’s lives for the better. It is also the place where people who share the same passion for their profession and science grow up and old together. How lucky we are to be able to do what we do! There are simply too many precious memories to list them all here. Picking one over another would be like choosing your favorite son (and I can’t; I love them both). Many of these memories are discussions that ended in varying degrees of profound insights during panel discussions, in hallways, and late nights in hotel bars and private rooms (by the way—did you know that you can open a minibar with a paper clip?). These are emotional and personal memories; they define you as a per-

son and scholar.

As is probably true for most former presidents, my presidential address has become one of my personal and significant flashbulb memories. It was an incredibly frightening yet humbling experience. Seeing my heroes and mentors sitting in the audience and listening to my thoughts and reflections has become a defining moment in my own career. This experience has forced me to stop for a minute, look back at my own work, and critically examine progress of psychological science and my personal career. I understand that many people do this around the age of 50. ABCT turned 50, too. Where are we going next, ABCT?

Steve Hollon . . .

Introducing Steve Hayes for his presidential address in 1998. He was so invested in ABCT and so proud to give the address. It was nice to share the moment with him.

Inviting Tim Beck and Jack Rachman to open and close the 1999 convention in Toronto (who better to bookend the conference than the scientist who drove the cognitive revolution and the scientist who gave us exposure plus response prevention) with the likes of David Clark and Chris Fairburn and Marsha Linehan giving invited addresses in its midst. The talks were simply elegant.

After giving my presidential address in 1999 in Toronto I was treated to dinner by the AABT staff, since my friends and family had all gone out to dinner rather than waiting until after I had chaired the business meeting that used to follow the presidential address. Perhaps that is why the Annual Meeting of Members is now Saturday afternoon?!

Watching Rick Heimberg my friend from graduate school at Florida State University and Jackie Persons my friend from internship days at the University of Pennsylvania give their presidential addresses. What an absolutely awesome experience.

Going around the room at the second former presidents’ dinner in Reno and finding out that close to half of the former presidents did not do formal APA internships.

Flying back to Seattle from the Long-term planning meeting at Snow Bird with Marsha Linehan to attend Neil Jacobson’s funeral. Not golden but truly memorable.

Any time spent with Terry Wilson and Dave Barlow.

Working with MJ and Mary Ellen on anything to do with ABCT.

Robin B. Jarrett . . .

1978: First ABCT convention . . . when my graduate school girlfriends and I shared one crowded hotel room. I opened the door in the morning to find a beautiful, full breakfast (for n>4)! I remarked that there must be a mistake because none of us could afford room service, only to receive the compliments of Dr. and Mrs. Nate Azrin (dear parents of my friend and then officemate, Rachel). Such kindness among us reminds me to “play it forward.”

1981-82: Rosemary O. Nelson-Gray, my dissertation advisor and friend, became the first woman scientist to preside over ABCT. I was happy to be in the lab that listened to the dress rehearsal of her presidential address. Such memories remind us of our connections and the importance of role models.

2009: Lata McGinn and Michelle Newman moderated a panel, “Overcoming the Glass Ceiling . . . A Conversation With the Trailblazers,” among nine behavioral scientists and innovators who happened to be women. I was pleased to be labeled a

Trailblazer with scientists I admire, including Diane Chambless, Edna Foa, Rosemary Nelson-Gray, Marsha Linehan, Barbara McCrady, Patricia Resick, Susan Mineka, and Antonette Zeiss. I smiled to see Marvin Goldfried smiling back in the front row of the audience. Later, Lee Anna Clark told me that the ballroom was standing-room only. That same year Edna Foa was the first woman to receive the Lifetime Achievement Award from ABCT . . . finally.

2012: The paper resulting from the Trailblazer panel was published in *Behavior Therapy*, after much conversation and a rather jagged path. Thank you, Tom Ollendick, for your leadership in encouraging parity.

All the years in between: . . . Having private conversations with ABCT members on science, family, and helping patients. These members are friends (for years) and the conversations seemed to plant seeds to nurture future exploration, adventure, and a great ABCT presentations followed by inspiring reports. You know who you are. Thank you for your friendship and many contributions! Such memories assure us that the best is yet to come!

Phil Kendall . . .

Driving to my first AABT (ABCT) in New York City, staying with a friend who was at Columbia, and discovering the next morning that the muffler was stolen from the Volkswagen. Still loved my first AABT.

Arriving for ABCT in New Orleans, a few days early for the CAMS meeting, and trying to coordinate multiple tasks for crew of folks who would be doing a preconference grant-related training. We had to juggle suitcases, distribute shopping tasks, share rental cars, and get to the venue in a very short time. Folks watching us at the baggage claim carousel were amused.

Being bumped from the SF Hilton Presidential Suite (my year) for then vice presidential candidate Dan Quayle.

Hosting the Dead Presidents dinner in Philadelphia, at The Union League.

Making the effort, during my presidency, and succeeding, to have AABT secure ownership of its “home.” Buying real estate in New York was great fun and rewarding.

After serving as the Program Chair for the convention, having dinner with MJ and Mary Ellen and my wife, Sue. We laughed ourselves silly.

Katharina Kircanski . . .

The opportunity to introduce Michelle's Invited Address at the 2012 Convention—and getting to listen to the address in front of a huge, packed ballroom—standing room only!

Robert K. Klepac . . .

I so very much appreciated the home that ABCT (then AABT) had provided to me, that I was honored and awed to receive the “Outstanding Training Program” award on behalf of the programs I directed, and again when accepting the award for contributions to ABCT. The ultimate (and frankly unexpected) honor was being chosen to serve as president of this wonderful organization. ABCT is dear to my heart.

Marsha Linehan . . .

I remember how exciting it was to watch Jerry Davison and Marv Goldfried defend behavior therapy when they were being attacked in the first years of behavior modification.

I remember when Jerry Davison, my post doc adviser, became president of ABCT and got me on to the board of directors where I not only learned from the best but also learned how opening a door for someone can transform their career.

I remember getting a letter from Terry Wilson after he read the treatment I was developing telling me it was not standard behavior therapy and it would be OK to give it a new name.

I remember co-founding the women's special interest group and the day when we all stormed the annual business meeting and then walked out together when the board refused to advocate for us saying that discrimination against women was not a mental health problem.

I remember standing up for a board member when a person incorrectly accused him publically of being sexist.

I remember the joy of being president of ABCT and the shock of being told I was getting the ABCT Lifetime Achievement Award.

Barry Lubetkin . . .

Chairing a meeting of AABT members' firsthand accounts of The World Trade Center disaster, less than two months after it occurred. The presentation sponsored by The American Board of Behavioral Psychology was to an overflowing room. As we all dealt with the grief and sadness, it became clear that our Association was faced with a new challenge—developing and implementing plans for mental health professionals in responding to mass disasters.

Lata K. McGinn . . .

There have been innumerable golden moments at ABCT, far too many to recount here and I know there will be many more to come. However, some memorable things do stand out—hanging out with cherished friends and colleagues in and out of sessions, meeting and learning from pioneers in our field, seeing the numbers of my students and trainees who attend ABCT grow steadily over the years, serving on committees and on the board with amazing colleagues and friends, and working with the staff at the central office. Of course, the 43rd ABCT convention in New York City remains etched in my mind above all not simply because it was held in my hometown but because I was its program chair. I imagine the 2016 convention in New York will be larger given that it is ABCT's 50th anniversary, but to date the 2009 convention is still the largest CBT convention in the world. I remember watching proudly as the keynote presentations and panel ideas I had developed came to life at the convention—watching Steve Hollon and Bob Leahy interview and pay homage to Tim Beck was a moving experience for everyone in the room. Another electrifying experience was watching Bob Leahy and Steve Hayes demonstrate the difference between cognitive restructuring and cognitive defusion on a mock patient. Unexpected things stand out at the convention as well. I had invited my mentor, Bill Sanderson, to introduce his mentor, Dave Barlow, who I had invited to give a keynote on his newly unveiled transdiagnostic approaches to treatment. Of course Dave's keynote was fascinating as usual. However, Bill's introduction stands out as the funniest introductions I have ever seen—I remember him presenting the actual weight of Dave's publications as a measure of his impact on the field. Above all, of course, the 2009 Glass Ceiling keynote panel I co-organized with Michelle Newman at the same convention will

always be the most golden imprint in my mind. As I wrote in the introduction to the historic Glass Ceiling series that Michelle and I later co-edited for *Behavior Therapy*, over a thousand people attended the panel and many hundreds were turned away because there was no more room. I remember the hotel manager telling me that we were creating a fire hazard. Dianne Chambless, Edna Foa, Robin Jarrett, Marsha Linehan, Barbara McCrady, Rosemary Nelson, Patty Resick, and Toni Zeiss shared personal stories and struggles as the pioneering women in this emerging field. I still remember the hushed buzz in the room as the women spoke and the thundering roar from the audience when the trailblazers stood up and raised their joined hands in a spontaneous moment of solidarity at the end. People still come up to us and tell us how much that panel meant to them. And last but not least—Edna Foa receiving the lifetime achievement award at the same convention. In the process of gathering facts about women in and out of ABCT earlier that year, Michelle and I discovered to our horror that no woman had ever won the lifetime achievement award. We promptly nominated Edna, and watched with delight as Edna went on to become the first woman to win ABCT's lifetime achievement award in 2009. Thank you to ABCT and to all my colleagues and friends for such glorious memories.

Carmen P. McLean . . .

I'll never forget the Science and Pseudoscience SIG meeting I attended as a grad student. My friend Nate Miller and I were wide-eyed grad students clutching our highlighter-filled programs, and we were sooo excited to see the "celebrities" whose work we admired IN PERSON! It gets better. During the meeting, the members were discussing a recent paper looking at teaching critical thinking. The study was very relevant and important. Then we realized... oh my god... they were discussing OUR paper. Pure nerd-joy erupted. I felt proud and giddy and on top of the world!

Dan McNeil . . .

My most reinforcing ABCT memory is recapitulated and renewed at each and every one of our conventions. It's that time at the SIG Cocktail Party Exposition, or some other event involving most of the membership, when I see a new (and often young) student or early career professional (ECP) for whom it is their first ABCT meeting. What a wonderful time for me, after decades of attending our annual conference, to consider how "new" the ABCT culture must seem. Sometimes, these new members are a bit anxious and uncertain, and they respond so in such reinforcing ways to a bit of positive attention and interest. How fun it is to introduce them to our (many) "famous" ABCTers!

It is easy to think about how much these trainees or ECPs will learn at the convention, but perhaps even more importantly, what we as existing and long-term members will learn from them in their new ideas and approaches that are informed by changing social forces and novel technologies, leading to innovative ways of approaching problems. The most important part of this memory is that, clearly, these new members are the lifeblood of ABCT, our professional disciplines, and our science and practice. Seeing these new members in attendance gives me hope and great satisfaction. We have, I hope, constructed an organization that welcomes them, helps launch them into their future careers, and encourages them to remain as ABCT mem-

bers for both serious and joyful pursuits.

Rosemary Nelson Gray . . .

1. My first ABCT Golden Moment was when the ABCT Board of Directors decided to endorse a journal to be named *Behavioral Assessment*. Behavioral assessment was a hot topic at that time with various books published on this topic, and publishers competing to publish our new journal. *Behavioral Assessment* was eventually published by Pergamon Press under the auspices of ABCT. I was honored to be selected as the first editor of this journal, and completed Volumes 1-4 (1979-1982).

2. My second ABCT Golden Moment was when I was elected as ABCT's first female president (1981-82). At that time, of course, our association was named AABT, Association for Advancement of Behavior Therapy. My Presidential Address was in Los Angeles, and of course, was on the topic of behavioral assessment.

3. My third ABCT Golden Moment was participating in a panel at the 2009 ABCT meeting in New York City. Lata McGinn and Michelle Newman moderated a panel, "Overcoming the Glass Ceiling . . . A Conversation with Trailblazers" among nine women who are behavioral scientists and innovators (myself, Diane Chambless, Edna Foa, Marsha Linehan, Barbara McCrady, Patricia Resick, Susan Mineka, Robin Jarrett, and Antonette Zeiss). It was especially a "golden moment" because the hotel ballroom was standing room only. In 2012, the paper resulting from the Trailblazer panel was published in *Behavior Therapy*.

It has been truly golden to call ABCT (AABT) my professional home!

Michelle Newman . . .

I attended ABCT for the first time as a graduate student in the 1990's and presented my first ABCT poster at the anxiety SIG. My first talk at a conference took place at ABCT and my first first-authored paper was published in *Behavior Therapy*. I was very intimidated by the set of reviews that I got in response to my first BT submission and when I first read them, was not sure I could sufficiently address them. My postdoctoral mentor at the time, Barr Taylor, was able to convince me that the reviews were easily addressed and with his help I was able to work through them and I learned a lot from that experience. Subsequently, BT became one of my go-to journals. I felt very honored when many years later, Tom Ollendick approached me to become an Associate Editor of BT and subsequently when the ABCT publication committee selected me to become the editor.

Cory F. Newman . . .

At the AABT conference in 1998 (in Washington, D.C.), Steven Hayes surprised us all by serving as the DJ for the Saturday night party, and he was an irreverent riot! His performance on that "stage" that night was memorable indeed!

Fugen Neziroglu . . .

I remember: going to ABCT already as an undergraduate when CBT became the new buzz word at Hofstra. Professors were debating psychodynamic theories vs. behavior therapy and we the students were eagerly trying to figure out what we believed in. ABCT probably made most of us cognitive behavior therapists. Since then I probably missed only 2 or 3 conferences. It is

a given that I will go nowhere during the meeting dates. It is a time to learn, meet up with friends, try different restaurants and have an adventure. One of the adventures was when we lost two good friends for two days when they disappeared. The meeting was in San Diego and they went for a drive to Tijuana, Mexico for a day trip. Well it was supposed to be a day trip but apparently they got lost and ended up detained for a day. What excitement.

Another time I was going to the newly acquired ABCT office to film on OCD and BDD, an info commercial for private practitioners. I had picked out my outfit for the taping and put on my most favorite earrings. I got to the room and realized that I did not have my earrings on and noted that I had put them on my lap while driving because they hurt. They must have fallen off when I got out of the car. I could not go to the parking lot to look for them and throughout the taping I could only think of my earrings. Mindfulness did not work that day and I never found those earrings.

Lastly, it must have been 2008 and I did grand rounds on BDD at the conference. Everything went wrong that day. My "client," a colleague, was late for the demonstration, the video camera was not working and neither did the microphone. The room was full. I was anxious as it was and with everything fitting Murphy's Law well, I resigned to my destiny hoping that all would somehow work out. Not sure how it ended but I am still here to tell the story.

Art Nezu . . .

Receiving the phone call from MJ Eimer telling me I won the presidency for 1999-2000!

Thomas H. Ollendick . . .

How can there be just one golden moment with AABT/ABCT? I attended my first AABT conference in 1974 and have attended every meeting since then except for 1988 when I was on sabbatical leave in London. I have also been fortunate to be involved in the organization in various capacities over the years including my recent stint as International Associates Chair. ABCT is my professional home, and I have many good friends and colleagues as a result. Golden moments abound!

Sue Orsillo . . .

I remember: Bringing my graduate students to ABCT and watching them experience the excitement and satisfaction that comes from sharing your work with other people who are as passionate about science as you are.

Introducing my graduate students to the treatment researchers who literally wrote the book on evidence-based practice (i.e., the actual authors of the different chapters in Barlow's *Clinical Handbook of Psychological Disorders*).

Feeling incredible gratitude toward those clinicians who were so committed to learning new ways to apply acceptance-based behavioral strategies to their clinical work that they were willing to sit on the floor as Liz Roemer and I presented our first mini-workshop on values.

Michael Otto . . .

For me, my first ABCT Friday-night cocktail party was not unlike my first high school dance. I knew there was potential for fun, but I wasn't sure how to make it happen. More honestly, in both venues I wasn't even sure where to put my hands as I stood at the edge of the action. But I survived and perhaps even

thrived a little that evening, and came back for more.

One's place at ABCT evolves, and quickly. The first poster presentation becomes the first speaker role, which evolves further to Symposium Chair, Discussant, and Master Clinician. Likewise, there is the expansion of connection to ABCT membership. Across the years, I have been lucky enough to serve as Local Arrangements Chair, Program Chair, SIG leader, Representative at Large, and President of the organization. The memories from these many roles jumble together—the moment when glow sticks (first ignored on the tables) were finally worn and defined the movements of the dancing throng at the Boston Dance party; the moment at a board meeting when the difficult resolution of a painful issue brought tears of appreciation to the eyes of many of us; the moment when my young son started to skip forward to join me onstage in the middle of my Presidential address; and, for the Friday-night cocktail itself, the pinball sensation of being unable to finish one brief conversation before being interrupted to meet a potential student or intern, introduce another student, or greet the colleague that I have been so meaning to call. At that moment, my hands are accounted for; handshakes and hugs replacing whatever tentative uses I found for them at that first conference.

In addition to these memories, I need to underscore a favorite, recurrent moment at ABCT: if the cocktail party now evokes a pinball sensation, the Thursday-night lobby/lobby bar evokes a symphony of surprises. Most years, my very favorite moments of the conference happen on Thursday evening, standing by the front desk or sitting in the lobby bar, being buffeted by the sudden but flowing emergence of so many friends and colleagues as they arrive and settle in at the conference. ABCT represents such a wonderful collection of warm, achieving, bright, friendly, and committed people. I am proud to share in this crowd.

Laura A. Payne . . .

Getting drenched by rain at my very first ABCT (AABT) conference in New Orleans in 2000.

Simon A. Rego . . .

Watching Dave Barlow walk up to the podium with just a few scribbles on a hotel napkin and turn it into a captivating 15 minute lecture delivered to a packed room.

Chairing a panel (twice!) in which I asked giants in our field (first Dave Barlow, Chris Fairburn, and Terry Wilson, and then a few years later Jerry Davison, Steve Hayes and Marsha Linehan) what they had changed their mind about over the course of their careers.

Chairing a panel (twice!) in which various experts (Michelle Craske, Marsha Linehan, Tom Ollendick, and Barbara Rothbaum, and Adam Radomsky) presented data that challenged some of the most popular beliefs held by many of us in the field.

Chairing a panel (three times!) in which various experts (David Barlow, Michelle Craske, Dennis Greenberger, Steve Hollon, and Terry Wilson) discussed some of their biggest treatment failures.

Patricia A. Resick . . .

I remember: As a graduate student, at one of my first AABT conventions, I heard Jerry Davison give a presidential address that had nothing to do with the textbook I had just read of his (I was so excited to see him), his own research, or behavior

therapy at all. He spoke about how homosexuality should not be listed in the DSM as a psychological disorder and how psychologists should refuse to try to change people's sexual orientation. Up until then the talks I had heard in undergraduate and graduate school had been about esoteric or narrow topics or typically someone's own research. I so admired his taking a stand on such an important topic. His talk gave me the courage to study the effects of rape and work on treatments for the aftermath (pre PTSD) although I was warned by a couple of my professors that I probably wouldn't get tenure with such a topic. There were no journals on trauma and not a page in a textbook anywhere. Davison's talk inspired me to believe that clinical psychology could make big statements and have strong opinions. That was a Golden Moment.

Hank Robb . . .

Though strongly behavioral in my orientation and already a several-year Associate Fellow of the, then, Institute for Rational-Emotive Therapy, I was nine years post-Ph.D. before I had the good fortune to meet Ricks Warren, Ph.D., and be introduced to what was then AABT in 1987. I attended a pre-conference workshop on depression which opened with a video of an interaction with someone who, indeed, seemed depressed. The leader of the workshop asked the twenty-odd attendees to hypothesize about the etiology of this person's depressive difficulties. No one offered, "anger turned inward." I immediately thought to myself, "This is the crowd I've been looking for!" and I've only missed two meetings since!

Paul Rohde . . .

When I read this request for a "Golden Moment," the first thing that popped into my mind was my first ABCT (then AABT) conference, which was in November, 1989 at the Washington Hilton in Dupont Circle. I shared a hotel room with my mentor, Peter Lewinsohn, and we were giving a workshop with Greg Clarke on the Adolescent Coping with Depression course. I don't at all remember the actual workshop but I do remember the three of us walking into the main hotel restaurant for breakfast on the first day of the conference and it seemed that the entire very large dining area was essentially filled with CBT researchers and therapists. As we were walking to our table, Pete was pointing out famous clinical researchers with their mentees. It was an exciting introduction to our organization and realization that I was part of a whole community of like-minded researchers and clinicians.

Dennis C. Russo . . .

It has been a wonderful adventure to have been with ABCT all these years... There were lots of Golden Moments. I whittled them down to just a few.

1. Way back in the early days, having been asked by Todd Risley to serve on, and eventually Chair, the Professional Consultation and Peer Review Committee for the organization then known as AABT. It was a great opportunity to set standards for the appropriate future practice of behavior and cognitive therapy and to address effective implementation of the Behavior Therapy with a variety of difficult problems.

2. As the organization grew, we became more interested in our role in an ever-larger field. I remember a trip to San Diego, with Barry Lubetkin, the goal of which was to convince ABPP that we should be considered a specialty of Psychology rather than a special proficiency of Clinical Psychology. After a long

trip and a grueling cross examination by the ABPP Board, Barry and I were escorted out left on the beach in San Diego for a number of hours to await their word. Wonder of wonders, they agreed with our spin and a new specialty in Psychology was born.

3. Being an AABT President produces lots of memories. Many of these derive from our myriad of responsibilities at the Annual Convention. This includes being in a variety of presentations, meetings, meetings, meetings, preparing your keynote address, and handling whatever comes up. The most interesting moment during my Presidential Convention in New York in 1988 was the urgent call to meet with our assembled staff because Mark and Linda Sobell, who were giving the keynote address on Controlled Drinking, had to be protected as threats had been called in by the abstinence lobby. While no actual threat occurred, it was a hectic afternoon.

4. As Behavior Therapy grew, it became the preferred clinical approach of many clinicians. I was honored to have traveled, on five occasions, to Wilford Hall USAF airbase in Texas to train their Psychologists in Behavior Therapy and its role in healthcare. To this day, it is a critical component in the Air Force efforts for the health and well-being of their troops. As they say, their motto is "Keep 'em Flyin'".

5. Lastly, and most importantly, was the opportunity to work with remarkable people from all over the world and to have the opportunity to visit them as they worked to bring Behavior Therapy to their country. My most outstanding recollections come from the hospitality of my colleagues in Australia and New Zealand, who after an 18 hour trip from the US East Coast to Perth, took me on a whirlwind 3 week tour spanning the continent of Australia and ending up in New Zealand. They were truly remarkable hosts and the opportunity to meet with them and share our joint knowledge is still one of the high points of my career.

Zindel Segal . . .

The unique combination of openness to new ideas with the demand for scientific rigour that is one of ABCT's hallmarks as a professional organization. This approach to clinical psychological science led me and my colleagues, John Teasdale and Mark Williams, to view ABCT as a natural venue for floating our tentative ideas about mindfulness and depressive disorders in the early days of MBCT.

Linda Sobell . . .

I remember when at a Board retreat at Hilton Head Island in South Carolina that we took an afternoon break to enjoy the surrounds. Mary Jane and I decided we would ride bikes on the beach which was a great idea until we were ¾'s of the way around the island and ran into a river that needed to be crossed or ride all the way back. The river looked passable if one was tall enough and walked on one's tippy toes carrying the bike over one's head. Those knowing me can well surmise that I was going to try and cross, and I believe I could have made it. However, MJ presented another problem—she was vertically challenged. I tried getting her to cross with me but when I realized she was going to be in over her head so to speak we had to turn back. I have always wondered if we would have made it if MJ had just been a bit taller. Of course, as you can appreciate I often remind MJ about this memorable moment.

Mark B. Sobell . . .

It was November 1994 and my wife, Linda, was completing her term as President of the Association for Advancement of Behavior Therapy (now ABCT). In preparing her presidential address for the convention, one of the things on both of our minds was that previous presidential addresses mainly consisted of Presidents reviewing their research. What had struck us was how few times a Presidential address had relevance for the organization as a whole and included some take-home messages for those in the audience. In her presentation, although Linda did mention our research, that was only as a vehicle to bring to the attention of the organization that dissemination of clinical research has to be a priority, and particularly that effective dissemination involves much more giving a workshop and then going home. It involves a sustained but respectful presence, compromise in adapting approaches to the unique features of the programs one hopes will adopt disseminated practices, and available backup so that programs can speak with knowledgeable clinicians about any issues they encounter in trying to implement changed procedures. To our amazement the ballroom was packed with several hundred attendees and standing room only, and at the conclusion she received a standing ovation. That was truly golden. The talk was published as an article in 1996 (*Behavior Therapy*, 27, 297-320).

Linda & Mark Sobell . . .

At the start of his presidential address Dan O'Leary took a moment to mention that we had been vindicated regarding alleged charges of scientific fraud. It was an act of unselfishness and kindness that meant so much to us then and forever. Thank you, Dan.

Gail Steketee . . .

I can't quite remember my first AABT meeting, but it can't have been long after I started training at Joe Wolpe's Behavior Therapy Institute in 1976. I remember meeting in a hotel, in Philadelphia, I think, where we listened to talks by leaders in the field, and the sense of urgency in defending behavior therapy from allegations of "symptom substitution" and the struggle to establish that medications were not the only way to treat anxiety and depression.

I remember feeling uncomfortable that I did not have fellow students to meet at AABT conferences (my degrees are in social work where there was little training in BT, though that is changing now). But still, it didn't take long to find great colleagues. I gradually met those who were studying anxiety and OCD—we had excited conversations over drinks in the lobby lounges of many hotels over the years. I remember the lobby bar where I met Randy Frost in 1982, the start of a great partnership and nearly 100 co-authored papers. In fact, most of my publications are with ABCT colleagues—Dianne Chambless, Sabine Wilhelm and more. I have fond memories of meeting Lloyd Williams, Rick Heimberg, Cheryl Carmin, Fugen Neziroglu and many others. I loved serving as Program Chair for the 25th anniversary conference in NYC under President Neil Jacobsen. My favorite experience is meeting and working with the generations of researchers, also ABCT members, whom my terrific colleagues have mentored—we've had so many dinners, breakfasts, lunches and drinks over the years to scheme about research and cook up cool ideas. With these colleagues, my CV says I've given or contributed to 158 talks at AABT/ABCT since 1979—that's way more than at any other

professional conference, and I have loved it all.

I remember working with Mary Jane Eimer and Mary Ellen Brown, who helped me and Michael Otto coordinate the 2010 World Congress in Boston. They were great, as was the ABCT staff who assisted us, and Sabine Wilhelm was the best program chair ever. It was a wonderfully exhausting experience.

I have saved all my ABCT program books over the years so that one day I might look back through them to remind myself of all the great people and places I've enjoyed over these nearly 40 years. What a remarkable group of dedicated researchers, clinicians, and staff who make this organization and its conferences delightful and enriching experiences! And now I have the added pleasure of serving ABCT as President for 2016-17. Who knew what professional riches I would experience in this organization?

Dick Stuart . . .

I was one of the very lucky ones! If you view our organization's history as having three phases, I was able to play a small role in the foundation phase, followed by the consolidation phase and now the expansion phase. I joined AABT (as it was then) in, I believe, 1968. Classical psychoanalysis ruled the roost with challenges to its hegemony from gestalt, nondirective, and transactional analysis therapies. Behavior therapy was dismissed as a useless annoyance that at best promoted intervention leading to short-lived symptom substitution. At the time we were a small group that was internally split between devotees of intervention based on classical vs. operant conditioning. But we were also strongly unified by our shared commitment to intervention with discrete procedures leading to measurable outcomes. Despite our differences, we were all tremendously helpful to each other. I am deeply grateful to many many people who helped me learn to think and act like a behaviorist, e.g. Mont Wolf, Todd Risley, Og Lindsey, Jerry Patterson, Len Krasner, Joe Wolpe, Alan Kazdin, and Nate Azrin.

The antiestablishment surge in the country (e.g., Vietnam war protests) also motivated the country to question established beliefs. This created a favorable socio/cultural responsiveness to our message that grew in proportion to the strength of our data and our ability to find ways to disseminate our logic and outcomes. So, too, did the size of the organization. We broadened the scope of our annual meeting, included workshops to promote data-based skills that disseminated the fruits of which were reported in data-based conference papers, and we eventually became strong enough to cut the cord that bound us to APA conventions. In the early days we were mission-driven and had high hopes, but no one would have predicted the enormous success of our fledgling movement.

As I recall, my most humorous moment came when I gave my presidential address on our need to develop a code of ethics that Gerry Davison and I had had written one with the help of many including Stephanie Stolz and Don Baer among others. Meanwhile the gay community did a snake dance in front of the hotel chanting "Two, four, six, eight: no behaviorist will make us straight." In fact one of the motivations for promoting a code of ethics was our realization that we had to do what we could to curb the use of aversive conditioning to control sexual as popularized inspired by "Clockwork Orange."

In retrospect, I think that the 8 years that I was on the board were by far the most exciting and satisfying of my 50+ years as a psychologist. I will be eternally grateful to the Association having made this possible.

Richard Suinn . . .

Hosting the AABT Finance Committee meeting at my ski condo at Winter Park, Colorado. The venue was approved after I documented that the cost would not be any higher than meeting in NYC—because of savings of hotel room costs.

Seeing the new AABT office facility and remembering the old, rather shabby (but affordable) digs . . . especially the cramped elevator and poor utilities.

"Click" — a photo record is taken at the Winter Park Ski Resort during the AABT Board of Directors meeting during my presidency...the golden memory: Mary Jane Eimer and the "Mary Jane" ski trail!

Giving my presidential address and laughing along with Linda Sobell—who introduced me with an informal, personal intro. This new "tradition" of informal introductions at presidential addresses was started two years previously when Alan Marlatt introduced his good friend Neil Jacobson.

In my presidential address, announcing that I had discovered a major error in an important published article and would show it on my next slide . . . which turned out to be in Japanese! Then waiting until the audience caught the joke . . .

Bethany Teachman . . .

I remember watching many of my students give their first big professional talks at ABCT and how exciting it is to see them taking that step and joining this community that has been such a wonderful professional home to me. At the latest ABCT, I had the privilege of seeing my first academic "grandchild" give her first talk.

I remember being very, very pregnant at ABCT one year, and the audience watching me give a talk with a look of deep concern on their faces that my water might break at any moment!

I remember lots and lots of reunions and many raised glasses in toasts—the ABCT convention has been my spot to see former students, mentors, collaborators, and friends from grad school and internship.

David Teisler . . .

My first convention, talking with MJ and MEB in the staff office, in walks Linda Sobell, the incoming president, she's drenched in sweat, armed with a racquet, and dressed in a shirt that said, to the effect, "Kill 'em all," and a graphic of a racquet ball with dripping fangs.

Participating and observing the conversation between then Representative-at-Large Debra A. Hope and Robert Klepac crafting the language for ABCT's nondiscrimination policy, adopted in November, 2006. It was a very moving and consensus building dialogue.

Watching Art Freeman and Art Nezu compare ribbons.

Negotiating my first contract with Elsevier and realizing we just made a ton of money and were giving our members more stuff to boot.

Listening to Steve Hayes during our 2001 convention insist it was imperative to understand, and have compassion for, the emotions of those who flew the planes into the towers.

Josh Magee assigning tasks for his social media committee.

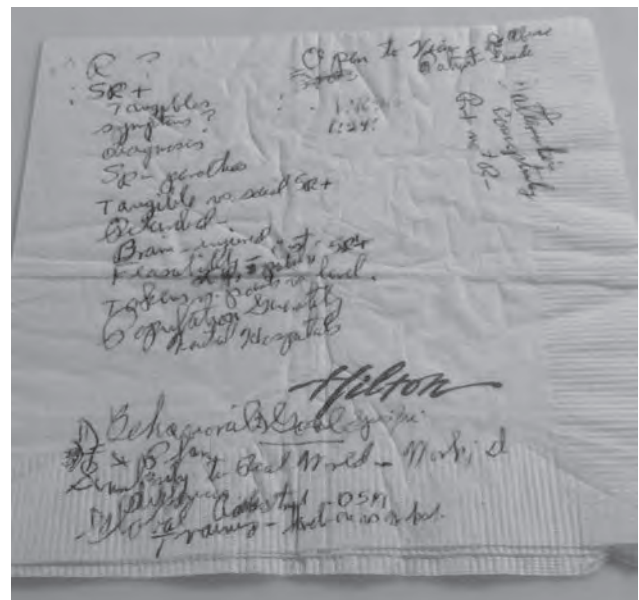
Working with Carmen McLean to get the graphics to showcase the final 10 day countdown to our new website launch.

Alyssa Ward . . .

I have been attending ABCT for 14 years, and a moment in 2010 sticks in my mind. At this convention, my mentor and all 6 of his first graduate students were together. He is a terrific mentor, and he has supported our growth as professionals and as people. ABCT feels much like a professional family reunion.

**Bill Warzak . . .**

I had the great good fortune of organizing and moderating a roundtable discussion of the origins of the Token Economy with Ted Ayllon and Nate Azrin. This must have been in the early 90's at the approximate 25th anniversary of the Token Economy (1968). Ted was my major professor. I contacted a number of luminaries who provided testimonials, which I read at the outset. The highlight for me was a cocktail napkin I retrieved afterward on which Ayllon and Azrin had outlined what they were going to discuss. The discussion was terrific. The napkin priceless.



International Memories and Reflections Upon Our 50th Anniversary

Thomas H. Ollendick, *Virginia Tech, ABCT International Associates Committee Chair (2013–2016)*



AS THE PRESENT INTERNATIONAL ASSOCIATES Committee Chair, I am pleased and honored to introduce this invited set of brief commentaries by international scholars and leaders in the field of CBT from different countries and professional organizations. As background, I also had the good fortune of serving as the International Associates Committee Chair some 20 years ago (1996–1998) following my presidency of AABT in 1995. Indeed, I was AABT's first representative to the World Congress Committee of CBT—a worldwide organization formed in 1994/1995 under the leadership of my good friend and colleague, Lars-Göran Öst, from Sweden. Over these years, the involvement of international colleagues in AABT/ABCT has flourished. As you will read in the commentaries that follow, the influence of theorists and practitioners from Africa, Europe, Australia, Asia, South America, and North America has been remarkable and much of the current theory, research, and practice that characterizes ABCT today has been greatly informed by the thinking and vision of

these individuals. While invited commentators in this series have remarked upon the influence of AABT/ABCT on their own developments and developments in their countries, it is equally evident that developments in these countries have greatly influenced developments in ABCT. The process has been a dynamic and a transactive one.

In this issue of *the Behavior Therapist*, I have been fortunate to enlist several world leaders from each of these continents. I hope you will find their memories, reflections and commentaries as interesting and thought-provoking as I have. The evolution of CBT is rich and is truly international in scope, and as you will shortly see, our early evolution was largely due to our esteemed colleagues from South Africa (e.g., Arnold Lazarus, Stanley “Jack” Rachman, G. Terence Wilson, and Joseph Wolpe) and the United Kingdom (Hans Eysenck and Cyril Franks), among others. Indeed, Cyril Franks from the United Kingdom was our first president, founder of our flagship journal, *Behavior Therapy*, and first editor of this newsletter, *the Behavior Therapist*.

In my early career, I was fortunate to read a paper by Albert Bandura (1982),

published in the *American Psychologist*, titled “The Psychology of Chance Encounters and Life Paths.” In this seminal paper, Bandura noted that chance encounters play a prominent role in shaping our lives. He noted that although the separate chains of events may have their own causal determinants in any one chance encounter, their intersection occurs fortuitously rather than through a deliberate plan: “Some fortuitous encounters touch only lightly, others have more lasting effects, and still others branch people into new trajectories of life” (p. 747). He was right! I have experienced several such fortuitous “international” encounters in my career, and I continue to do so to this day. Much of my own work has been in collaboration with international colleagues from Africa, Asia, Australia, Europe, and South and North America. My work has been enriched by these relationships and it has resulted in enduring friendships. For all of this, I am grateful.

Reference

- Bandura, A., (1982). The psychology of chance encounters and life paths. *American Psychologist*, 37, 747-755.



Cyril Franks

INTERNATIONAL

Origins of Behavior Therapy: The South African Connection

G. Terence Wilson, *Rutgers—The State University of New Jersey*



IN THE YEAR 1956–57 Joseph Wolpe, then an obscure South African psychiatrist who had been invited for a Fellowship year at the prestigious Center for Advanced

Study in the Behavioral Sciences at Stanford, wrote arguably the first and founding book on behavior therapy. It was published by Stanford University Press on the recommendation of a young psychologist at Stanford—Albert Bandura—who himself went on to make indelible contributions to the

theory of behavior change and therapy. Wolpe's 1958 book did not use the term “behavior therapy.” That was first used by Arnold Lazarus, a junior associate of Wolpe's in Johannesburg (JHB), in the *South African Medical Journal* in 1958. Lazarus then joined Wolpe in the U.S. and together they wrote the first book on the clinical practice of behavior therapy in 1966. Wolpe and Lazarus became the second and third presidents of AABT respectively.

Stanley (Jack) Rachman was another junior associate of Wolpe's in JHB who in the late 1950s moved to London and became a close colleague of the renowned Professor Hans Eysenck at the Institute of

Psychiatry (Maudsley Hospital). The program they established and nurtured proved to be unsurpassed in advancing the field of cognitive behavior therapy on a global level. Another ex-South African from Cape Town, Isaac Marks, obtained his training in psychiatry at the Maudsley and was influential in developing and evaluating behavioral treatment of anxiety disorders, especially in the 1980s.

I graduated from the same university (University of Witwatersrand) in Johannesburg as Wolpe, Rachman, and Lazarus. As I learned later in life, I attended the same high school as Wolpe—Parktown Boys High—albeit separated by over 30 years. Although influenced by all three pioneers, I have collaborated particularly closely with Jack Rachman over the years on publications and followed him as Editor-in-Chief of *Behaviour Research and Therapy* (BRAT). When I stepped down last year both Jack and I were enthusiastic about Michelle Craske succeeding us as Editor. As I (somewhat?) jokingly told Michelle, she was the ideal candidate not only because of her eminence and expertise, but also because as an Australian-born colleague she would continue the English colonial/commonwealth heritage of BRAT!

I was President of AABT in 1980–81 but had been involved in many facets of the association before then. I had accepted a faculty position at Rutgers University in part because Cyril Franks was a member of the program. He was a former student of Eysenck's from the Institute of Psychiatry who founded our association in 1966 as the Association for Advancement of Behavioral Therapies (AABT). Cyril then altered the title to the "Association for the Advancement of Behavior Therapy" in response to an article in 1967 from two graduate students at Witwatersrand University (see "history" on ABCT website). In 2005 another name change established the title ABCT.

From 1973 to 1988 I was fortunate to co-edit with Cyril (and later Kelly Brownell



Joe Wolpe, Arnie Lazarus, Jerry Davison, and Terry Wilson

and Phil Kendall) the *Annual Review of Behavior Therapy: Theory and Practice*. It was Cyril's foresight to understand that such volumes, reprinting key journal articles with accompanying critical commentary, would assist the dissemination of behavior therapy in those early days—before computers—when access to journals was limited outside of the U.S. and U.K.

I need to mention two other ex-South Africans from Witwatersrand University who have made important contributions to the fields of CBT and behavioral medicine. David Abrams, Ph.D., currently at the Johns Hopkins Bloomberg School of Public Health, is a former Director of the Office of Behavioral and Social Sciences Research at the National Institutes of Health. Prior to that he was the founding Director of the Centers for Behavioral and Preventive Medicine at Brown University Medical School. Also, Raymond Rosen, Ph.D., currently Chief Scientist at New England Research Institutes in Watertown, Massachusetts, has remained one of the

leading experts in the world on sexual dysfunction and its treatment.

In an early 1975 text, Dan O'Leary and I commented that the modern origins of behavior therapy could be "traced to related developments in South Africa, England and the United States. . . ." Today as we now celebrate, the field is thriving in diverse countries around the world, as was made clear to me as editor of BRAT—the U.K.-based journal designed to have an international impact by its visionary founders, Hans Eysenck and Jack Rachman.

References

- O'Leary, K.D. and Wilson, G. T. (1975). *Behavior therapy: Application and outcome*. Englewood Cliffs, NJ: Prentice-Hall.
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.
- Wolpe, J., & Lazarus, A.A. (1966). *Behavior therapy techniques*. New York: Pergamon Press.



9th World Congress of Behavioural and Cognitive Therapies

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INTERNATIONAL

The Origins of Behavior Therapy

S. J. Rachman, *University of British Columbia*



THERE IS NO SPECIFIC date for the emergence of behavior therapy (BT), roughly 1958–1963, but this fundamentally different approach to the causes and treatment of psycho-

logical disorders had a cold reception. BT (and its offspring, cognitive behavior therapy) is so widely recommended and practiced nowadays that this radical development may appear to have been inevitable. However, opponents of what became known as behavior therapy sharply rejected the absurd idea that psychological disorders can be treated by changing the patient's behavior. Psychological disorders were dealt with by medical doctors (medications, physical treatments such as electroconvulsive therapy, and counseling support). The medical profession strongly objected to psychologists carrying out treatment on the grounds that they lacked clinical knowledge and skills.

Numbers of psychologists did work in clinics or hospitals, carrying out tests of intelligence, personality, and aptitude, and the "testers" were prohibited from stepping over the line. Despite impressive academic achievements, psychologists were seriously underused and keen to expand their contributions. The demise of introspectionism, the classical approach to psychology, was followed by an insistence on observable behavior; it was a golden age for behaviorism and psychologists set about applying behaviorist ideas and procedures to diverse clinical problems.

In 1959, Eysenck stated, "Neurotic symptoms are learned patterns of behaviour which are for some reason unadaptive" (p. 62). It followed from Eysenck's thesis that the unadaptive behavior should be inhibited or extinguished. Behavior therapy entailed measuring and changing observable abnormal behavior—notably avoidance behavior. Hence, agoraphobia was a suitable clinical phenomenon and a great deal of thought and effort was devoted to modifying (treating) this avoidant behavior. Skirting around professional barriers, behavioral treatment was carried out softly, softly on a small scale in

a few exceptional hospitals or university clinics. Early successes with agoraphobia encouraged attempts to treat specific phobias, and as progress was made, intrepid psychologists such as Victor Meyer tackled the complex and often intractable problem of obsessive-compulsive disorders.

Initially the development of BT in the U.S. and in Britain ran on different but parallel paths (Rachman, 2015). The early work in the U.K. focused on "neuroses," roughly corresponding to anxiety disorders. The early work in the U.S. focused on patients with serious psychiatric disorders, dwelling in long-stay hospitals. The early work was notable for some ingenious applications of behavioral ideas and techniques. These pioneers rejected the medical model of psychological and psychiatric problems and replaced the term "psychological therapy" with "behavior modification," and described themselves as behavioral engineers. The ultimate merger of the two approaches was promoted by establishment of newly designated journals and by the national and international conferences organized by the respective national associations. In the U.S., for example, the first meeting of the newly formed Association for Advancement of Behavior Therapies (now the Association of Behavior and Cognitive Therapy) was held in Washington, DC, in 1967, as part of the annual American Psychological Association meeting.

The pioneers of BT encountered difficulties in disseminating the results of their work because journal editors rejected their submissions as unworthy of publication (absurd, unprofessional, potentially harmful). Advocates of psychoanalysis were particularly critical and argued that removing or suppressing a patient's symptoms would be followed by "symptom substitution" (a Freudian defense mechanism) and even cause a major breakdown. Both worries were subsequently disconfirmed. The debate was noisy at times but, in any event, only a tiny minority of people could afford to undergo the protracted and very expensive course of daily psychoanalytic sessions. When ongoing research, including many randomized controlled trials, confirmed

the effectiveness of BT, this debate ended. However, the medical opposition persisted and clinical psychologists were obliged to teach themselves. Along the way there were some heroic failures, such as attempts to treat obsessions by training patients to sting themselves by snapping a rubber band attached to the wrist whenever they experienced unwanted intrusive thoughts or impulses.

The establishment of journals that provided a platform for this increasingly successful radical approach was an important step. A monthly journal, *Behaviour Research and Therapy*, was introduced in 1963 and *Behavior Therapy* in 1969. Two seminal publications were Wolpe's *Psychotherapy by Reciprocal Inhibition* (1958) and Eysenck's (1959) article "Learning Theory and Behaviour Therapy." Happily for me, Joseph Wolpe and Hans Eysenck were my (brilliant) mentors.



Joseph Wolpe, Jack Rachman, and Terry Wilson

So, was the growth of BT inevitable? Then, as now, tens of thousands of people were suffering from distressing and disabling mental problems, but the well was dry. The prescription of medications and the use of physical treatments were minimally effective. The passing intellectual appeal of Freud's theorizing was not matched by the development of practical and economic methods of helping, and the prospect of a fresh approach to overcoming psychological problems became a source of hope. The energetic proponents of BT, those underused academically accomplished psychologists, were enthusiastic and optimistic about the value of the new ideas. Certainly their optimism was vindicated, and if the pioneers had been asked whether the growth of BT was inevitable, the probable answer would have been "yes." A correct answer, but subject to an awkward limitation.

It was inevitable in the time and place of the emergence of BT, but leaves unanswered why it was not "inevitable" in other countries. By a happy constellation of the

stars of fate, the U.S. and the U.K. had a large and enthusiastic pool of highly educated psychologists ready and eager to help fill the gap. It was an oddly "limited" inevitability.

References

Eysenck, H.J. (1959). Learning theory and behaviour therapy. *Journal of Mental Science*, 105, 61-75.

Rachman, S. (2015). The evolution of behaviour therapy and cognitive behaviour therapy. *Behaviour Research and Therapy*, 64, 1-8.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford: Stanford University Press.

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INTERNATIONAL

ABCT and the Israeli Association of Behavior Therapy: Then and Now

Tammie Ronen, *Tel-Aviv University*



IN HIS ARTICLE "The End of Ideology in Behavior Modification," Perry London wrote:

... The borders are secure now, the settlers are thriving, the dark untrammelled forests are trammelled and cut down... It is time now to build this domain, not defend it. Building it ... requires first, abandoning strife with other modalities and developing peaceful commerce ... ; Second, examining the constructs that underlie modifying operations and design new ones; and finally, devoting ourselves to "criterion validity," that is, to building treatment methods that work. (London, 1972, p. 913)

At the time this article was published, Michael Rosenbaum, my late husband, the love of my life, my colleague, and one of the pioneers of CBT in Israel, returned to Israel after completing his Ph.D at the University of Illinois, eager to apply behavior therapy with children as head of Geha Psychiatric Hospital. However, while London (1972) reported secure borders and no need to fight for the "property" of behavior therapy, in Israel these borders were not yet secured. Israel was very psychodynamically oriented, and behavior therapy was considered too dangerous to be used with children. So, despite Michael's training in treating children, he was only allowed to work behaviorally with adults.

Eager to develop the application of behavior therapy in Israel, Michael and a few of his colleagues established The Israeli Association for Behavior Therapy (ITA) and called for the first "world" congress of behavior therapy to be held in Jerusalem in July of 1980. In his book, *Perspectives on Behavior Therapy in the Eighties*, co-edited with Cyril Franks and Yoram Jaffe (1983), Michael noted that this volume was conceived during the preparations for and execution of the first world congress of behavior therapy in Israel.

At that time, I was already treating children in a mental health community center, and like all my colleagues at that time, was trained in psychodynamic therapy. My first presentation at an Israeli conference (with a colleague) expressed my attempts to reconcile my formal training with my newfound way of intervening that reflected my belief in behavior therapy. It was called: "How to be a Behavioral Therapist in Mental Health Settings and Stay Alive."

The story of the ABCT is actually the story of my life, my love, and my professional development. The first presentation that Michael and I gave together was at a Paris EABT (now EABCT) conference (1991) and then that same year at the 25th annual AABT (now ABCT) meeting in New York. We presented our self-control theory and its contribution to the coping of children under threat of war. Children's self-control and coping became the focus of the articles and books that Michael and I developed over the years, in line with our aspiration to apply CBT to children and

thus help them become happier, and flourish in our society (e.g., Ronen, Abuelaish, Rosenbaum, Agbaria, & Hamama, 2013; Ronen & Rosenbaum, 2010).

Over the years, Michael and I found it inspiring and crucially necessary to collaborate with colleagues around the world—to "develop peaceful commerce," as London advised us in 1972. We participated in a symposium at the AABT meeting that Art Freeman arranged on CBT around the world. Tom Dowd, who was editor of *Cognitive Psychotherapy* at the time, asked us to send a paper about our work in Israel, which we called "Cognitive Therapy in Israel: Thinking With One's Heart" (Rosenbaum & Ronen, 1995), to present the Israeli style of cognitive behavior therapy, which strongly combines emotion along with the traditional thoughts and behavior.

In 1992, I became president of the ITA, which, like other associations, later became both behavioral and cognitive. We received considerable support from professionals in AABT/ABCT over the years. Some of them came to Israel and gave lectures and workshops—Albert Ellis, Cyril Franks, Tom Dowd, Art Freeman, Fred Kanfer, Edna Foa, Robert Neimeyer, and Michael Mahoney, to name a few. Others, like Aaron Beck and Judy Beck, always supported our work in Israel and encouraged us not to fear or avoid "strife" with the psychodynamic therapists.



Albert Ellis and Michael Rosenbaum

PHOTO ABOVE: Tammie Ronen and Michael Rosenbaum

We invested many efforts to “build the domain,” as Perry London suggested. Michael, as professor of clinical psychology at Tel-Aviv University, fought to ensure that CBT would be part of clinical training. I followed his footsteps as head of the university’s School of Social Work and now as Dean of the Faculty of Social Sciences.

Today, thanks to all that support over the years, in every university in Israel there are courses in CBT, most mental health settings include CBT practices, and the ITA is continually growing. Recently, we hosted the 2015 Annual EABCT conference in Jerusalem, with many participants from the EABCT, the ABCT and ITA in atten-

dance. It was a huge success—nobody questions the property of CBT in Israel any longer.

So, as we wish happy anniversary to ABCT, this is also an opportunity to look back and see the inspiration, support, and actual assistance each of us has received over the years.

References

- London, P. (1972). The end of ideology in behavior modification. *American Psychologist*, 27, 913-920.
- Ronen, T., Abuelaish, I., Rosenbaum, M., Agbaria, Q., & Hamama, L. (2013). Predictors of aggression among Palestinians

in Israel and Gaza: Happiness, need to belong, and self-control. *Children and Youth Services Review*, 35(1), 47-55.

Ronen, T., & Rosenbaum, M. (2010). Developing learned resourcefulness in adolescents to help them reduce their aggressive behavior: Preliminary findings. *Research on Social Work Practice*, 20, 410-426.

Rosenbaum, M., Franks, C. M., & Jaffe, Y. (Eds.). (1983). *Perspectives on behavior therapy in the eighties*. New York: Springer.

Rosenbaum, M., & Ronen, T. (1995). Cognitive therapy in Israel: Thinking with one's heart. *Journal of Cognitive Psychotherapy*, 9(2), 117-122.

INTERNATIONAL

ABCT: A Shining Past and a Bright Future

David M. Clark, *University of Oxford*



AABT (AS IT THEN WAS) first came to my attention when I was training as a clinical psychologist in England in the late 1970s. The “cognitive revolution” was well underway in the U.S., but less so in England. My fellow students and I at the Maudsley Hospital in London were keen to understand how the evolving field of cognitive therapy differed from the excellent, but rather limited, behaviour therapy approaches that we were learning at the feet of two grandmasters: Jack Rachman and Isaac Marks. We stumbled across, and were illuminated by, Aaron Beck’s (1970) article on “Cognitive Therapy: Nature and Relation to Behavior Therapy,” which appeared in the first issue of *Behavior Therapy*. It was clear that an organization that had such an informative periodical as its membership journal had to be taken seriously and I soon started to attend AABT conferences.

From the start I found AABT a wonderfully welcoming organization. Every transatlantic trip to the annual conference became a treasured opportunity to have a free and open exchange of ideas with leading figures in the field, to meet old friends and to make new ones. As the years went by the pressing issues of the day changed. However, all were discussed in a stimulat-

ing and respectful manner. In the early days I particularly remember attending a panel discussion in which Joseph Wolpe and others were vigorously complaining about the growing popularity of cognitive therapy. I timidly interjected to defend the cognitive perspective and found myself having a stimulating conversation with Joe in which we discussed particular cases and the different approaches we would each take. I learned a great deal. I am not sure the reverse was true. However, Joe kindly tolerated and encouraged my youthful zeal.

In the mid 1980s psychological treatments for anxiety disorders found themselves under threat. The value of behavioural approaches to phobias was widely accepted. However, Donald Klein, a tremendously influential biological psychiatrist, asserted that anxiety problems characterized by recurrent panic attacks were the result of a neurochemical disturbance that could only be effectively treated by medication. His view quickly gained popularity, not least because there was little data to counter it as few psychological treatment studies had bothered to measure panic. An evidence-based reply was needed and AABT meetings became the main venue for researchers from North America (David Barlow, Dianne Chambless, Aaron Beck, Susan Mineka, Ron Rapee, Michelle Craske, Bill Sanderson, Edna Foa and col-

leagues) and Europe (myself, Anke Ehlers, Paul Salkovskis, Jurgen Margraf, Jack Rachman and others) to plan the studies that would eventually enable psychological therapy to reestablish its importance.

The AABT panic meetings were intellectually thrilling. They had another outcome for me personally. I got to know my future wife and collaborator (Anke Ehlers) at the San Francisco AABT meeting and have felt blessed ever since.



Anke Ehlers, David Clark, Chris Padesky, and Steve Hollon

Time moved on. AABT became ABCT. Research progressed and a wide range of therapies from the broad cognitive and behavioural school, including its third wave, established their effectiveness across the spectrum of mental health conditions. However, it also became clear that the public were benefiting much less than any of us expected. This is because only a minority of people in each of our countries get access to evidence-based psychotherapy. Cracking this problem is one of the most pressing challenges facing ABCT and its members today. Progress is being made and collaborations forged at our 50th anniversary meeting in New York this year will no doubt help move us further forward. However, there is another challenge.

Not to rest on our laurels. Even in tightly controlled clinical trials, a substantial minority of patients fail to benefit from our very best treatments. We need to do better. I am optimistic. I think the next decade will see a major leap forward. The very large sample sizes that will be collected in studies of Internet-delivered therapy should

enable us to more definitively identify within each disorder the subset of processes and beliefs that we are not good at changing. The consistency with which therapeutic content is delivered in Internet-based therapy will also make it easier to test whether refinements in our interventions overcome the limitations of our exist-

ing therapy approaches for these targets. There should be much to celebrate as ABCT turns 60!

Reference

- Beck, A. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy*, 1, 184-200.

INTERNATIONAL

The Swedish Association for Behavior Therapy and AABT/ABCT

Lars-Göran Öst, *Professor Emeritus, Stockholm University*



I STARTED WORKING WITH behavior therapy in 1969 when this form of therapy was quite new in Sweden and I was only reading about it in articles and textbooks. Sten Rönnerberg

(now professor emeritus) and I started the Swedish Association for Behavior Therapy (SABT) in 1971 in order to promote BT, primarily by providing training courses. During the 1970's and the first half of the 1980's BT was strongly opposed by the psychotherapy establishment (i.e., psychoanalysis and psychodynamic therapy). We were accused of applying a mechanistic "rat psychology," having a bad outlook on people, and that BT would lead to symptom substitution. One of the reasons BT survived in Sweden during this difficult stage in its development was that we could argue that our treatment methods were based on empirical research, which in the beginning primarily came from BT researchers in the U.S. and Great Britain, but soon also from within Sweden itself. Another reason was that we gave good training courses very early; in the beginning they were rather short but grew rapidly in length as new treatment methods were developed and empirically tested.

During this phase the AABT functioned as a model for SABT and I joined AABT in 1973 as a convenient way of subscribing to the journal *Behavior Therapy*. The articles published were very much a source of inspiration, both for my own research and for our training courses in BT. The first American congress I attended was the 1983 World Congress of Behavior Therapy in

Washington, DC, when David Barlow invited me to present my research and participate in a panel discussion on training together with Joseph Wolpe and Edna Foa, among others. After that I have attended the AABT/ABCT convention on average every other year.

I have always felt very welcomed at AABT/ABCT and experienced strong support, both from the organization and from individual members that I have contacted and become good friends with. They have always been very open when I wanted to visit them, discuss their current research, and share aspects of my own research. They have also been very generous with sharing clinical as well as research material with me, which has been extremely helpful to my career as a researcher and trainer/supervisor in Sweden. I especially recall visits to Tom Borkovec, David Barlow, Rick Heimberg, Edna Foa, and Tom Ollendick, among others.

At this time CBT is the mainstream therapy in Sweden. It is featured very often in the media, and patients learn that CBT is an effective treatment for many psychiatric and somatic disorders and ask for this therapy. As a consequence, when new positions for psychologists or psychotherapists within the National Health Service are announced, CBT training is required for a large majority. Private practitioners with CBT training have much longer waiting-lists than their psychodynamically trained colleagues. Basic CBT training is now included in the 5-year psychologist training program at all 11 universities in Sweden. Even if this is a big improvement there is a shortage of CBT-trained thera-

pists. This has led to the development of Internet-based CBT for a wide variety of psychiatric and somatic disorders. Swedish researchers are in the foreground of this development.

Finally, the SABT has been very involved in EABCT and the development of the World Congress of CBT. In 1994 I took the initiative of creating the World Congress Committee (WCC) and was its first president from 1995-98 and then served as the EABCT representative to the WCC from 1998-2010. The journey has been a good one for me and the SABT. Congratulations to ABCT on its first 50 years!

References

- Bandura, A. (1969). *Principles of behavior modification*, New York: Holt, Rinehart and Winston.
- Öst, L.-G. (1989). One-session treatment for specific phobias. *Behaviour Research and Therapy*, 27, 1-7.
- Öst, L.-G., Svensson, L., Hellström, K., & Lindwall, R. (2001). One-session treatment of specific phobias in youth: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 69, 814-824.



Tom Ollendick, Susan White, and Lars-Göran Öst

INTERNATIONAL

Greetings From the Land of Snow Where the Hot Springs Glow

Eiríkur Örn Arnarson, *University of Iceland and Landspítali-University Hospital*



THE FIRST AABT congress I attended was in 1992 in Boston. It was quite an experience for me as there were so many participants and each day started with an early rise

to attend breakfast meetings, which I was not used to. Subsequently I have attended a number of the AABT/ABCT congresses and have always been impressed with the organization, its members, and the quality of the congresses.

In the early 1960s a number of leading European behavior therapists went to the U.S. and took part in the American behavior therapy movement during its formative years. Many of these individuals returned enriched by their experience to establish national associations in their native countries and engaged themselves in training, research, and practice.

The Icelandic Association of Behavior Therapy (IABT; currently IABCT) was established in 1987 with seven members. I was elected the first president of the association and served for 11 years. We were admitted as members of the EABCT in the early 1990s, although there were only 27 of us. The EABCT board made an exception and admitted us as full members, even though the rule of the EABCT at that time stipulated that there had to be at least 50 members to be admitted. At the time we thought “small is beautiful.” Since then, our membership has grown tenfold—currently there are 260 members of our association.

Through the years EABCT congresses have become bigger and more ambitious. Our congresses are held early September each year when the day is getting shorter. By then the Arctic tern (which is part of the emblem of the association) will have flocked, making its way to longer days. The ABCT congresses are held when the Arctic tern is in its winter habitat (usually November of each year). The Arctic tern symbolizes the migrant behavior of our members looking for greener pastures and learning about the latest developments.

In 2011 the EABCT was held in Reykjavík, Iceland, which lies furthest to the north of the member countries. The elements played a role in planning the conference and, during the eruption of Eyjafjallajökull in 2010, which disrupted international travel, we were afraid no one would dare attend our congress. Two years earlier the Icelandic economy collapsed, bringing the building of our congress hall Harpa to a halt. I vividly remember the skeptical faces when the board and representatives of the member associations visited the building site of Harpa during the half-annual meeting of EABCT in March 2011. However, we reassured them that the building would be ready in time, although there were occasions we too were concerned that it might not be. At the last moment Hurricane Irene prevented participation of some participants from the U.S. and Canada who had registered. As it turned out, however, the conference went well and was one of the best-attended EABCT congresses.

From the start the IABCT has placed an emphasis on evidence-based treatment, offering workshops in CBT for its members by inviting internationally known speakers from the U.S. and Europe. The IABCT started running a 2-year part-time training program in CBT in the late nineties consisting of structured teaching and supervision. The focus is on practical, experimental and supervised learning methods in cognitive and behavioral assessment strategies, cognitive and behavioral treatment methods for clinical problems, based on research findings in educational and health care settings and on clinical research methods. Supervision is provided by a trained CBT therapists, individually or in pairs and in groups. Accreditation is based on participation, group-work, individual assignments, and therapy. Clinical casework is evaluated during supervision. More recently we have collaborated with the Continuing Education Department of the University of Iceland and the Oxford Cognitive Therapy Center in running the pro-

gram. It is our hope that an agreement will be reached in the not-too-distant future awarding full academic credits for attending the course.

Over the years, I have had the good fortune to collaborate with W. Ed Craighead since we first met in Trondheim, Norway, in 1990 during a Nordic Research Course (Nordiska Forskarkurser). At the meeting we discussed the importance of preventing the development of depression in adolescents “at risk” by reporting the presence of depressive symptoms. It took some time for us to develop the idea of conducting research within the area, resulting in publications demonstrating the effectiveness of a group program named “Mind and Health,” which is based on CBT. The program has been translated into English, Portuguese, and Swedish. We became interested in seeing whether the program would result in similar findings in a different cultural environment as were obtained in Iceland. Initial results from research being conducted by Dr. Ana Paula Amatos and colleagues at the University of Coimbra, Portugal have brought encouraging results.



Aaron “Tim” Beck, Eiríkur Örn Arnarson, and Ed Craighead

I am pleased to have had the opportunity to attend the ABCT conferences over the years and meet colleagues from far afield, exchange ideas, and learn about new developments. I want to congratulate ABCT on its 50th Anniversary.

References

- Arnarson, E.Ö. (1994). The saga of behavioural cognitive intervention. *Behavioural and Cognitive Psychotherapy*, 22, 105-109.
- Arnarson, E.Ö., & Craighead, W. E. (2009a). Prevention of depression among Icelandic adolescents. *Behaviour Research and Therapy*, 47(7), 577-585.
- Arnarson, E.Ö., Matos, A.P., Salvador, C., Ribeiro, C., Sousa B., & W. E. Craighead (2016). Longitudinal study of life events, well-being, emotional regulation and depressive symptomatology. *Journal of Psychopathology and Behavioral Assessment*, 38, 159-171.

INTERNATIONAL

Happy 50th Anniversary ABCT, From Your Colleagues Down Under

Susan H. Spence, *Griffith University*



IT IS A GREAT HONOUR to have the opportunity to congratulate the ABCT on achieving its 50th Anniversary. This short comment is written on behalf of many Aus-

tralian colleagues who have contributed to the development and implementation of CBT over the years, and who have had long and productive associations with ABCT and its members. It will complement the submission by Professor Ross Menzies made on behalf of Australia's partner organization, the AACBT. I am grateful to numerous colleagues from around Australia who assisted me in the preparation of this comment by providing me with information and their personal recollections of events.

Having completed my clinical training at the University of Birmingham, UK, in 1979 I was appointed as a lecturer at the Institute of Psychiatry in London, working for 3 years with Hans Eysenk, Jack Rachman, Bill Yule, and many other eminent names. When I moved to the University of Sydney, Australia, in 1982, I was thrilled to find that behaviour therapy was already alive and thriving, and I joined an exemplary clinical psychology program led by Professor Phil Ley, and colleagues Peter Wilson and David Kavanagh. In my subsequent positions at University of Queensland and Macquarie University, I then had the privilege of working with some of the great leaders in CBT, such as Matt Sanders, Ron Rapee, and Mark Dadds. There were also a great many other impressive CBT academics and clinicians in Australia from whom I learned a great deal over the coming years, but sadly I do not have space to name them all here.

The development and practice of CBT in Australia in some way mirrors that of the U.S., but it also has some interesting differences. According to Winkler and Krasner (1987), its early roots emerged during the 1950's and 1960's from a strong interest in classical conditioning and its application to behaviour change from leaders such as Syd

Lovibond, Aubrey Yates, and Neil McConaghy. The application of operant conditioning principles and applied behaviour analysis appears to have emerged later than in the U.S., during the late 1960's and 1970's, through the influence of proponents such as Jay Birnbrauer and Don Baer who arrived in Australia from the U.S. Together, these roots paved the way for a surge in interest during the 1970's in the development and application of behaviour change methods, based on experimental clinical psychology, to a wide range of psychological and behavioural problems (Lovibond, 1993; see also Neville King's commentary). Given Australia's vast geographical size, and relatively small population, it is perhaps not surprising that various Australian state-based groups of researchers and practitioners interested in behaviour change emerged relatively independently during this period (e.g., New South Wales, Victoria, Queensland, and South Australia). Gradually, university programs in clinical and applied psychology began to introduce teaching in experimental clinical psychology and evidence-based practice, although this was not a formal requirement until much later.

There was no formal organization focussing on behaviour modification or behaviour therapy in Australia until 1974 when, according to Birnbrauer (1994), a relatively informal meeting of interested parties from various States took place at an Australian Psychological Society conference. This culminated in the establishment of the Australian Behaviour Modification Association (ABMA). It operated as a relatively loose association of State branches, with its first national conference taking place in 1978, hosted by the Sydney Branch, which also produced a nationally circulated newsletter, *The Australian Behaviour Therapist*. Some other significant milestones are worth mentioning. In 1984, the first issue of *Behaviour Change* was released under the editorial guidance of Neville King and Peter Millier, with the Victorian Branch of ABMA taking the lead in the creation of this national journal. Subsequent issues contained many highly cited and exciting papers by leaders in the field of behaviour therapy. Another key event took place in 1993, when the Queensland Branch of ABMA hosted the World Congress of Behaviour Therapy at the Gold Coast. Detailed histories were produced by Winkler and Krasner (1987), Birnbrauer (1994) and Lovibond (1993), to which the interested reader is referred.

The loose association between affiliated State branches continued until just recently (2010), when the Australian Association for Cognitive and Behaviour Therapy Ltd was formally incorporated as a national body. This action also formalized the recognition of the importance of cognitive



Ron Rapee, Susan Spence, Jack Rachman, and Tom Ollendick

elements in evidence-based, mental health therapies.

It is important to note that much of the strength of cognitive behaviour therapy in Australia today must also be attributed to the role played by the Australian Psychological Society (APS). This organization strongly emphasized the importance of evidence-based practice in the training of psychology practitioners, and this is reflected in the strict requirements now adopted by the Australian Psychology Accreditation Council. The APS was also influential in obtaining government-funded rebates for evidence-based therapy, and particularly CBT, conducted by clinical psychologists in private practice. Cognitive behaviour therapy, while being predominantly practiced by clinical psychologists in Australia, is also implemented by various other mental health professionals and this is

reflected in the multidisciplinary membership of AACBT. Despite concerns having been raised for decades about the fidelity and quality of implementation of CBT in Australia, there is still no formal certification or accreditation requirement, although AACBT has recently established a voluntary accreditation process.

Australia is home to a long list of leaders in CBT—too many to mention individually. Our vibrant and productive research and clinical CBT activities are reflected in strong relationships with colleagues in the U.S., for example, through significant partnerships between research groups, interchange of postdoctoral fellowships, and active involvement in ABCT Special Interest Groups. A strong contingent of Australians is always to be found at the ABCT Annual Conventions, as participants and presenters.

On behalf of my CBT researcher and practitioner colleagues in Australia, I wish ABCT the very best for the future and look forward to continuing our productive and enjoyable partnership for the next 50 years. Who knows what developments will take place during that time? It would be wonderful to be around to see them, as certainly they will be exciting.

References

- Birnbrauer, J.S. (1994). The first 20 years of the Australian Behaviour Modification Association. *Behaviour Change*, 11(2), 76-81.
- Lovibond, S.H. (1993) The development of behaviour therapy in Australia, *Behaviour Change*, 10(1), 3-12.
- Winkler, R.C., & Krasner, L. (1987). A social history of behaviour modification in Australia, *Behaviour Change*, 4(3), 11-25.

INTERNATIONAL

Cognitive Behavioral Therapy in Australia: Early Developments and Current Status

Neville J. King, *Monash University*



I ALONG WITH GREG MURPHY, Mervyn Jackson, and Alan Hudson worked together in the 1970s in the Australian tertiary education sector in the State of Victoria at Phillip Institute of Technology. As friends and colleagues, we realized the need to address gaps in the approach to behavior therapy in Australia and recognized that work was needed to collectively advance this development. From the outset it was agreed that all of the work would be evidence-based and firmly grounded in science. Our early organization was called the Australian Behavior Modification Association (ABMA). Once ABMA was formed in Victoria there was a ripple effect through other States and Territories in Australia and an Australia-wide approach to cognitive behavioral therapy soon evolved (Birnbrauer, 1994, 1997).

Membership was open to psychologists, psychiatrists, and all tertiary qualified health professionals. Initially the membership take-up was primarily psychologists and remains so today. However, now there

is a diverse representation of health professionals using the cognitive behavioral approach in all aspects of health care.

As noted, the ABMA was formed in the early 1970s. The organization changed its name to the Australian Association for Cognitive and Behaviour Therapy (AACBT) in 2010 to reflect and support consistency in the worldwide movement (see comments by Spence and Menzies). ABMA/AACBT encouraged and organized conferences and workshops with invited speakers, local and international. The association also publishes the journal *Behaviour Change*, which has long been considered a leader in its field. It is a quarterly journal that publishes research involving the application of behavioral and cognitive-behavioral principles and techniques to the assessment and treatment of various problems. I was the founding editor in 1984. It is now in its 33rd year of publication.

Over the years, several Distinguished Career Awards for contribution to cognitive or behavioral research and therapy have been given. Recipients include Jay Birnbrauer, Sydney Lovibond, Neville

King, Alan Hudson, Kim Halford, Jeff Richards, Henry Jackson, Mark Creamer, Richard Bryant, Ron Rapee, David Cavanaugh, and Amanda Baker, among others. This award is provided to recognize researchers and clinicians working in cognitive behavior research and therapy whose career achievements have made an outstanding contribution to the progress of the field in Australia.

Broadly speaking, the AACBT is concerned with the application of behavioral and cognitive sciences to understanding human behavior, developing interventions to enhance the human condition, and promoting the appropriate utilization of these interventions. A multidisciplinary association for professionals with an interest in



Neville King and Tom Ollendick

research and the application of established and emerging evidence-based cognitive and behavior therapies (CBT) to help bring about emotional, cognitive, and behavioral change, the AACBT is the national professional body for practitioners and researchers of cognitive and behavioral therapies.

AABT/ABCT has been a major player in the development of CBT in Australia. For a long time, it has provided us the opportunity to work together with colleagues of international renown—previously a faint hope or dream for most Australian psychologists. Strong, ongoing professional relationships have developed across the world, enhancing the quality of research and therapy both here and abroad. Over the decades, great friendships have grown with many people across many countries, leading to cooperation and masterly research. My own work with Tom Ollendick in the U.S. and Bill Yule in the U.K. illustrates this collaborative relationship (King, Hamilton & Ollendick, 1988; Ollendick, King, & Yule, 1994). Moreover, we have had the opportunity to invite international speakers to address our conferences and workshops, inspiring young and "old" mental health professionals alike to be the best they can be. We have also had the opportunity to reciprocate with many Australian psychologists presenting at overseas conferences with international colleagues, including ABCT. There is strong bond in the psychology profession worldwide due to the work of AABT/ABCT. My colleagues and I wish ABCT well in its next 50 years.

References

- Birnbrauer, J. S. (1994). The first 20 years of the Australian Behaviour Modification Association. *Behaviour Change*, 11, 76-81.
- Birnbrauer, J. S., (1997). Empirically-validated learning environments. *Behaviour Change*, 14, 21-24.
- King, N. J. Hamilton, D. I., & Ollendick, T. H. (1988). *Children's phobias: A behavioural perspective*. London: John Wiley & Sons.
- Ollendick, T. H., King, N. J., & Yule, W. (Eds.). (1994). *International handbook of phobic and anxiety disorders in children and adolescents*. New York: Plenum Press.

INTERNATIONAL

The International Impact of the ABCT and Developments in Australia: Reflections on an Important Relationship

Ross G. Menzies, *The University of Sydney*



IT IS MY GREAT PLEASURE, on behalf of your friends in Australia, to congratulate all of those involved in the ABCT on 50 wonderful years!

There can be little doubt that the success of the ABCT has been a model for similar organizations around the globe. In my own country, the Australian Association for Cognitive and Behaviour Therapy (AACBT; formerly the Australian Behaviour Modification Association) is about to host its 38th National Conference. Our scientific journal, *Behaviour Change*, is in its 33rd year and the status of CBT in Australia has never been stronger. A decade ago, largely in recognition of the outstanding evidence-base for CBT, the Australian Federal Government introduced psychological services to the national health system. For the first time, individuals with mental health conditions could receive free, regular treatment from registered psychologists in private practice. Though this scheme is currently capped to 10 funded sessions per year per person, there has been a dramatic rise in the proportion of the Australian community accessing psychological services.

As someone who has been involved in promoting CBT in Australia over the last three decades, I have seen many other encouraging changes in the way in which psychological therapies are promoted and supported. For example, the Australian association has moved from a disparate group of state-based organizations to a national body. Having served as a State President for New South Wales and more recently the National President under the new structure, I have witnessed the synergies that have emerged from the nationalization of our association. With a central head office and administration, we have reduced duplication in many of our processes. We've combined state resources and revenues to fund national tours of leading speakers from the U.S., Europe,

and beyond. A single national website and social media presence has also greatly enhanced the profile of our association and CBT more generally in the Australian mindset. The AACBT Facebook page now has over 9,000 followers, making it the largest CBT association page in the world. We use social media extensively to update interested followers on news, journal articles, conference opportunities, workshops, lectures, and other professional development activities in cognitive therapy, behavior therapy, CBT, acceptance and commitment therapy (ACT), mindfulness-based cognitive therapy (MBCT), and a range of related fields. We try to remain relevant to anyone seeking to help people change—psychologists, psychiatrists, teachers, counselors, coaches, occupational therapists, social workers, and many other groups.

Of course, the highlight of recent years for the AACBT has been hosting the 8th World Congress of Behavioural and Cognitive Therapies (WCBCT) in June this year. Over 2,300 delegates from more than 50 countries attended this event that had been 10 years in the planning. We were particularly interested in research from emerging countries, and in regions where CBT has not been the dominant treatment modality in the past. We are proud of the free registration scheme we introduced for individuals from emerging nations, which saw delegates come to Australia from the Sudan, Congo, Ethiopia, Uganda, Zimbabwe, Nigeria, Sierra Leone, Indonesia, Papua New Guinea, and many other emerging economies. The theme of the 8th WCBCT was "Advances and Innovations in the Behavioural and Cognitive Therapies Across the World." We were particularly interested in attracting delegates from beyond the traditional disciplines of mental health. CBT is not owned by any single profession and we wanted to hear about applications of the cognitive and behavioral sciences in experimental psychology, clinical psychology, psychiatry,



Tom Ollendick, Ross Menzies, and Rachel Menzies

nursing, social work, and a range of related areas in allied health and health policy. The meeting was a wonderful success, and we were pleased to see so many of our ABCT friends and peers in attendance.

There can be no doubt that CBT in Australia owes a lot to our colleagues in North America, both directly and indirectly.

Many leaders in CBT research in Australia received their early training from U.S. graduates. For example, in the 1980s the clinical training program at the University of New South Wales was under the direction of Dr. J. Christopher Clarke, a New Yorker who had a tremendous impact on the Australian psychology scene. His honours and doctoral students included myself, Ron Rapee, Lorna Peters, Andrew Page, Richard Mattick, and many others who have gone on to significant research careers in their own right (see Mattick & Clarke, 1998; Menzies & Clarke, 1995; Rapee & Heimberg, 1997). And we continue to benefit from North American academics who are attracted to the Australian way of life. Notably, the Convenor of the 38th AACBT National Conference to be held in Sydney is Brett Deacon. Brett, a graduate from Northern Illinois University and former staff member at the University of Wyoming, now calls the University of

Wollongong home. Brett may be the first individual who has been a Program Chair of the ABCT Annual Convention and Convenor of the AACBT National Conference!

In sum, the relationship between your association and ours remains a strong and important one. I wish the ABCT the warmest congratulations on its 50th birthday celebrations!

References

- Mattick, R.P., & Clarke, J.C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy*, 36, 455-470
- Menzies, R.G., & Clarke, J.C. (1995). The etiology of phobias: A Non-associative account. *Clinical Psychology Review*, 15, 23-48.
- Rapee, R.M., & Heimberg, R.G. (1997). A cognitive-behavioural model of anxiety in social phobia. *Behaviour Research and Therapy*, 35, 741-756.

INTERNATIONAL

The Reach of AABT/ABCT Beyond U.S. Borders

Leonidas Castro-Camacho, *Universidad de los Andes*



MY INTEREST IN BEHAVIOR therapy dates back to my undergraduate years (1968-1972) at the National University of Colombia, where I had a predominantly psychoanalytic training. Back then, there were no opportunities to study alternative approaches in my country, so I followed several strategies. First, I got in contact with some of the founding fathers of behavior therapy, such as Hans Eysenck, Arnold Lazarus, and Len Krasner, to ask for advice regarding my future career in clinical psychology. Second, the first thing I did as soon as I graduated as Psychologist from the National University of Colombia in 1972 was to join AABT. Third, I translated into Spanish Yates' *Behavior Therapy*, one of the first and most comprehensive books on the subject, which was published in Mexico. Two years later, I was admitted and started my graduate training in clinical psychology at Stony Brook University under Len Krasner, where I had the privi-

lege of having some of the elite role models as clinical faculty and supervisors: Len Krasner, Jerry Davison, Marv Goldfried, Dan O'Leary, and Dick Stuart, among others. Since then, I have always been interested in the integration of basic and applied research and I had the opportunity to work under the mentorship of Howie Rachlin as my dissertation chair on self-control. I attended AABT annual conventions and after finishing my internship with Vic Meyer, another prominent clinical role model at Middlesex Hospital in London, I returned to give something back to my country. As I have been living in Bogotá since then, AABT has become my second home. It has not only afforded me a great opportunity to update knowledge and develop new clinical skills on fascinating new developments over the last four decades, but also a marvelous opportunity to meet with old friends and classmates and make new ones in the field.

I have devoted my career to the not-so-easy combination of clinical practice, teaching, and research. In 1980, I founded

the Colombian Association for Behavior Analysis and Therapy (ACATC), which was organized following the model of AABT. We sponsored several continuing education activities where, once again, we had the privilege of having as our guests some of the most prominent figures in behavior therapy: Vic Meyer, Joe LoPiccolo, Dan O'Leary, Arnie Goldstein, Neil Jacobson, Hans Eysenck, Nate Azrin, Dave Barlow, and Dennis Russo, among others. In 1992, I was invited to organize the first graduate (Master) program in clinical psychology with a clear behavioral commitment at Konrad Lorenz University, where several generations of psychologists have received advanced training in clinical skills. In 2007, I joined the faculty at the University of Los Andes, where I led the organization of a graduate program (Master) in Clinical and Health Psychology with an evidence-based perspective. Dave Barlow was the honored guest speaker for the installation of the program in 2008 and has been supporting us throughout the years. Since, we have invited several distinguished AABT/ABCT members to give workshops for our students: Tom Borkovec, Kelly Wilson, Chris Fairholme, Dennis Russo, Keith Dobson, Carl LeJuez, Art Freeman, Howard Markman, and most recently Tom Ollendick.

During the past 40-plus years, we have been working on the development of a case formulation model based on transdiagnos-



Dave Barlow, Maria Clara Arbodela,
and Leonidas Castro Camacho

tic processes. Currently, considering that the armed conflict with guerillas and paramilitaries suffered by Colombians over the last 60 years has resulted in over 8 million victims, many of them with emotional difficulties, we are undertaking, with the support of Dave Barlow and his group at Boston University, a randomized controlled trial to test the effectiveness of a cultural adaptation of the Unified Protocol in victims of armed conflict. Our next step is to undertake dissemination studies to reach a large number of people in need of effective psychological interventions. I believe that CBT has a lot to offer to many people living in underprivileged conditions in many countries of the world.

In summary, AABT/ABCT was always our point of reference and support. So I can assert it has had a pivotal influence not only in the development of my own professional career but also on the development of CBT in Colombia. Currently, over 90% of training programs in Colombia identify themselves with a CBT approach and, although there is still a long road to go, there is a growing interest in using evidence-based practice to solve the serious mental health problems in a time of post-conflict. Allow me to thank ABCT and to wish it well as it celebrates its 50th anniversary.

References

- Castro, L., & Angel, E. (2000). Formulación conductual clínica (Clinical behavioral formulation). In V. Caballo (Ed.), *Manual para el tratamiento cognitivo-conductual de los trastornos psicológicos, Vol. 2: Formulación clínica, medicina conductual y trastornos de relación* (Handbook of cognitive-behavioral treatment of psychological disorders, Vol 2: Clinical formulation, behavioral medicine and relationship disorders). Madrid: Siglo XXI, pp. 3-77.
- Yates, A.J. (1972). *Terapia del comportamiento* (L. Castro Trans). Mexico: Trillas.

INTERNATIONAL

Message From Asia: Building Up the Far East Network

Yuji Sakano, *Health Sciences University of Hokkaido*



THERE IS A NICE COFFEE

MUG on my desk. Three words are printed on the mug, "AABT 25th Anniversary." It was the souvenir of the 25th annual congress of AABT in

1991, my first AABT conference.

Time passes so fast. More than a quarter century has passed since I first became a member and attended AABT. When I joined AABT, AABT had very few members from Asia, though it did have several Asian-American members. Dissemination of BT and CBT into diverse cultural settings including Asian cultural settings was a hot issue in AABT at that time. One of my best memories from two decades ago was founding a new AABT Special Interest Group which we named the Asian American Issues in Behavior Therapy and Research SIG. It was a new initiative to accelerate the development of behavioral research and practices in Asian cultures with the good help of Dick Suinn, Art Nezu, Junko Tanaka-Matsumi, Gayle Iwamasa, Takako Suzuki, and other active "young (at that time)" members.

In the meantime, I became the initial representative from Asian countries to the World Congress Committee (WCC) formed in 1994 to explore worldwide CBT efforts and to determine sites of the World Congress of Behavioral and Cognitive Therapies (WCBCT) meetings, which began in 1995 in Copenhagen. I was representative from 1994–2007 on the WCC. We had business meetings during AABT annual conventions and spent much time establishing new ways of exchanging BT/CBT ideas, networking worldwide, and dissemination of BT/CBT, which is one of the important missions of WCC and the International Associates Committee of AABT/ABCT as well. I enjoyed contributing to the development of WCBCT as an Organizing Committee member of the 2nd WCBCT (Acapulco, 1998) with Tom Ollendick, as well as serving on the Scientific Committee with him for the 3rd World Congress in Vancouver (2001), chairing the committee in 2004 for Kobe and subse-

quent meetings in Barcelona (2007). Of course, the biggest contribution was to host the 4th WCBCT in Kobe (2004), considered a turning point in the development and dissemination of CBT in Asian countries. CBT came to penetrate so rapidly into Asian countries after Kobe WCBCT. It was a peak experience for me.

As a result of longstanding activities at AABT/ABCT, the Asian and Japanese CBT world gradually changed. Although I attended the AABT convention alone when I first joined AABT, I soon decided to bring



Shin-Ichi Isikawa, Dave Barlow,
Satoko Sasagawa, Tom Ollendick,
Yuji Sakano, and Jeremy Barlow

graduate students and young clinicians with me so that researchers and practitioners in the next generation would be stimulated by state-of-the-art academic activities and so we could accelerate the development of CBT in Japan. Now many young Japanese scholars not only join ABCT but are active worldwide. I also took a role continuously to introduce and activate evidence-based cognitive and behavioral services into my country, which resulted in introduction of CBT into national social security/insurance system in Japan after many years. And finally, we recently founded the Asian Association of CBT after enough time for constructive discussion among national CBT societies in Asia.

My experiences with ABCT, have been like drilling a hole in the dike; however, small breakthroughs can bring big change, even societal change. I am pleased to have been a part of this process.

INTERNATIONAL

Historical Advances of CBT in Brazil

Marilda Novaes Lipp, *President, Brazilian Federation of Cognitive Therapies*



NUMEROUS STUDIES HAVE attested to the efficacy of cognitive and behavior therapies throughout the world, including Brazil. The most comprehensive

reviews in Brazil were published by Range, Falcone, and Sardinha (2007) and Falcone, Oliva, and Figueiredo (2012). Furthermore, many books and articles have been published by Brazilian psychologists demonstrating the efficacy of CBT in different contexts, such as PTSD, depression, specific phobias, agoraphobia and panic attacks, rage, Internet dependence, children's emotional and behavioral problems, and stress management. Other Brazilian authors, such as Lipp and Yoshida (2012), have examined general aspects of CBT and its efficacy. The number of recent articles is too large to be reviewed here, but there is no doubt that CBT is considered the most influential and effective method of psychotherapy in Brazil at this time, and many clients specifically seek this mode of treatment in the clinics.

CBT's roots in Brazil can be traced back to the use of behavior therapy. One of the first attempts at integrating cognitive and behavior models was made in the early 1970's in São Paulo when Raquel Rodrigues Kerbaux and Luiz Otavio de Seixas Queiroz invited Michael Mahoney to São Paulo to teach a course on "cognitive behavior modification." However, it was only in the late 1980's and early 1990's that the movement began to integrate cognitive and behavioral models.

In 1985, the creation of the Ambulatório de Ansiedade do Instituto de Psiquiatria do Hospital das Clínicas da FMUSP (AMBAN) in the city of São Paulo and the Stress Management Center (Centro Psicológico de Controle do Stress - CPCS) in Campinas, São Paulo, marked the spread of interest in the interactive model of cognitive behavior therapy. The foundation of AMBAN emerged as a result of the interest of some psychiatrists, led by Francisco Lotufo Neto, in further studies of anxiety disorders. The creation of the CPCS came from the contacts that I, as

founder, had established with the work of Michael Mahoney and Donald Meichenbaum. To date, the CPCS has qualified 586 psychologists and psychiatrists as postgraduate specialists in cognitive behavior therapy.

At about the same time, the Medical School of São José do Rio Preto (FAMERP) hired psychologists Maria Cristina Miyazaki and Neide Miceli Domingues to work in the pediatric ward where they applied cognitive behavior principles, thus contributing to the advancement of CBT in the area of health.

From the 1990s, several professionals from Rio de Janeiro, such as Eliane Falcone, Bernard Rangé, Lucia Novaes Malagris, Paula Ventura, Helene Shinohara, Monique Bertrand, and later, Denise Amorim Rodrigues, Maria Alice Castro and Carlos Eduardo Goulart Brito, among others, began the expansion of cognitive therapies at the university level and in undergraduate courses.

In 1997, Paul Knapp and Melanie Ogliare Pereira brought in professionals from the Beck Institute for training in cognitive therapy in Porto Alegre and São Paulo. This program was a milestone in the history of cognitive therapies in Brazil.

The last few years have shown an increased growth and a prevalence of cognitive behavioral use in Brazil, as demonstrated by the large number of postgraduate courses in cognitive behavior therapy offered in Brazil.

The Brazilian Federation of Cognitive Therapies (FBTC), founded in 1993, is the national association for those who dedicate themselves to working in any of the cognitive and behavioral therapy modes. It has 2,578 members and eight affiliated state associations. FBTC offers certification for therapists who pass the appropriate examinations and edits the *Brazilian Journal for Cognitive Therapies*. It has maintained contact with several international associations and it prides itself on the open line it maintains with the ABCT. ABCT represents a role model to us since it has been in the foreground of professional, social, and ethical issues and dissemination campaigns

that have accompanied the field's evolution. It has accomplished all of this while maintaining the flexibility so necessary for the advancement of the field, as it has demonstrated by changing its name from AABT to ABCT as the area progressed and developed.

For all the great contributions that ABCT has made to the development of cognitive behavior therapy, not only in the United States, but also by encouraging and serving as an example for other countries for the last 50 years, FBTC extends its best wishes for the present and for the next 50 years of ABCT's fantastic mission.

References

- Falcone, E.M.O., Oliva, A.D. & Figueiredo, C. (Orgs.) (2012). *Produções em terapia cognitivo-comportamental*. São Paulo: Casa do Psicólogo.
- Lipp, M.E.N. & Yoshida, E.M.P. (Orgs.) (2012). *Psicoterapias Breves nos diferentes estágios evolutivos*. São Paulo: Casa do Psicólogo.
- Range, B., Falcone, E. & Sardinha, A. (2007). História e panorama atual das terapias cognitivas no Brasil. *Revista Brasileira de Terapias Cognitivas*, 3(2). Retrieved July 5, 2016. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-56872007000200006&lng=pt&tlng=pt.

INTERNATIONAL

Advances in Cognitive Behavior Therapy in Korea

Jung-Hye Kwon, *Korea University*



AFTER WORKING TOWARD IT for several years, 24 devoted psychiatrists and clinical psychologists founded the Korean Association of Cognitive Behavioral Therapy (KACBT) in 2001. At the time, it was very special and rare for psychiatrists and clinical psychologists to collaborate in the mental health field in Korea. Since then, collaboration among disciplines has been a beautiful tradition in the KACBT. Prior to founding the association, cognitive behavior therapy (CBT) was introduced and taught to a small circle of psychiatric residents and graduate students in clinical psychology in the middle 1980s. However, it was not until the 1990s when young clinical psychologists and psychiatrists trained in the United States came back to Korea with enthusiasm and commitment to practice and disseminate CBT (Kim, 2003).

Dr. Byoungbae Min and I took initiatives in establishing the Seoul Institute for Cognitive Therapy in 1993, the first private practice center that was very active in disseminating CBT in Korea. Later, Dr. Younghee Choi established the Metta Institute of Cognitive Behavioral Therapy in 2005. While I moved to Korea University in 1995 to focus more on research and training for CBT, Dr. Min and Dr. Choi have become leading CBT practitioners in the nation. Currently CBT has been the most favored therapy among clinical psychologists and among young psychiatrists in Korea. Many CBT books and self-help books were translated and others were written and are now utilized in both training and treatment (Kwon, Lee, & Cho, 1998; Lee, 2012).

The KACBT started with 24 members in 2001, and as of 2016, the organization has 320 members. The first annual meeting was held in the fall of 2001 in Seoul. The annual conference continued to be held until 2006; since 2007, conventions have been held twice a year, in the spring and fall. These conventions are premiere venues for sharing research and providing

state-of-the-art education for contemporary CBT. Recently, there arose a great need for further training and educational opportunities for mental health professionals. In response to this need, a series of CBT seminars, including basic and advanced CBT courses, are now organized and presented by KACBT for training purposes on a monthly basis. As CBT has become popular, issues related to its applicability to Korean clients who hold a collectivistic worldview have also been actively discussed.

The KACBT offers a professional license under the name "cognitive-behavioral therapist." All applicants must have a master's degree and the highest-level licensure in mental health areas such as psychology, psychiatry, nursing, or social work. All applicants also submit documents proving CBT training and pass an oral examination administered annually by the certification board of the KACBT. At present, 65 members have acquired the licensure authorized by the KACBT. Along with the above education and training programs for practitioners, the KACBT contributes to the development of scientific evidence for CBT in Korea by publishing a quarterly journal, *Cognitive Behavior Therapy in Korea*. The journal publishes original articles, review papers, and case studies in the field of CBT.

The KACBT is a multidisciplinary organization committed to the development and dissemination of evidence-based assessment, prevention, and treatment for human suffering in Korea. Since 2011, the organization entered a new stage of development, pursuing international collaboration and exchanges through international conferences and inviting foreign scholars to perform workshops. In 2011, the KACBT hosted the 3rd Asian Cognitive Behavioral Therapy Conference in Seoul. Through the conference, the organization presented plenary sessions and invited speakers from all over the world, including Dr. Judith Beck from the United States, Dr. Keith Dobson from Canada, Dr. Oei from Australia, Dr. Phang from Malaysia, Dr.

Kumano from Japan, and Dr. Liu from China. In 2015, the organization invited Dr. Persons from the United States and organized a full-day workshop on the case formulation approach. Recently, at the 8th World Congress of Behavioral and Cognitive Therapies (WCBCT) in June 2016, the KACBT's proposal for hosting the 10th WCBCT in Jeju, a beautiful island in South Korea, was approved. With rapidly growing interest in CBT among mental-health professionals in Korea and international collaborations, a new era of the KACBT has begun.

CBT is a dynamic mode of intervention, making continual efforts to adapt itself to changing lives of people. The annual conferences of the ABCT have always been the platform to present those efforts, either in the form of research findings or clinical innovation. Without AABT/ABCT, CBT may not be what it is or where it is today in Korea. Happy 50th Birthday, ABCT!

References

- Kim, Z. S. (2003). CBT in Korea: The past and present. *Cognitive Behavior Therapy in Korea*, 3, 1-7. (in Korean)
- Kwon, J. H., Lee, C. Y., & Cho, S. M. (1998). *Too much shyness: A cognitive therapy for social phobia*. Seoul: Hakjisa. (in Korean)
- Lee, Y. H. (2012). *Cognitive behavior therapy: A beginner's guide*. Seoul: MLCommunication. (in Korean).



Jackie Persons and Jung-Hye Kwon

INTERNATIONAL

CBT in Turkey: A Movement in Progress

Mehmet Sungur, *President, Turkish Association of Cognitive Behavioural Psychotherapies*



THE INTRODUCTION OF behavior therapy (BT) in Turkey, like elsewhere, initially faced many challenges and resistances, from both the biologically and analytically oriented

professionals working in the field of psychology and psychiatry in the early 1980's. Dynamically oriented therapists had reservations about BT due to the myth that it merely consisted of techniques aimed to resolve symptoms without emphasizing the "underlying causes"—a belief that was a natural result of the dominance of the analytical school of thought that prevailed in psychology and psychiatry at that time. Biologically oriented psychiatrists, on the other hand, tended to reject any kind of new therapeutic approach for treatment of psychiatric disorders as it was the era of new and supposedly effective psychotropic medications. Thus, both biologically and analytically oriented professionals found BT too simplistic, mechanistic, superficial, and even manipulative.

In the 1980's, there were only a few qualified psychologists in Turkey who favored BT and who did their best to disseminate BT by giving lectures and running occasional workshops. As a psychiatrist trained in the U.K. at the Institute of Psychiatry in London and who worked with Professor Isaac Marks, I proposed the development of the Turkish Association of Cognitive and Behaviour Psychotherapy (TACBP) in the early 1990s, and contacted two senior, well-recognized professors of psychology, Professor Işık Savaşır and Professor Perin Yolaç, to collaborate on the TACBP. These two psychologists appreciated and embraced my invitation that resulted in the cooperation of psychologists and psychiatrists to establish the TACBP, thus increasing the recognition and power of the association. I became the first president of the TACBP in the year 1995.

The integration of cognitive therapy (CT) with BT reduced the resistance of psychodynamically oriented therapists as some of them thought that CT could be a good partner for psychodynamically ori-

ented psychotherapy for an "arranged marriage." The empirically supported data published later favoring CBT also helped to reduce the resistance of biologically oriented professionals. CBT, as a result of these changes, was initially considered an approach to augment the effects of psychotropic medications by the biologically oriented psychiatrists. Later, CBT became a stand-alone treatment of choice for depression and anxiety disorders. Due to limited space, and to avoid reexperiencing pain (although I believe in exposure), I am not going to share the difficulties and obstacles encountered during the implementation phase of CBT. I believe this is predictable for everyone who worked as a missionary to introduce a new therapy in an old and traditional setting.

Over the last two decades, CBT has become more and more popular among psychologists, psychiatrists, counselors, and nurses. CBT is a first-choice treatment approach for adult mental health problems with special focus on anxiety disorders, depression, and eating disorders. Other areas include sexual and relationship problems, social and communication skills training, and relapse prevention for addictions and other psychological disorders. A small proportion of professionals use CBT in the treatment of schizophrenia. There is a considerable demand from child and adolescent therapists to learn more about the practice of CBT in younger client populations. TACBP has been offering 400 to 450 hours of training for treating child and adolescent psychological problems and 100 professionals have already graduated, successfully meeting the training standards to be recognized as the first child and adolescent CBT therapists. More than 150 professionals from different disciplines have also completed training courses and most of them have recently been recognized as certified CBT therapists by the European Association of Behaviour and Cognitive Therapies (EABCT) after fulfilling the requirements of the training standards set up by that organization.

Until recently there was only one CBT organization in Turkey: Kognitif ve

Davranış Terapileri Derneği (Turkish Association of Cognitive and Behaviour Psychotherapies; TACBP). As noted, it was founded in 1995, and I have been the president since the establishment of the association, as well as a fellow founder of the ACT (Academy of Cognitive Therapy). TACBP joined EABCT in the year 1996 with about 40 members. At present TACBP has more than 400 active members, consisting mainly of psychiatrists, psychologists, counselors, and some nurses who work as therapists in university hospital settings. Since its establishment, many well-recognized authorities in the CBT field have contributed to our members by running courses and workshops.

The TACBP has organized 6 international congresses, including the 7th ICCP (International Congress of Cognitive Psychotherapy) in 2011 and the 31st EABCT Congress in Istanbul in 2001. Both of these congresses have been recognized for their fine scientific content and magnificent social activities. TACBP is looking forward to hosting the 2017 EABCT congress in Istanbul (www.eabct2017.org), September 13–16. The theme, "Bridging Dissemination With Good Practice," reflects the central goal of bridging dissemination of CBT with increased competency, as dissemination without good practice may result in the discreditation of such an invaluable therapeutic approach. Despite all the recent events that have occurred in Turkey, I have no doubt that the Turkish hospitality and the charm of Istanbul, along with a high quality of scientific content and social gatherings, will make the difference between an ordinary congress and a truly memorable experience.



Judy Beck and Mehmet Sungur

There are two main problems facing the TACBP at this time. First is the lack of qualified supervisors. At this stage there are only a few qualified supervisors (8–10) in our training program who have devoted themselves to train the trainees in the last decade. Although some of the professionals who complete the present training courses successfully will soon be an additional source, being a supervisor often takes an additional 4 years of training after being recognized as a CBT therapist. A second challenge is the financial status of our members prohibiting their attendance at CBT congresses held in different parts of

the world each year. Psychiatrists, and especially psychologists and counselors who are not able to run private practices, are not well paid and they cannot afford the relatively high registration fees and accommodation expenses of these congresses.

I would like to thank to ABCT for the invaluable annual conventions organized to bring the cognitive-behavioral community and experts together to explore current developments in science and daily practice. ABCT conventions allow us to network with colleagues from all over the world, meet old friends, and make new ones. We will need umbrella associations like ABCT

to promote ethical and good practice of CBT.

References

- Sungur, M.Z. (1998). Bilişsel-Davranışçı Yaklaşımlar. Psikiyatri Temel Kitabı, Cilt 2, C Güleç, E Köroğlu (Eds.), Hekimler Yayın Birliği, s:895-907.
- Sungur, M.Z. (2010). Kognitif ve Davranış Terapileri Derneği. In M.O. Öztürk, B. Kaya (Eds.), *Türkiye’de Psikiyatrinin Örgütsel Belleği* (pp. 276-284). Tuna Matbaacılık, Ankara.

INTERNATIONAL

Development of Behavior and Cognitive Therapy in Latin America

Luis O. Pérez Flores, *President, 7th WCBCT 2013*



THE FIRST STAGES of the development of CBT in Latin America began in the late 60's, mainly influenced by theory, research, and practice coming from the United States of America.

Based largely on applied behavior analysis, the creation of associations around this topic soon followed. In fact, the Asociación Latinoamericana de Análisis y Modificación del Comportamiento (Latin American Association of Analysis and Modification of Behavior; ALAMOC) was founded in February of 1975 in Bogotá, Colombia, due to the initiative of two well-known professionals, Rubén Ardila from Colombia and Emilio Ribes Iñesta from México.

The following countries were the original members of ALAMOC: Argentina, Bolivia, Brasil, Colombia, Chile, Ecuador, Guatemala, México, Panamá, Paraguay, Perú, Puerto Rico, Uruguay, and Venezuela. Over the years, ALAMOC gradually incorporated other countries, and in recent years Central América has been represented by Costa Rica, El Salvador, Honduras, and the Dominican Republic. Many of these countries also have their own national organizations.

Together with the foundation of ALAMOC, the first scientific journal, called *Learning and Behavior*, appeared as well as a number of books, among which

the book *Latin American Contribution to Experimental Analysis* by Rubén Ardila stands out. The first ALAMOC conference was held in Panamá City in 1977.

During this time, we counted on professionals who came back to Latin America after being trained by various CBT leaders in developed countries. Similarly, training and workshops were carried out with the attendance of well-known individuals such as Joseph Wolpe and Hans J. Eysenck. Special mention must be made about the creation of CBT Departments in Government Hospitals, mainly in Perú, where the work of Rafael Navarro Cueva and Victoria Arevalo Prieto stand out.

During the 80's and 90's the cognitive approach found its way to Latin America. At this time, different countries in Latin America benefited from the presence of very important English-speaking leaders who followed the school of Aaron Beck. As a result, there was a greater presence of individuals who began to call themselves cognitive therapists and cognitive behavior therapists.

Similarly, in the 2000s, the so-called third-wave therapies became more prominent in Latin America. An important development is what happened during the ALAMOC 2010 Congress in Brazil when the members of ALAMOC decided to adopt the name of Asociación Latinoamericana de Análisis, Modificación del Com-

portamiento y Terapia Cognitiva Conductual (Latin American Association of Analysis, Behavior Modification, and Behavior and Cognitive Therapy). The presence of third-wave therapies has continued in Latin America into the present time. The presence of Marsha Linehan and Steven Hayes, among others, on several occasions, is to be noted. As a matter of fact, each country has had very important individuals participating in this development, and in the present century we can observe that Latin American professionals have been producing a large amount of literature and generating strategies such as Irismar Reis's Process Therapy.

As a result of these developments over the years, ALAMOC became the representative institution of Latin America to the World Congress Committee, and it is one of the 6 members of that committee. It has organized two World Congresses, including the 2nd WCBT in Acapulco, Mexico in 1999, presided over by Laura Hernández, and the 7th WCBCT in Lima Perú in July 2013, and presided over by Luis Pérez Flores. Keith Dobson from Canada served



Luis O. Pérez Flores, Gabriel Perez, and Keith Dobson

as the scientific chair of this seminal meeting, which had more than 3,500 participants from 60 countries, and the participation of the most important CBT leaders in the world, among whom was Aaron Beck, 93 years old. Definitely, this Congress has become a cornerstone, thus consolidating the presence of CBT in Latin America.

At this time, CBT has spread to all countries in Latin America and Centers of Excellence can be found for all psychological problems and disorders, including problems such as drug abuse, eating disorders, and sexual problems. Both government hospitals and private clinics are available. Similarly, there are many training centers in CBT. Even though many are not officially recognized by governments, they are certified by the Beck Institute or the Ellis Institute. There are also training centers for third-wave therapies and, even at the undergraduate level, some universities have courses in CBT, as well postgraduate programs. Finally, 2 years ago, a training program has been established at the University of San Pedro in Perú, leading to a professional degree as specialist in cognitive behavior psychotherapy. Other programs are also available in other universities and countries in Latin America. Allow me to take this moment to thank AABT/ABCT for its profound impact on CBT in Latin America and to wish it well as it celebrates its 50th anniversary.

ABCT International Associates Committee

ABCT has a long history of reaching out to our international colleagues. This committee was formed to help allied organizations in the cognitive and behavioral therapies obtain access to our journals at member rates and to receive reduced registration fees to our annual meetings. We hold meetings with the presidents (or their designates) of several international associations to network, understand the issues allied organizations are facing in their country, and strengthen opportunities for education, research, and training.

Our current International Associates Chair is Thomas Ollendick and members are Amie Grills and Sheila Woody. Each Friday during ABCT's Annual Convention, we convene an International Associates meeting. The agenda covers information on upcoming World Congresses and updates/highlights from the organizations represented at the meeting. An International Associates dinner is organized each year. Representatives are encouraged to attend and are welcome to bring a colleague.

For more information, contact ABCT's Executive Director, Mary Jane Eimer, at mjeimer@abct.org.



ABCT's Central Office

top row, left to right: Tonya Childers-Collens, Stephanie Schwartz, Sue Bezares, Mary Jane Eimer, Barbara Mazzella, Kelli Jatta

bottom row, left to right: Jeff Gamble, Tammy Schuler, David Teisler, Linda M. Still

SIGNificant Contributions From Our Special Interest Groups

Alyssa M. Ward, *Virginia Commonwealth University*



Over the last 36 years, the Special Interest Groups (SIGs) of ABCT have evolved to provide collegial support and collaborative opportunity within specific niches of expertise or application of cognitive and behavioral therapies. We currently have 39 SIGs, each of which operates with relative autonomy regarding their leadership structure, the scope of activity as a group, and budget management. The SIGs may have diversity in their operations, but all share in several traditional activities, including the highly attended Friday-night SIG Poster Exhibition at each convention. Each year, the SIGs provide reports to ABCT to summarize their accomplishments and goals. There has been some discussion in recent years of formalizing some aspects of the SIGs (e.g., charters, leadership structures)

or centralizing some aspects of their activity (dues collection), though SIG chairs have also noted that the relative freedom of individuality is a feature that the SIGs enjoy and that perhaps fuels their vitality.

In reflecting on the ABCT experience, many members report that SIGs have provided a professional "home within a home" where they have been able to forge long-lasting professional alliances to support their development and achievements. Many SIGs provide formal programming to support these partnerships, such as mentorship-matching and abstract-matching to bring members with aligned research together for convention submissions. Other SIGs provide opportunities for connection through hosting speakers of interest followed by discussion groups to allow for cross-pollination of ideas generated by the speaker. SIGs have also developed social media presence, with Facebook and

Twitter accounts, as well as blogs and websites dedicated to their efforts. Some of the larger SIGs have found that their agendas for the convention meetings have become robust enough to warrant formal pre-conference meetings where they put on their programming unique to their specialized area. Such activities are a demonstration of the motivation and energy inspired in the small-group SIG context that contributes to the growth of ABCT at large.

The SIG chairs meet each year at the convention to discuss pressing issues affecting their memberships. It has been my honor to serve as the formal SIG chair for the last 3 years, representing SIG interests to the Membership Committee and ABCT governing bodies. In this role, I have come to appreciate the unique spirit of each SIG and their meaningful contributions to our organization. I look forward to seeing what new SIGs arise as our field continues to evolve, and encourage all ABCT members to attend a SIG meeting at the upcoming convention. There is no need to RSVP, and SIGs offer a warm welcome to all interested new members.

Addictive Behaviors SIG

Emma I. Brett, *Oklahoma State University*

The mission of the Addictive Behaviors SIG (SIG-AB) is to provide a platform within ABCT for members to collaborate and communicate about addictive behaviors, including, but not limited to: research examining etiological factors and mechanisms, intervention and treatment, harm-reduction strategies, and the impact of addictive behaviors on health and behavior. In addition to promoting increased awareness of addictive behaviors, we strongly encourage active involvement in ABCT and communication among members at the Annual Convention and throughout the year. We welcome both clinical and nonclinical students, postdocs, faculty, and practitioners as members of our SIG.

Our current leader, Dr. Bruce Liese, has done a tremendous amount of work over the past 2 years to increase communication within and beyond our SIG. Thanks to his efforts, we now have a website (<http://www.cbtaddictions.org>) and list-serve, available to all active members of the SIG. A Communications Committee was also established under guidance from Dr. Liese and regular newsletters have been continued. Furthermore, our student representatives, Elly Leavens and Ivori Zvorsky, have dedicated much of their time to advocating for student members and ensuring all members of the SIG are up-to-date and knowledgeable about relevant events and opportunities. Beginning in October, Dr. Jeremiah Weinstock will

become our new SIG leader. Dr. Weinstock has been active in both ABCT and our SIG for several years. You may know him by his dedication to keeping a list of mentors in addictive behaviors accepting graduate students each year—more on that later!

One of the main goals of the SIG-AB is to remain active and relevant year-round. Each year, we spend months planning our fall meeting at the ABCT Annual Convention, using this time to hear from our leaders, recognize awardees, and discuss future goals and areas of improvement for the SIG. Additionally, we use a portion of this time to hold our Student Poster Session and Coffee Hour, where students interested in addictive behaviors can showcase their research in an informal setting. Entry into this session is quite competitive, with the SIG typically receiving two to three times more poster submissions than we can accept. One student poster is also selected to receive an award for Outstanding Student Poster during this time.

In addition to the Student Poster Session, the SIG selects 12 posters to be displayed at the SIG Expo Poster Session and Cocktail Party, where each SIG is able to present the research that best represents their SIG. Furthermore, members of the SIG-AB have put forth a concerted effort to create a strong presence throughout the Annual Convention program, putting together strong presentations, symposia, and panels to highlight new addictive behaviors research. Multiple poster sessions dedicated to addictive behaviors are filled with new and exciting research from both students and professionals alike. Though the Annual Convention is essential in developing relationships and sharing research and ideas within our SIG, we work to communicate with one another and stay active year-round.

To facilitate our goal of frequent interaction among members, we have created a Communications Committee, comprised of students and supported by Drs. Liese and Weinstock, to help ensure that our SIG maintains an important presence throughout the year and that members' ideas and concerns are heard and incorporated. Our committee is currently comprised of Ivori Zvorsky (SIG-AB Student Representative, Communications Committee Chair), Emma Brett (Website Design and Content Manager), Nathan Kearns (Newsletter Manager), Heather Krieger (Calendar Manager), and Elly Leavens (SIG-AB Stu-

dent Representative, Student Liaison). Our current Communication Committee has created a calendar of important dates and deadlines for conference submissions, made substantial changes to the website, and implemented regular Student of the Month and Early Career Faculty Spotlights on the website. Additionally, Dr. Weinstock initiated the creation of a list of faculty interested in taking graduate students. This list is updated each year and this effort has been instrumental in helping aspiring graduate students interested in addictive behaviors identify programs where their interests will be valued. This is just one example of the numerous ways our SIG provides resources geared toward helping students navigate and contribute to the field. Our Communication Committee has also worked to ensure that the SIG is releasing regular newsletters to keep members up-to-date on all relevant SIG activities. As a SIG, we plan to continue adding benefits for our members. For example, incorporating more resources for students, such as grant-writing workshops, is an exciting future goal that would increase student interest and serve as an extremely beneficial resource for current members.

The SIG could not be successful without so many stellar members. During our annual meeting, we acknowledge members who have had a lifelong impact on the field of addictive behaviors with our Lifetime Achievement Award, presented biannually

(during even years), as well as members who make substantial early-career contributions to the field of addictive behaviors with our Early Career Achievement Award and G. Alan Marlatt Mid-Career Achievement Award, presented biannually (generally during odd years). Previous recipients of the Lifetime Achievement Award include Drs. Barbara McCrady (2015), Carlo DiClemente (2013), Peter Monti (2011), G. Alan Marlatt (2009), Mark and Linda Sobell (2007), and William R. Miller (2005). Past recipients of the Early Career Achievement Award include Drs. Andrew Littlefield (2014), Julie Buckner (2012), Katie Witkiewitz (2010), Roisin O'Connor (2008), Brian Borsari (2007), Melissa Lewis (2006), Julie Schumacher (2005), James Murphy (2004), and Art Blume (2003). Past recipients of the G. Alan Marlatt Mid-Career Achievement Award include Katie Witkiewitz (2015), Brian Borsari (2014), and Susan Collins (2012).

In sum, the Addictive Behaviors SIG has become a stronger organization over the past few years and we are excited to contribute to its future growth. We hope you will consider joining our SIG, where we enthusiastically welcome students and waive their membership fees. Membership fees for a postdoctoral fellow are \$10 and \$20 for those with full membership to ABCT. Please be sure to check us out by visiting <http://www.cbtaddictions.org> for more information.

Attention-Deficit/Hyperactivity Disorder Special Interest Group: A Glimpse at 50

Will Canu, *Appalachian State University*

Laura Knouse, *University of Richmond*

Matthew Jarrett, *University of Alabama*

Brian Wymbs, *Ohio University*

As the reader may know, it is actually over the last five decades that behavior therapy (with children)—and, more recently, cognitive behavioral therapy (with adults)—has proven to be successful at ameliorating symptoms and related impairment due to attention-deficit/hyperactivity disorder (ADHD; see Patterson, Jones, Whittier, & Wright, 1964, for an early example; and for current reviews see Evans, Owens, & Bunford, 2014; Fabiano, Schatz, Aloe, Chacko,

& Chronis-Tuscano, 2015; and Knouse & Safren, 2013). Over that same time span, our conceptualization of the underpinnings of ADHD symptomatology, some notable facets of which include executive dysfunction (Barkley, 1997) and positive bias (Owens, Goldfine, Evangelista, Hoza, & Kaiser, 2007), has also become more sophisticated and empirically founded. In retrospect, of course, it made good sense for practitioners and researchers focusing

on ADHD to find a home in ABCT all these 50 years.

Unfortunately, for reasons that can only be speculated on, that did not occur. To be sure, ADHD research was represented in ABCT and at the annual meetings, particularly in the late 70's through 90's, in the form of occasional symposia and scattered posters. Those among our ranks who were empirically minded very much appreciated the themes and focus of AABT and, later, ABCT. Somehow, in more recent years, a critical mass was obviously missing, and, as a result, within the ADHD community, ABCT had lost the luster it once had. In 2008, the first and second author, fresh from presenting in a symposium prophetically named "New Directions in Adult ADHD: From Cognition to Behavior," were spurred into action by the symposium's chair, Dr. Russell Barkley, who heartily endorsed their idea of forming an ADHD SIG. The idea then came to fruition in 2009 as an in-forma-tion SIG and shortly following our initial meeting at the 43rd

annual meeting in New York City, attended by an eager and enthusiastic crowd of over 50 ABCT professional and student members, we were granted official SIG status.

The eager response and active participation in our initial year has only magnified over time, as have our organized activities. In short order, we have grown to include 72 professional members and 92 student members on our rolls. This membership ratio is illustrative of the substantial role of people who are at all stages of their careers in the study and treatment of ADHD, and our SIG has always intentionally incorporated professional development and other opportunities for students, as you will read about below.

Perhaps our most unique and dynamic yearly event as a SIG is our Preconference Research and Practice Exchange, affectionately known as "PRECON," for short. (After all, every major advancement in clinical psychology needs an acronym—even if that "acronym" doesn't actually stand for anything.) The idea for PRECON was born from suggestions from our members during our first official SIG meeting and the first of what is now this annual flagship feature occurred in 2011. PRECON is a full-day event occurring on the Thursday preceding the main ABCT conference each year.

Our PRECON consists of research and clinical presentations, networking, and active student mentoring. It has proven to be a productive, engaging, and convivial annual gathering of experienced, mid-career, and early-career ADHD researchers and clinicians, attended by approximately 60 to 70 people, and has truly become the heart of our relatively new organization. Mornings typically involve brief presentations (30 minutes) by investigators regarding in-progress or in-planning stage research or clinical endeavors in which presenters can solicit input and discussion from the group (recent topics include: *Another Look at Executive Function* and *Executive Function Interventions* and *Modifying the Daily Report Card to Treat a Child With Disruptive Behavior* and *Calculus-Unemotional Traits: A Case Report*). This format is particularly valuable, since SIG members are not only presenting on their recent research and clinical activities. The presentations are kept relatively short in order to benefit from constructive feedback from the expertise in the room. The feedback available for scientist-practitioners at PRECON is an incredibly valuable tool in their efforts to craft the most inci-

sive research projects and efficacious clinical services. In addition, it provides a unique window into "works in progress" for student members, demonstrating the processes by which researchers and clinicians formulate their studies and services. Afternoons are a mix of presentations and group mentoring, usually with roundtable discussions led by doctoral students seeking input related to dissertation projects and group discussions on "hot topics" designed to facilitate working groups (e.g., Sluggish cognitive tempo, ADHD and emotion regulation). The day concludes with a career panel populated by a mix of researchers and practitioners of different seniority who field questions regarding professional development. This is all capped with a completely optional but also completely fun happy hour where discussions, networking, and general catching-up continue.

PRECON illustrates one of the most rewarding aspects of the SIG and one that, in our experience, is not always a feature of ADHD-centered organizations and meetings—the easy and productive interplay between researchers and practitioners focusing on ADHD across the lifespan. For the majority of people with ADHD, it will be a lifelong challenge, and so a lifespan developmental perspective on its cognitive-behavioral treatment is essential. At PRECON, scientist-practitioners focusing on children, adolescents, and adults have the opportunity to start and perpetuate productive dialogue. The social connections made among members have facilitated collaborative endeavors that would not have been possible otherwise.

As with other SIGs, another showcase for our group is the research posters that our members present at the annual meeting's cocktail hour. This has fast become a point of pride for our group, as each year we have presented the maximum number of allowed posters, and every year the proportion of student first-author posters has increased. With authorship masked for anonymous review, posters are selected based on recommendations of volunteer reviewers, and every year a superior submission is honored with our Exceptional Student Poster Award. Examples have included the following: "CBT Improves Executive Functioning in Adults With ADHD" (Meghan Groves), "Predicting Resilience to Depression in Adults With ADHD" (Lauren Oddo), and "Effects on Executive Functioning, Mindfulness, and Quality of Life in a Randomized Controlled Trial of Group CBT for ADHD Among

College Students" (Andrew Fleming). The discussion around our table is always lively at this event, and offers another informal opportunity to get to know other SIG members and to meet up-and-coming researchers and learn of their work.

The ADHD SIG can also boast productive, informative, and engaging annual meeting sessions at the conference. A highlight for us is an annual speaker that comprises the bulk of each meeting. These speakers have been luminaries in our field who have provided our members with expert commentary on breaking trends (Russell Barkley, sluggish cognitive tempo), information on and evidence for ADHD-related interventions (Howard Abikoff, organizational skills training), and historical perspectives on behavior therapy for ADHD and its dissemination (Bill Pelham). This alone should provide ample reason for an ABCT attendee with interests in ADHD to participate in our SIG. With these fantastic expert speakers, our meeting is a "hidden gem" among the many events on offer at the Annual Convention.

The ADHD SIG continues to grow and, with that, we hope that our impact on ABCT and its ADHD-related programming will grow as well. We would like to see ABCT further recognize our activity and the enthusiasm of our group by featuring ADHD-related topics more frequently in the convention programming and elsewhere. Of note, a 2016 "general" topic special issue of ABCT's *Cognitive and Behavioral Practice* (titled *Emerging Adulthood: Developmental and Clinical Considerations in Developing Efficacious Interventions for College-Aged Populations*) included an article on CBT for affected individuals with ADHD, and other special issues in ABCT journals have focused on ADHD as well (e.g., a series on novel CBT treatments for adults with ADHD in *CB&P* in 2015). ADHD now has its own child and adult categories for convention submissions, which came about as a result of a request from our SIG, and several of our SIG members are ABCT journal editorial board members (*Cognitive and Behavioral Practice*: Carla Allan, Will Canu, Richard Gallagher, and Susan Sprich; *Behavior Therapy*: Greg Fabiano, Heather Jones, Josh Langberg, Matthew Lerner).

In summary, in a relatively short time span, the ADHD SIG has become an organizational "home" for experienced and up-and-coming researchers and practitioners who are science-minded and interested in the cognitive and behavioral aspects of ADHD and their application in empirically

founded interventions. One of the most important orders of business at our SIG meeting in New York this November will be to discuss how we will further build upon this foundation with new endeavors that will enhance both science and practice. This is an exciting time for us. We believe our group has developed into an increasingly influential body within ABCT and beyond. If you are reading this with interest: Please join us at the annual convention. If you cannot make that meeting, contact our current SIG Chair (Brian Wymbs, wymbs@ohio.edu) or Chair-Elect (Dustin Sarver, dsarver@umc.edu) for information on how you can get involved.

References

- Barkley, R. A. (1997). Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD. *Psychological Bulletin*, 121, 65-94. doi: 10.1037//0033-2909.121.1.65
- Evans, S. W., Owens, J. S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Clinical Child and Adolescent Psychology*, 43, 527-551. doi:10.1080/15374416.850700.
- Fabiano, G. A., Schatz, N. K., Aloe, A. M., Chacko, A., & Chronis-Tuscano, A. (2015). A systematic review of meta-analyses of psychosocial treatment for attention-deficit/hyperactivity disorder. *Clinical Child and Family Psychology Review*, 18, 77-97. doi: 10.1007/s10567-015-0178-6
- Knouse, L.E., & Safren, S. A. (2013). Attention-Deficit Hyperactivity Disorder in Adults. In *The Wiley Handbook of Cognitive-Behavioral Therapy*. doi: 10.1002/9781118528563.wbcbt32
- Owens, J. S., Goldfine, M. E., Evangelista, N. M., Hoza, B., & Kaiser, N. M. (2007). A critical review of self-perceptions and the positive illusory bias in children with ADHD. *Clinical Child and Family Psychology Review*, 10, 335-351. doi: 10.1007/s10567-007-0027-3
- Patterson, G. R., Jones, R., Whittier, J., & Wright, M. A. (1964). A behaviour modification technique for the hyperactive child. *Behaviour Research and Therapy*, 2, 217-226. doi: 10.1016/0005-7967(64)90019-1

Anxiety SIG

Angela Cathey, *Wichita State University*

Maria Karekla, *University of Cyprus*

The ABCT Anxiety SIG continues to be one of the larger and longer-standing groups. We continue to support burgeoning researchers through our yearly student poster awards and our early career awards. We also strive to invite researchers with work in anxiety and related issues to speak at our yearly meetings. This year John Forsyth, Ph.D., will speak at our meeting about how Acceptance and Commitment Therapy and Relational Frame Theory apply to anxiety research and treatment.

As we move forward as a SIG we would like to promote integrative and reticulated approaches to research and practice. We would like to encourage those in anxiety work and beyond to consider the impact of their work on those they serve. We encourage researchers to focus on how their science informs practice and the public. We encourage those of different theoretical perspectives and foci to work together. As a science we face a proliferation of data and a slowing of growth without integration. As a science we need to understand our impact and with an eye on that focus our SIG's aims include promotion of the following goals.

We would like to promote collaboration with other groups (SIGs, departments in our institutions, industry, etc.). This includes promotion of research aimed at creating partnerships with practitioners. If you are in practice or research and seeking collaboration, please feel free to approach the SIG so we can facilitate connection with other parties. We would also like to encourage efforts to translate and disseminate findings in ways that are more accessible to those in practice. This includes creating links between research and practice that summarize findings and point out important clinical implications for readers. As a SIG we will be accepting posts to our Facebook site (www.facebook.com/ABCTAnxietySIG) that meet these goals. We also encourage those with research to approach us about inclusion in the newsletter or other media (e.g., blog postings). Impact of the findings on research and practice will be a primary factor in what is included.

We would also like to support movement towards transdiagnostic, transtheoretical, and continuum-based classifications systems and measurement. We believe that better assessment that is linked to behavior-behavior relations rather than theoretically derived constructs will be important as this work develops. Some examples of possible steps towards these goals may include: utilizing new methodologies and technologies to improve upon assessment procedures and be more contextually sensitive—for example, app-based assessment/intervention and other forms of experience sampling (e.g., biometrics, natural language processing, etc.).

Further, we believe that turning our focus to understanding the contextual factors that influence assessment is a vital step towards moving our science to integrative assessment that better matches our understanding of human behavior—for example, developing a better understanding of the contingencies that drive response to various forms of assessment (e.g., rule-governed behavior, etc.).

Please see our newsletter, Facebook, and website (anxsig.org) for updates. We will be accepting submissions of work for the newsletter as well. We would also like to take applications for SIG content writers. In our efforts to expand the reach of research we would like to have writers summarizing current research for readers and adding it to our newsletter and Facebook site. If you would like to write for the SIG in some respect, please contact Angela Cathey at aburgess@wichita.edu.

Asian American Issues in Behavior Therapy and Research SIG

Janie Hong, *Cognitive Behavior Therapy and Science Center and University of California at Berkeley*

In 1999, I attended my first ABCT conference. I had just started my first year in graduate school, and I remember standing in the hotel lobby watching (with my jaw hanging) faces I knew from my psychology textbooks chatting and acting like real people. I felt small, alone, and in awe. I remember spending the first night scouring the ABCT convention planner the same way I did as an undergraduate looking for a club to join. I wanted to feel rooted or, at least, feel less like an outsider, and when I found the Asian American Issues in Behavior Therapy and Research (AAIBTR) SIG listing, I felt both excited and relieved. I attended a talk hosted by the SIG and then later attended their meeting, and I clearly remember being surprised by how safe I felt. I did not have to describe my 5-year research plan or subtly name drop the people I distantly knew, and I could share my ideas without being sized up by the length of my publication record. I had value by just showing up.

ABCT being as large as it is, it is hard not to feel lost among a dizzying array of new faces, ideas, treatments, and controversies. We at the AAIBTR SIG seek to provide a professional home. We offer a safe place to discuss ideas and interests, and a way to feel grounded in a community. Although one of our goals is to move forward research that relates to Asian and Asian American individuals, we also encourage individuals who identify themselves as Asian or Asian American to join our group, regardless of their research interests. The group offers mentorship, support, and an active network of colleagues to build one's research program. Each year, I hope others will experience the same sense of value that I felt at my first AAIBTR SIG meeting, and will continue to feel drawn to our meetings.

In recent years, our group has been working to grow our voice and presence within the ABCT community. We have been troubled by the lack of representation of Asian and Asian American mental health research, and the way cultural factors are often referenced for other minority groups, but not our own. The unique mental health needs of Asian Americans, in

particular, are often ignored, despite evidence of significant strain felt by Asian Americans who were raised by parents from an Eastern culture but are living in a Western context. For example, epidemiological research indicates individuals who experience this bicultural tension are more likely to develop a psychiatric disorder than White Americans living in the U.S. and than Asians living in Asia (e.g., Lau et al., 2013; Takeuchi et al., 2007).

With the goal of building a presence within ABCT, we have first focused on strengthening and growing our existing community. We created a new online community (<https://groups.google.com/d/forum/aaibtr>) that allows us to share announcements and build collaborative relationships through the discussion of topics and research. We made a Facebook page (www.facebook.com/aaibtr) and plan to continue growing our online presence through other forms of social media. These different forums allow us to feel connected and part of a group that exists beyond the annual ABCT meeting. We hope our online presence develops to a point where our discussions spark professional creativity, collaboration, and confidence and inspire individuals to advocate within ABCT and within their other professional homes for the mental health needs of Asians and Asian Americans.

We are also invested in our student members. In addition to encouraging student leadership within our group, we have focused on fostering the research of our members. At our SIG meetings we ask all our SIG poster presenters to describe their work, and, starting in 2015, we began offering an award to the student with the poster presentation that best represents the mission of our SIG. We continue to reach out to Asian and Asian American researchers with established research programs to present at our SIG meetings and network with our members. We plan to develop mentorship programs by having senior AAIBTR members partner with student members based on shared research interests, and check in regularly on their professional development and help connect the students to other ABCT members who can

also help support their work. We are confident this investment will lead to a growing number of AAIBTR member presentations at future conferences.

Finally, we have focused on building social ties among our members. Over the years our SIG has organized dinners or lunches at the annual meeting to encourage informal, casual interactions. Many members have shared how these meals are a highlight at the conference, and regularly point out how disorienting meal times can be when they know few people at a conference of thousands of people. We will continue this tradition and hope to build on it by organizing different social outings through our online forums so there are many ways for our members to feel oriented and secure at the ABCT meeting.

We are excited for the future of our SIG, and know that the strengthening of our group will only build our representation within the larger ABCT community. As we grow, we hope to establish a formal process to facilitate the organization and submission of empirically based symposia sponsored by our SIG. We also would like to partner with other SIGs interested in diversity issues and work to bring some of these issues to the forefront of ABCT's agenda and program. To anyone interested in joining our efforts and group, I encourage you to contact me directly (hong@cbtscience.com) and join our SIG meeting this October. You will find a group that is welcoming, safe, and eager to connect with you.

References

- Lau, A. S., Tsai, W., Shih, J., Liu, L. L., Hwang, W., & Takeuchi, D. T. (2013). The immigrant paradox among Asian American women: Are disparities in the burden of depression and anxiety paradoxical or explicable? *Journal of Consulting and Clinical Psychology, 81*, 901-911. <http://dx.doi.org/10.1037/a0032105>
- Takeuchi D. T., Zane N., Hong S., Chae D.H., Gong F., Gee G.C., Alegria M. (2007). Immigration-related factors and mental disorders among Asian Americans. *American Journal of Public Health, 97*, 84-90. <http://dx.doi.org/10.2105/AJPH.2006.088401>

Behavior Analysis SIG

Thomas J. Waltz, *Eastern Michigan University*

Purpose

The Behavior Analysis (BA) SIG was organized in 1998 with the purpose of emphasizing the contextual, selectionist, and scientific theoretical foundations of behavioral interventions applied across all areas of human interest. This emphasis was viewed as (and remains) critically important given the increased prominence of manualized best practices and empirically supported treatments. When these treatments are disseminated as packages of techniques and procedures, clinicians are not provided the guidance they need to anchor their practice in evidence-based principles of behavior change when specific techniques fall flat for function unexpectedly for a particular client. When the dissemination and implementation of empirically supported treatments is anchored in evidence-based principles of behavior change, clinicians are in a better position to innovate when needed and tailor interventions to meet the multiple needs of their clients (Rosen & Davison, 2003).

The BA SIG is committed to maintaining the historical synergy between theory and basic behavioral science to ensure that our conceptual understanding of the processes of change in therapy keeps pace with contemporary developments in behavioral science and the evolving technology used to foster behavior change. This SIG is a type of bridge SIG in that the content expertise of our members varies considerably (e.g., traditional outpatient mental health, behavioral health, child and family, couples therapy, substance use, gerontology, rehabilitation psychology, behavioral neuropsychology, developmental disabilities) but the underlying conceptual framework for these content areas is shared.

History

Many of the early members of the BA SIG were also members of a sister SIG, the Clinical SIG, in the Association for Behavior Analysis International. Given the shared purposes of the two SIGs, a joint newsletter developed and in short order related online journals emerged, including *The Behavior Analyst Today* and the *International Journal of Behavioral Consulta-*

tion and Therapy. These journals continue today as subsections within the forthcoming APA-hosted online journal *Behavior Analysis: Research and Practice*.

Several of the founding members of the Association for Contextual Behavioral Science (ACBS) were members of the Behavior Analysis SIG. Therapies such as Acceptance and Commitment Therapy and Functional Analytic Therapy are explicitly grounded in a contemporary functional account of behavior and, historically, the BA SIG had been home to those interested in these treatments before training and dissemination efforts related to these treatments were better met outside the BA SIG. Since its founding in 2005 ACBS has grown to over 8,300 members and we believe that this reflects the international appetite for an organization that grounds its mission in contemporary behavioral science.

Ongoing Priorities

From its earliest days as the Association for Advancement of Behavior Therapy, the Association for Behavioral and Cognitive Therapies (ABCT) has struggled over whether to consider principles of learning as the central unifying factor of the organization or to treat as primary a commitment to empiricism regardless of underlying principles. The BA SIG stands firm in its ongoing commitment to emphasizing the value of evidence-based principles of behavior change and philosophy of science for the ABCT community.

Reference

- Rosen, G.M., & Davison, G.C. (2003). Psychology should list empirically supported principles of change (ESPs) and not credential trademarked therapies or other treatment packages. *Behavior Modification*, 27, 300-312. doi: 10.1177/0145445503027003003

Child and Adolescent Depression SIG

Jarrold M. Leffler, *Mayo Clinic*

The Child and Adolescent Depression SIG was founded by Dikla Eckshtain, Ph.D., and Jenny Herren, Ph.D. The SIG works to promote dissemination of research and information related to the etiology and treatments of youth depression, and provide a forum for networking and collaboration among researchers and practitioners. We focus on areas of common interest in child and adolescent depression that include assessment, intervention, prevention, translation of theoretical research into effective intervention, and development and dissemination of empirically based treatments. The Child and Adolescent Depression SIG offers an annual award for best poster presentation at our SIG poster presentation at the ABCT Convention. Additionally, we organize a networking social event as part of the Annual Convention. We publish a newsletter three times a year and are available to connect via Facebook and our webpage: <http://childdepressionsig.wix.com/home>

We are an active group with 85 members. Our current leadership board consists of Jarrod Leffler, Ph.D., ABPP, Chair; Gretchen Gudmundsen, Ph.D., Treasurer; Lourah Kelly, M.A., Communications Officer/Newsletter Editor; Hannah McKillop, M.A., Student Representative; and Martha Tompson, Ph.D., Senior Advisor/Past Chair.

We are grateful for the work of our previous leaders:

Chairs/Chair-elects: Dikla Eckshtain, Jenny Herren, David Langer, Randy Auerbach, and Martha Tompson

Senior Advisors: Dikla Eckshtain, Jenny Herren, David Langer, Randy Auerbach, and Martha Tompson

Treasurer: Gretchen Gudmundsen

Newsletter Editors: Puja Patel and Rachel Freed

Student Representatives: Rachel Freed, Bryn Schiele, Jessica Hamilton, and Lourah Seaboyer

Child Maltreatment and Interpersonal Violence SIG

Melanie D. Hetzel-Riggin, *Western Illinois University*

David DiLillo, *University of Nebraska*

Alesia O. Jones, *University of Illinois*

David J. Hansen, *University of Nebraska*

Heather J. Risser, *University of Illinois*

The Child Maltreatment and Interpersonal Violence (CMIV) SIG of ABCT is celebrating its 14th year in 2016. The SIG began in 2002; about 25 members attended the first information session to discuss the focus, organizational structure, and goals for the group. Since its inception, the mission of the CMIV SIG has been to provide an opportunity for ABCT members with interests related to child physical and sexual abuse, neglect, psychological abuse, marital and courtship violence, and elder abuse, to network and exchange ideas about current research and clinical issues in these areas. In addition to fostering professional relationships, this group seeks to: (a) promote research and empirically based interventions addressing the many facets of child maltreatment and family violence; (b) facilitate the dissemination of research findings to help professionals address the needs of those impacted by child maltreatment and family violence, and (c) increase professional and societal awareness of issues related to maltreatment and violence.

When the CMIV SIG applied to become a full-fledged SIG in 2003, 32 member names were submitted. The idea was to bring together people who did research and clinical work related to child maltreatment and interpersonal violence. Although there were related SIGs (e.g., Trauma and PTSD, then called Disaster and Trauma), we thought those whose work focused on issues of maltreatment and violence needed a SIG home. The original name was Child Maltreatment and Family Violence, but we changed it from "family" to "interpersonal" after the 2003 meeting in order to be more inclusive.

As the SIG grew, we have been able to sponsor symposium submissions to the regular ABCT Annual Convention program. We also give out two SIG awards each year at the Annual Convention. The Deborah J. Rhatigan Early Career Award for Excellence

in Violence Research is awarded to an early career ABCT and SIG member (within 5 years of their doctorate) who has shown excellence in published research. The award is named after a former co-chair of the SIG, Dr. Deborah L. Rhatigan-Moore, who was an active ABCT member and a psychology professor at UT Knoxville at the time of her passing in 2009. Early-career members that are first author on a paper accepted for publication or published in a peer-reviewed journal (in press, published online, or published in print) within the last year are eligible for this award. The award includes a plaque and a \$100 prize.

From the 12 accepted posters at the SIG poster session we also award the Neil S. Jacobson Student Poster Award. The award, which was named after the late domestic violence expert and University of Washington professor Dr. Neil Jacobson, is awarded to a student ABCT and SIG member who is first author on a poster accepted for presentation at the SIG poster session. Submissions for this award are judged on the quality and importance of the work and the winner receives a certificate and a \$50 prize.

Our leadership has remained relatively unchanged since the beginning of the SIG. Our leader or co-leaders are elected to serve for 2-year terms, as is our treasurer. We elect a student representative yearly to assist with electronic communication and newsletter production. We also have two awards committees, one for the Deborah J. Rhatigan Early Career Award and one for the Neil S. Jacobsen Student Poster Award. This is an election year for our SIG; we would love to see both long-time and new members run for leadership positions in order to continue to grow the SIG.

During the past 14 years our SIG has grown by leaps and bounds. As of this past summer, we had 151 listed members, 59 full members and 82 student members. At the 2015 meeting, 32 people attended the SIG

meeting, many of whom were new and student members. We have an active listserve at http://groups.google.com/group/cmiv_sig and a Facebook group at <https://www.facebook.com/ChildMaltreatmentInterpersonalViolenceSIG/>. We use these avenues to disseminate new research, post potential job opportunities for our members, and discuss research and clinical issues related to child maltreatment and interpersonal violence.

Our SIG and its members have made significant contributions to ABCT and the field of child maltreatment and interpersonal violence. Just during the past year members of our SIG have published papers in a number of peer-reviewed journals, including *Aggression & Violent Behavior*; *American Journal of Community Psychology*; *Archives of Sexual Behavior*; *Child Abuse & Neglect*; *Journal of Abnormal Child Psychology*; *Journal of Clinical Child and Adolescent Psychology*; *Journal of Interpersonal Violence*; *Journal of Psychopathology and Behavioral Assessment*; *Psychiatry Research*; *Psychology of Violence*; *Psychological Trauma: Theory, Research, Practice, and Policy*; and *Violence and Gender*. Our members have also published books and book chapters, as well as received numerous fellowships and grants to conduct research on child abuse, family violence, sexual assault, domestic abuse, and elder abuse.

As we continue to grow in membership we are developing stronger partnerships with other groups outside of ABCT that work primarily with child maltreatment and interpersonal violence. Many of our members are working on Action Teams of the National Partnership to End Interpersonal Violence across the Lifespan (NPEIV). The NPEIV is a multidisciplinary partnership of people, agencies, organizations, and other groups that are working to develop and implement a culturally aware, evidence-based, national plan to reduce and eliminate violence at all ages. More information about NPEIV can be found at www.npeiv.org/. Since we also have a large number of student members, we are working on growing the networking and mentoring opportunities available within the SIG.

If you would like to join the CMIV SIG, please attend our meeting at ABCT's Annual Convention on Saturday, October 29, at 4:00 P.M. at the Plymouth & Royale room in the New York Marriott Marquis. CMIV SIG dues for professional members are \$10, while student member dues are \$5. If you cannot make the meeting, please feel free to email the current SIG Leader, Melanie Hetzel-Riggin, mdh33@psu.edu, in order to join the SIG.

Clinical Research Methods and Statistics SIG

Alessandro S. De Nadai, *University of South Florida and University of Mississippi Medical Center*

Nicholas C. Jacobson, *Pennsylvania State University*

Lance M. Rappaport, *Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University*

The Clinical Research Methods and Statistics SIG is comprised of members from diverse backgrounds, including clinical and quantitative psychology, with a shared interest in the application of methodological and statistical tools to advance research in clinical psychology and psychotherapy. Since our beginning in 2009, the Clinical Research Methods and Statistics SIG has sought to disseminate developments in statistics and methodology to enrich research conducted by the ABCT community, building on the strong methodological foundations found in cognitive-behavioral therapy research. In particular, we have sought to foster collaborations of methodologists and statisticians with clinical researchers and to illustrate how developments in statistics and methodology open new avenues of research in psychotherapy and clinical psychology.

ABCT's commitment to the science and development of cognitive and behavioral treatments was initially formalized, in part, through the Advanced Methodology and Statistics Seminars (AMASS). These seminars have focused on disseminating advanced topics in research methodology and data analysis to the ABCT community. In addition, the AMASS series brought together a small community of ABCT-affiliated researchers with particular interest and expertise in data science and research methodology. The ABCT Clinical Research Methods and Statistics SIG was formed in 2009, with our first meeting in 2010, to provide an ongoing forum to support these interests.

Since 2010, the SIG has sought to provide a forum for the development of data science and research methodology, with particular emphasis on implications for clinical research. Additionally, in recent years, we have broadened our focus to encourage collaboration with the broader ABCT community to apply methodological and statistical tools to further advance clinical research. For example, in parallel to the AMASS lecture series, which pro-

vides the opportunity to learn about a particular method in depth, annual events developed by the Clinical Research Methods and Statistics SIG have attempted to provide a broad illustration of new methodological and statistical tools including how they may advance the goals of ABCT and research programs of ABCT members.

Despite being relatively young, the SIG has started to establish traditions, including an annual broad symposium to promote the demonstration of diverse, novel analytic techniques and research methodology within clinical psychology, and an annual panel to address pertinent questions of research design and data analysis. In addition to these traditions, the SIG seeks to further engage the ABCT community by inviting methodological and statistical experts to speak during our SIG meeting, which is open to all in the ABCT community, and using our space in the SIG-sponsored poster session to promote the discussion of new methodological and statistical work.

Moreover, in keeping with our goal of engaging the larger ABCT community, we have been broadening our membership. In particular, we maintain a listserv to provide information surrounding questions related to research methodology or data analysis, SIG events and submissions, relevant job postings, interesting articles, and comments regarding statistical software. We welcome anyone interested to join the listserv, whether out of specific interest in this area or to seek assistance in your own work. Furthermore, new this year, we have created a SIG website, which includes (a) an introduction to the SIG, (b) a page discussing how to join, (c) clinical research methods and statistics publications from SIG members, and (d) events and resources (including our new poster submission portal). We hope that, over time, this website will evolve into a helpful reference for research methodology and data analysis as it pertains to clinical psychology.

In the coming years, we are looking to advance two principal aims. First, we wish to continue and increase our communication of new methodological developments to the ABCT community at large. Such advances and collaborations can spur new developments in the field and can facilitate the dissemination of research to clinical practice. The pace of change in research methodology is increasing, and we aim to keep the ABCT membership abreast of these developments through ABCT conference presentations, our listserv, and continual additions to the Events and Resources section of our website. Second, we wish to further cultivate a community of like-minded methodologists and statisticians who work on cognitive behavior therapy and related approaches. While didactic trainings provide one way to advance method expertise, working with a group of colleagues can prove invaluable when advancing cutting-edge approaches and sharing consulting experience. We always welcome new members as well as opportunities to work with others who wish to cross-collaborate.

Additionally, through our listserv, and now through our website, we seek to provide a mechanism to promote collaboration between clinical researchers and researchers with a background in methodology and statistics. It is our sincere hope that these collaborations enrich the research within the ABCT community by assisting clinical scientists and helping the field to address new, exciting questions in the strongest manner possible. We hope that any interested parties will visit our SIG page to learn more about us, join the SIG, and become involved (see www.abctstat.com).

Cognitive Therapy Special Interest Group

50 Years of Cognitive Therapy: A Brief History

Bradford C. Richards, *The Cognitive Behavioral Institute of Albuquerque, LLC*

The application of the cognitive sciences to mental health interventions was not well developed when ABCT was founded in 1966. Despite the fact that Magda Arnold had been investigating the role of cognitive appraisal in emotion since the 1940s, George Kelly had articulated his Psychology of Personal Constructs in 1955, and Noam Chomsky had powerfully refuted Skinner's operant explanation of human language propensity in 1959, the "cognitive revolution" had not yet penetrated very far into the clinical world by 1966. Even Ulric Neisser was still a year away from publishing his landmark volume, *Cognitive Psychology*. At ABCT's founding, most truly scientific clinical psychologists still considered any theory alluding to any covert mental process to be embarrassingly unscientific.

Fortunately, founding pioneers Aaron T. Beck and Albert Ellis opened the doors to the application of cognitive principles to clinical work throughout the 1960s. Beck opened the door by quietly and carefully finding the correct keycodes to the lock on scientific clinical inquiry. Ellis simply knocked the door off its hinges with charismatic, rigorously logical, and highly convincing arguments from Epictetus, Marcus Aurelius, Bertrand Russell, and other great philosophers of mind, meaning, and human existence. Together, the ongoing dialectic between Beck and Ellis, which lasted for more than four decades, provided both the empirical and rational impetus for all clinicians to take the cognitive revolution very seriously. Having known both of these founders personally, I can bear witness to the striking unity in their visions of the future of a growing, changing, evolving, progressing science of cognitive psychology in clinical work.

Fast-forward to the 1980s, and David Barlow and Michele Craske, using cognitive appraisal theory, developed interventions that transformed panic disorder from "incurable" to "usually cured." In the 1990s, Marsha Linehan rewrote the treatment of borderline personality disorder for the entire world, discarding all that had been infantilizing and iatrogenic to create something that showed good empirical effects

with cognitive and skills training groups alone. Other amazing feats have been accomplished by applying cognitive psychology to clinical work. William Miller's Motivational Interviewing has been shown to enhance outcomes in a wide range of disorders, including but not limited to alcohol and other substance abuse. Patricia Resick's Cognitive Processing Therapy is now showing outcomes, using almost exclusively cognitive methods, that rival any other form of treatment for PTSD. Adrian Wells, using an exclusively metacognitive approach, has shown the largest recovery rates for generalized anxiety disorder ever reported.

As clinical outcomes have improved for specific human problems over the decades, cognitive science in general has progressed as well, often fueled by heated logical and empirical debate. Throughout the 1980s, for example, Richard Lazarus and Robert Zajonc locked horns over the putative necessity of cognitive appraisal for emotional responding, with Lazarus advocating the necessity of appraisal, and Zajonc trying to debunk it at every turn. This debate stimulated much thought about the interaction of cognition and emotion, despite the fact that Lazarus and Zajonc never really agreed in their definitions of either term. Nonetheless, in the early 1990s Joseph LeDoux published a finding in cognitive neuroscience that showed that both Lazarus and Zajonc had been correct all along. LeDoux documented two fundamentally distinct neural pathways involved in fear conditioning in the amygdala, one which is practically devoid of information processing, and one with rich connections through higher processing centers in the cortex. In response to what was a fundamentally neuroanatomical discovery, cognitive therapy adapted by shifting its focus in treatment of anxiety disorders toward a much greater emphasis on in vivo behavioral experiments and exercises requiring a mindset of approach rather than avoidance.

The interaction between discoveries in hard cognitive neuroscience and adaptations in cognitive therapy continues to this day. Translational researchers such as

Stefan Hofmann, Michael Otto, and Barbara Rothbaum are currently investigating interventions that target mechanisms only very recently discovered in experimental cognitive neuroscientific research. These new scientific questions are concerned with how to best manipulate the "consolidation" phase of memory formation, either by enhancing consolidation of new safety memories, or by disrupting "reconsolidation" of fear memories. In a very real sense, by becoming increasingly interested in cognitive neuroscience and its relentless search for underlying mechanisms, cognitive therapy is becoming both more cognitive and more scientific than it has ever been before. Perhaps ironically, the language of experimental cognitive neuroscience is also the language of classical and operant conditioning, precisely the language preferred by those scholars in 1966 who staunchly resisted ever referring to cognition at all.

The Cognitive Therapy SIG of ABCT was founded in 2008 as a brainchild of Robert L. Leahy, with Simon Rego serving as SIG Leader for the first 7 years. During that time, the CT SIG grew to over 200 members, with an affiliated LinkedIn group of 1,702 members and corresponding Facebook group of 9,653 members. I was appointed leader of the CT SIG in 2015, with Simon Rego as Vice President, Michael Maher as Representative-at-Large, and M. Todd Sewell as Membership Coordinator. I am confident that the CT SIG will continue to provide a forum for all those who share the vision of a growing, evolving repertoire of theory and interventions based on the application of cognitive science to the alleviation of human suffering. Because our foundation is science, with all of its attendant openness, the Cognitive Therapy SIG is committed to remaining one of the broadest tents within ABCT. All are truly welcome.

Dissemination and Implementation Science SIG

Amanda Jensen-Doss, *University of Miami*

The Dissemination and Implementation Science Special Interest Group (DIS SIG) was founded in 2008, and has quickly become a very large and active part of ABCT. The goal of the DIS SIG is to bring together ABCT members focused on the science and practice of promoting evidence-based practices in nonresearch settings. The DIS SIG cuts across treatments, populations, and service settings to bring together ABCT members who are organized around the common goal of improving services through the application of clinical science.

Who Are We?

The DIS SIG has approximately 250 members. Not surprisingly, DIS SIG members have diverse interests and work in various settings. For example, in 2015, 71% of DIS SIG members conducted child-focused work, while 23% focused on adults (2% worked with both, and 4% were unknown). About half of DIS SIG members are students; the other members are primarily researchers, but the SIG tries to have about 10% of its members be individuals who conduct applied work (we're currently around 8%). DIS SIG members conduct their work in schools, community mental health clinics, Veteran's Administration clinics, child welfare systems, and in a host of other behavioral health settings. They also focus on a variety of disorders and treatments.

What Do We Do?

Even though we are a large group, we have a number of activities that help foster networking and collaboration among our members. Our student members play a strong role in all of these SIG activities, providing opportunities for mentorship. We maintain ongoing communication through our listserv and Facebook page, as well as our SIG newsletter, *Read DIS!*, which is published twice a year. To prepare for the convention, we also annually hold a "matchmaking process," where talks looking for homes are organized into symposia by volunteer SIG members. This has been a very successful strategy for getting more of our work into the program.

We also have a preconference that is typically attended by 50 to 80 members.

For example, this year's preconference theme is "Scaling Up Evidence-Based Practice: From Small Trials to Large Rollouts." The half-day preconference will kick off with an opening panel of groups involved in large-scale implementation efforts, including Kimberly Hoagwood and her colleagues from the NYU IDEAS Center, followed by think tank-style discussions in breakout groups and a SIG poster session. Following the preconference will be the SIG's annual happy hour, which is an opportunity for SIG members to interact in a less formal setting. This setting is sometimes much less formal—previous happy hours have included dissemination and implementation (D&I) themed cocktails, silly name tags, and prizes for members who meet the most new people at the happy hour. Speaking of silly name tags, we are also quite proud of our "U Know U Want Dis" buttons, which you may have seen around the conference. Rounding out our social activities at the conference, we also have a fun run for our members who are up for exploring the city while getting a bit of exercise.

At the conference, we hold our annual business meeting, where we present several awards, including the DIS SIG Presentation Award for the top student poster presented at either the SIG expo or the preconference (including cash prizes for the winner and runners up!), the DIS SIG Early Career Award, and the DIS SIG Achievement Award, honoring someone at the senior level who has made significant contributions related to D&I. The Achievement Award winner also typically gives a keynote address at the business meeting.

To keep collaborations active year round, our members have also organized a number of work groups and committees that focus on subtopics relevant to dissemination and implementation science. The Training Workgroup brings together SIG members interested in studying effective methods for training providers in evidence-based practices. The group holds conference calls where members can receive feedback on their work, has a system to review each other's grants before they are submitted, and has engaged in collaborative projects, such as a recent article in *the Behavior Therapist* on "How to Not Train in Vain: Recommendations for

Training Community Clinicians" (Park, Guan, Kanuri, Stirman, & Chorpita, 2016).

The Stakeholder Liaison Committee focuses on issues related to collaboration between researchers and stakeholders (e.g., therapy providers, consumers, system administrators). This group also collaborates on projects, including the development of a measure of treatment acceptability that can cut across treatments and stakeholder groups. This group has also published together, including a 2015 piece in *the Behavior Therapist* called "Dancing With Ourselves? Reflections on Increasing Stakeholder Involvement in ABCT" (Stanick et al., 2015).

Finally, our Assessment Workgroup includes SIG members focused on increasing use of evidence-based assessment in practice settings. In addition to providing a forum for group members to receive feedback on projects, this group spearheaded a 2015 special section of *Cognitive and Behavioral Practice* on evidence-based assessment (Jensen-Doss, 2015), and has several other collaborative papers either published or under review.

Where Are We Headed?

In a 2009 piece in *the Behavior Therapist* announcing the formation of the DIS SIG, Becker, Nakamura, Young, and Chorpita described three overarching objectives of the SIG, including to "(a) help members network with like-minded colleagues; (b) collaborate with stakeholders to identify what works for them, what they need, and how best to provide evidence-based practices; and (c) communicate the benefits of EBPs in order to increase stakeholder demand for effective treatments" (p. 94). In the past 8 years, we have made excellent progress toward those objectives, as evidenced by our large and active membership and the numerous collaborative work products generated by our workgroups.

Moving forward, we want to increase our connections with other groups within ABCT, as well as increase the diversity of our membership. It is clear that D&I has become a major focus at ABCT; indeed, it was one of the four themes for this year's convention. For researchers who have not traditionally conducted this type of work, DIS SIG members can offer expertise, collaboration, and training. We are working on developing methodology-related webinars to be offered through ABCT, and would also be excited to send members to other SIGs' preconferences to provide a D&I perspective. Through our conference

matchmaking process, we would also be happy to facilitate the identification of D&I-focused discussants for symposia.

The DIS SIG strives to be the home of ABCT members who work along the full translational continuum of research from basic science to applied science. Our current membership is largely on the applied end; we would be excited to have more members who study psychopathology or develop treatments in order to strengthen links between work being conducted along the entire continuum. We also would like to attract more nonresearchers to the SIG. We would welcome more clinician members into our group, as their perspective helps ensure that our work remains real-world relevant. Through inviting them to present at our preconference, we have also worked to engage other stakeholders, such as mental health administrators, policy-makers, and consumers. These presentations have been extremely worthwhile for our members, and we would like to work toward keeping these individuals engaged in ABCT in a more sustained fashion.

As I hope this piece has made clear, the DIS SIG is a vibrant group that has yielded numerous productive collaborations among our members. We would welcome new members, so I encourage you to consider joining us!

References

- Becker, K.D., Nakamura, B.J., Young, J., & Chorpita, B.F. (2009). What better place than here? What better time than now? ABCT's burgeoning role in the dissemination and implementation of evidence-based practices. *the Behavior Therapist*, 32, 89-96.
- Jensen-Doss, A. (2015). Practical, evidence-based clinical decision making: Introduction to the Special Section on Evidence-based Assessment. *Cognitive and Behavioral Practice*, 22, 1-4.
- Park, A. L., Guan, K., Kanuri, N., Stirman, S. W., & Chorpita, B. F. (2016). How to not train in vain: Recommendations for training community clinicians. *the Behavior Therapist*, 39, 3-14.
- Stanick, C., Yoman, J., Gallo, K., Trent, L., Reding, M., Kim, R., Guan, K., & Steinfeld, B. (2015). Dancing with ourselves? Reflections on increasing stakeholder involvement in ABCT. *the Behavior Therapist*, 38, 38-42.

Forensic Issues and Externalizing Behaviors SIG

Bradley A. White, *Virginia Polytechnic Institute and State University*

Raymond Chip Tafrate, *Central Connecticut State University*

Mandy Owens, *University of New Mexico*

Greetings, ABCT colleagues! We are thrilled to have this opportunity to introduce you to the ABCT Forensic Issues and Externalizing Behaviors SIG, and to provide an overview of our group and some of our recent activities. Our SIG is focused on the application of cognitive-behavioral principles to the understanding, prevention, assessment, and treatment of externalizing behaviors that put individuals at risk for harming others and themselves, and for criminal justice involvement. Members strive to understand and find better solutions for addressing a broad range of antisocial behaviors that lead to immeasurable human suffering worldwide, and to improve the lives of some of society's most marginalized members and the lives of those impacted by antisocial behavior. Clinical and research activities relevant to our SIG are broad, span both community and forensic contexts, and encompass such issues as: antisociality, delinquency, anger, psychopathy, aggression, intimate partner and family violence, forensic assessment, oppositional and disruptive behaviors, sexual offending, addictions, recidivism, forensic treatment, policing, legal consultation, victimology, and various influences on antisocial behavior (sociocultural, dispositional, and environmental).

Behavioral and cognitive-behavioral therapists have a rich and successful history of developing effective treatments for internalizing problems, particularly anxiety-related disorders. In the U.S., justice involvement has become as prevalent as common psychological problems, such as panic disorder and generalized anxiety disorder, with the majority of this large justice-involved population being supervised under the country's parole and probation systems. In addition to enormous growth, the criminal justice system also is facing a rapidly changing social and political landscape. There is a growing recognition that incarceration without effective treatment does little to deter or rehabilitate those who offend. In the U.S., budget woes and social justice concerns have curbed the nation's appetite for mass incarceration in favor of

smarter community interventions that will positively influence the behavioral trajectories of individuals and reduce future risk of reoffending. Although in its infancy, one bright spot in the forensic treatment literature is that CBT interventions appear to be the most effective approach for reducing criminal behavior. Treatment of criminality and associated risks (e.g., sex offending, intimate partner violence, psychopathy, etc.), once assumed to be an unrealistic if not counterproductive venture, is increasingly becoming regarded with considerable optimism. Forensic clinical science is a promising new frontier and it calls our field's best and brightest minds. ABCT members are well positioned to contribute to scientific progress in this vital area.

For a more detailed overview of critical areas of interest and controversy regarding forensic treatment, see the Special Issue on Forensics in the June 2016 issue of *the Behavior Therapist*. This special issue was put together by our SIG members and colleagues and includes the articles listed below. The complete Forensics Issue can be found at: <http://www.abct.org/docs/PastIssue/39n5.pdf>.

The Forensic Issues and Externalizing Behaviors SIG has experienced remarkable growth over the last few years, with approximately 170 current members. This growth mirrors an expanding interest in the forensic domain occurring in academia (e.g., proliferation of university criminal justice programs, forensic social work) and in professional psychological organizations, such as the Canadian Psychological Association and the Australian Psychological Society, where forensics has emerged as one of the most popular specialty areas.

A primary goal of our SIG is to provide a network for members to discuss up-to-date information related to research, application, and training on CBT principles relevant to at-risk and justice-involved individuals and their families. As a group, we value communication and collaboration across traditional clinical and forensic psychology training programs and professional organizations, promoting student professional development, the application

of cognitive-behavioral principles to forensic issues and externalizing problems, and dissemination of research and training.

In addition to maintaining an email directory for communication with SIG members, each year at the ABCT convention we have a full roster of poster presentations at the SIG Expo, organize and sponsor multiple symposia (including talks on psychopathy and offender treatment), and host a SIG business meeting, which includes distinguished guest speakers. This year, our guest speaker is Dr. Damon Mitchell, a Professor of Criminology and Criminal Justice at Central Connecticut State University and an internationally recognized expert in forensic treatment. The title of his invited talk is "Taking the Right Fork in the Road With Justice-Involved Clients: Targeting Risk Rather Than Symptoms."

Our current SIG leadership includes:

Raymond Chip Tafrate, Ph.D.,
SIG Co-Chair
 Bradley White, Ph.D., *SIG Co-Chair*
 Michael Wydo, *Vice-Chair*
 Frank Gardner, *Vice-Chair*
 Emily Manove, *Leadership Committee*
 Erica Birkley, *Leadership Committee*
 Mandy Owens, *Leadership Committee*

If you are interested in joining the Forensic Issues and Externalizing Behaviors SIG, or for other inquiries, please contact one of us: Raymond Chip Tafrate, Ph.D., Tafrater@ccsu.edu; Bradley A. White, Ph.D., whiteba@vt.edu; Mandy D. Owens, Ph.D., mandyo@uw.edu.

Men's Mental and Physical Health SIG Updates From Over Ten Years

Jonathan D. Green, *VA Boston Healthcare System*
 and *Boston University School of Medicine*

Dominic J. Parrott, *Georgia State University*

Matthew R. Syzdek, *Hennepin County Medical Center*

Following its founding in November 2005, the Men's Mental and Physical Health Special Interest Group (MMPH SIG) has grown and expanded, producing research that has been at the forefront of men's mental health research. Several founding members of the MMPH SIG wrote a parent article that appeared in *the Behavior Therapist*, introducing the SIG's mission and relevance to ABCT, also outlining several courses of research for current and future SIG members to pursue. The current article serves several purposes. First, it will provide a brief update on work done since the parent article, both highlighting the ways in which research from MMPH SIG members has advanced the lines of research outlined in the parent article, while noting new advances in areas of men's mental and physical health research more broadly. Second, it will outline the organization of the SIG and its current activities while highlighting potential future directions. Similar to the parent article, the contributions below represent a diverse array of research and clinical interests, but are bound by a common set of assumptions about men's mental and physical health and, to varying degrees, how we should understand it. We make a distinction between sex (being biologically male or female) and gender (the cultural, social, and personal meanings we attach to being female or male). The article is framed from the perspective of better understanding the various aspects of masculinity and the roles it plays in men's well-being. Masculinity can be understood as a set of norms, practices, ideologies, and beliefs that shape our ideas about how men should feel, think, and behave. Finally, each author sees great potential for the study of men's mental and physical health to inform other areas of interest in ABCT.

Men and Help Seeking

Understanding men's barriers to seeking help has been a primary focus of SIG members during the last 10 years. Although evidence suggests that many psychotherapies are effective at treating the most common disorders among both men and women (Cahalane, Keller, & Hughes, 1994; Zlotnick, Shea, Pilkonis, Elkin, & Ryan, 1996), men are far less likely to seek treatment than are women (Gove, 1984; Vessey & Howard 1993). Recent research suggests that barriers such as feeling embarrassed about one's mental health problems are of particular importance, and longitudinally predict future help-seeking behaviors (Green, Marx, Bovin, Rosen, & Keane, 2015). Similarly, work by Mahalik, Burns, and Syzdek (2007) suggests that men's health behaviors are predicted by masculinity and men's perceptions of other men's health behaviors. SIG members have also produced research identifying similar issues among men who are military veterans (Grossbard et al., 2013).

To address these issues, researchers and clinicians have approached the problem from a variety of directions. Addis (2012) and colleagues have collaborated on the development of Gender-Based Motivational Interviewing (GBMI). Based on Miller and Rolnick's (2002) *Motivational Interviewing*, the aim of GBMI is to mitigate gender barriers that interfere with ambivalence and contemplation so that motivational strategies can be more effective at bringing about behavior change. In two pilot trials in different populations of men (those from the community and a college sample), preliminary findings suggested that those treated with GBMI may be more likely to seek both formal and informal help following the intervention (Syzdek, Addis, Green, Whorley & Berger, 2014; Syzdek, Green, Lindgren, & Addis, 2016).

Men, Self-Harm, and Suicide

It is well-known and often cited that though men are less likely to attempt suicide than are women, they are four times as likely to die by suicide than are women (Centers for Disease Control, 2011; Oquendo et al., 2001; United States Department of Justice, 1995–2006). Recent advances in the study of men and masculinity have begun to shed light on why this discrepancy exists. Calling upon the Interpersonal-Psychological Theory of Suicidal Behavior (Joiner et al., 2009), Thomas Joiner's *Lonely at the Top* (2011) highlights the ways in which men may be particularly vulnerable to increased thwarted belongingness and perceived burdensomeness, especially as they age and, while acting in accordance with hegemonic masculine norms, lose touch with friends, family members, and loved ones. In work stemming from a poster that won the MMPH Student Poster Award, Granato, Smith, and Selwyn (2015) found that men may be at greater risk for death by suicide as a result of being socialized to adhere to masculine gender norms, which have encouraged engagement in painful and provocative life events. As a result, these men experience greater acquired capability to die. These men often find themselves struggling alone and without experience on how to appropriately experience, express, and respond to difficult emotions, a point Michael Addis raises in his book *Invisible Men* (2011). SIG members have developed a program of research aimed not only at understanding how and why many men's inner lives remain invisible even to those close to them, but also ways in which these men can overcome perceived barriers to opening up, ultimately finding ways to experience, express, and respond to natural emotions.

MMPH SIG members have also examined the unique ways in which men may engage in self-harm, and note that many forms of self-destructive behavior that are common among men may be overlooked. Green and Jakupcak (2016) highlight several such behaviors through a series of case studies, noting behaviors such as picking fights and hurting oneself as part of stunts or dares that seem to be self-injurious but which do not meet criteria for the proposed Non-Suicidal Self-Injury (NSSI) disorder in DSM-5. In particular, Green and Jakupcak argue that Criterion D of the disorder, which states that the NSSI behavior must not be socially sanctioned, is particularly problematic for these kinds of behaviors

among men. They argue that to disqualify these self-damaging behaviors—common among men and often seen as socially acceptable—from the disorder may further the problem of “invisibility” with powerful groups, as outlined in feminist approaches (Addis, 2011; Kimmel, 1993). This, they argue, may mark the start of a slippery slope, the end result of which may be that men's self-harming behaviors are labeled as normative (e.g., “boys will be boys”) where women's behaviors are labeled as “disordered.”

That these behaviors are in line with traditional male gender norms does not make them any less problematic, nor does it prevent the field from responding to them with appropriate clinical and research attention.

Men and Trauma

With the MMPH SIG having been founded in the midst of both Operations Iraqi Freedom and Enduring Freedom (OEF and OIF), and with the U.S. military being comprised primarily of men, members of the SIG have produced important work studying the relations between masculinity and trauma. To this end, several researchers have found important links between masculine gender role stress and the existence of PTSD in veterans. Garcia and colleagues (2011), looking specifically at OEF/OIF veterans, noted that traditionally masculine behaviors predicted several PTSD symptoms (e.g., hyperarousal, and avoidance). McDermott and colleagues (2010) found that masculine gender role stress predicted PTSD symptom severity beyond several established risk factors for the disorder. Finally, results from work by Jakupcak and colleagues (2006) suggest that alexithymia, commonly associated with PTSD, was better predicted by masculine gender role stress than by PTSD symptoms. Taken together, this work suggests that masculinity plays an important role in the ways in which men experience and express trauma-related symptoms.

Men and Violence

Understanding how men's adherence to different norms of masculinity facilitates their perpetration of aggression has been another major focus of SIG members during the last 10 years. It is well-established that hegemonic masculinity, which promotes the dominant social position of heterosexual men, is a robust correlate of men's perpetration of aggression. However, the work of numerous SIG members

has dissected this relation to expose the complexities and nuances that underlie the association. In doing so, we have seen significant advancements in our understanding of how men's adherence to various masculine norms and tendency to cognitively appraise gender-relevant situations as stressful facilitates aggression.

For example, scholars have clearly demonstrated the robust link between masculinity and male-perpetrated intimate partner aggression (IPA; Moore & Stuart, 2005), sexual violence (e.g., Malamuth, Linz, Heavey, Barnes, & Acker, 1995), and bias-motivated aggression toward sexual minorities (Franklin, 2000; Parrott, 2008). However, research over the past decade has identified specific norms that are most commonly associated with these forms of aggression. For example, studies have found that IPA perpetration is associated with adherence to specific masculine norms (Tager, Good, & Brammer, 2010) and facets of masculine gender role stress (Moore et al., 2008). In the sexual violence literature, direct tests of masculinity-based mechanisms are rare. However, recent work shows that men who define their masculinity by avoiding femininity and/or feel threatened in situations where they are subordinate to a female intimate partner feel compelled to maintain dominance over women via sexual aggression (Smith, Parrott, Swartout, & Tharp, 2015). A substantial body of literature has developed in recent years which disentangles the specific norms that predict aggression toward sexual minorities and the contexts that might activate adherence to those norms. For instance, research suggests that adherence to the status and antifemininity, but not toughness norms, indirectly facilitates anger and aggression in response to intimate interactions between gay men via sexual prejudice (Parrott, 2009; Parrott, Peterson, & Bakeman, 2011; Vincent, Parrott, & Peterson, 2011).

These data clearly indicate that conceptualizing masculinity as a multifaceted construct allows for a more nuanced understanding of the determinants of men's aggression. However, looking forward, it will be critical to determine whether “positive” masculinity may similarly reduce violence risk (Berke, Sloan, Parrott, & Zeichner, 2012). Likewise, research must recognize that men's strong adherence to—and sometimes public demonstrations of—various traditional male role norms are context dependent (Addis, Mansfield, & Szydek, 2010). For example, several studies have shown that the associations between

specific norms of masculinity and aggression directed toward various targets (e.g., intimate partners, gay men) vary as a function of men's alcohol use (Leone & Parrott, 2015; Lisco, Leone, Gallagher, & Parrott, 2015). These findings support the view that contextual factors (e.g., alcohol intoxication, alcohol-related settings) may alter the norms that influence men's behavior.

Future Directions for the MMPH SIG

First, in an effort to continue to advance the study of men's mental and physical health, several SIG members will serve as guest editors for a special issue of *Psychology of Men and Masculinity*, which will focus on masculinity in members of the military and veterans. We look forward to reading what we are sure will be excellent work in this forthcoming issue, with research that will significantly advance the field.

With regard to the SIG meeting itself, the MMPH SIG has plans to keep with several traditions, bring back previous ones, and introduce new ideas to carry it forward. Highlighting the work of promising graduate students has always been and will continue to be a primary goal of the SIG. Beyond awarding a student poster awards over the past several years, many of the SIG's executive board members have been graduate students. We look forward to continuing this tradition as having students involved at all levels of leadership provides both energy and passion while helping students to gain experience in leadership roles. As was the case in past meetings of the SIG, we plan to have guest speakers at future meetings of the SIG. This SIG has been honored to host wonderful speakers, including SIG members as well as researchers and clinicians outside of the SIG. For example, Dr. Marsha Linehan gave an excellent talk and facilitated a fascinating discussion about the presentation of borderline personality disorder among men. We look forward to inviting others to speak with us about their work in the near future. Finally, as we have focused on recognizing the important work of students in the SIG, we plan, in the near future, to honor SIG members at other stages of their career both for their contributions to research and clinical work. We very much look forward to these activities at our next meeting and hope to see you there!

References

- Addis, M. E. (2012). *Brief assessment and personalized feedback for men experiencing symptoms of depression and anxiety*. Unpublished manuscript.
- Addis, M. (2011). *Invisible men: Men's inner lives and the consequences of silence*. New York: Macmillan.
- Addis, M. E., Mansfield, A. K., & Syzdek, M. R. (2010). Is "masculinity" a problem?: Framing the effects of gendered social learning in men. *Psychology of Men & Masculinity*, 11, 77-90. doi:10.1037/a0018602
- Berke, D. S., Sloan, C. A., Parrott, D., & Zeichner, A. (2012). Effects of female gender role and gender norm conformity on aggression in men: Does positive masculinity reduce the risk? *Psychology of Men & Masculinity*, 13, 367-378.
- Cahalane, M. S. W., Keller, L., & Hughes, C. (1994). Do depressed men and women respond similarly to cognitive behavior therapy? *American Journal of Psychiatry*, 151(4), 501.
- Centers for Disease Control. (2011). *National Data on Deaths by Cause*. Retrieved from <http://www.cdc.gov/>
- Franklin, K. (2000). Antigay behaviors among young adults. *Journal of Interpersonal Violence*, 15, 339-362. doi:10.1177/088626000015004001
- Garcia, H. A., Finley, E. P., Lorber, W., & Jakupcak, M. (2011). A preliminary study of the association between traditional masculine behavioral norms and PTSD symptoms in Iraq and Afghanistan veterans. *Psychology of Men & Masculinity*, 12(1), 55.
- Gove, W. R. (1984). Gender differences in mental and physical illness: The effects of fixed roles and nurturant roles. *Social Science and Medicine*, 19, 77-84.
- Granato, S. L., Smith, P. N., & Selwyn, C. N. (2015). Acquired capability and masculine gender norm adherence: Potential pathways to higher rates of male suicide. *Psychology of Men & Masculinity*, 16(3), 246.
- Green, J. D., & Jakupcak, M. (2016). Masculinity and men's self-harm behaviors: Implications for non-suicidal self-injury disorder. *Psychology of Men & Masculinity*, 17(2), 147.
- Green, J.D., Marx, B.P., Bovin, M.J., Rosen, R.C., & Keane, T.M. (2015). Veterans' Barriers to Help-Seeking: Relationship Between Sex and Mental Health Service Utilization. In D. Scheinfeld (Chair), *The Intersection of Masculinity and Mental Health Service Utilization Among U.S. Veterans: Current Issues and Possible Solutions*. Symposium conducted at the 123rd annual convention of the American Psychological Association, Toronto, Canada.
- Grossbard, J. R., Lehavot, K., Hoerster, K. D., Jakupcak, M., Seal, K. H., & Simpson, T. L. (2013). Relationships among veteran status, gender, and key health indicators in a national young adult sample. *Psychiatric Services*, 64, 547-553.
- Jakupcak, M., Osborne, T. L., Michael, S., Cook, J. W., & McFall, M. (2006). Implications of masculine gender role stress in male veterans with posttraumatic stress disorder. *Psychology of Men & Masculinity*, 7(4), 203.
- Joiner, T. (2011). *Lonely at the top: The high cost of men's success*. New York: Macmillan.
- Joiner, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal-psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology*, 118(3), 634.
- Kimmel, M. S. (1993). Invisible masculinity. *Society*, 30, 28-35. <http://dx.doi.org/10.1007/BF02700272>
- Leone, R. M., & Parrott, D. J. (2015). Dormant masculinity: Moderating effects of acute alcohol intoxication on the relation between male role norms and antigay aggression. *Psychology of Men & Masculinity*, 16(2), 183.
- Lisco, C., Leone, R., Gallagher, K., & Parrott, D. (2015). "Demonstrating Masculinity" via intimate partner aggression: The moderating effect of heavy episodic drinking. *Sex Roles*, 73, 58-69. doi:10.1007/s11199-015-0500-2
- Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64(11), 2201-2209.
- Malamuth, N.M., Linz, D., Heavey, C.L., Barnes, G., & Acker, M. (1995). Using the confluence model of sexual aggression to predict men's conflict with women: A 10-year follow-up study. *Journal of Personality and Social Psychology*, 69, 353-369.
- McDermott, M. J., Tull, M. T., Soenke, M., Jakupcak, M., & Gratz, K. L. (2010). Masculine gender role stress and posttraumatic stress disorder symptom severity among inpatient male crack/cocaine users. *Psychology of Men & Masculinity*, 11(3), 225.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.
- Moore, T.M., & Stuart, G. (2005). A review of the literature on masculinity and partner violence. *Psychology of Men & Masculinity*, 6, 46-61.

- Moore, T.M., Stuart, G.L., McNulty, J.K., Addis, M.E., Cordova, J.V., & Temple, J.R. (2008). Domains of masculine gender role stress and intimate partner violence in a clinical sample of violent men. *Psychology of Men & Masculinity*, 9, 82-89.
- Oquendo, M. A., Ellis, S. P., Greenwald, S., Malone, K. M., Weissman, M. M., & Mann, J. J. (2001). Ethnic and sex differences in suicide rates relative to major depression in the United States. *American Journal of Psychiatry*, 158, 1652-1658.
- Parrott, D.J. (2008). A theoretical framework for antigay aggression: Review of established and hypothesized effects within the context of the general aggression model. *Clinical Psychology Review*, 28, 933-951.
- Parrott, D. (2009). Aggression toward gay men as gender role enforcement: Effects of male role norms, sexual prejudice, and masculine gender role stress. *Journal of Personality*, 77, 1137-1166. doi:10.1111/j.1467-6494.2009.00577.x
- Parrott, D. J., Peterson, J. L., & Bakeman, R. (2011). Determinants of aggression toward sexual minorities in a community sample. *Psychology of Violence*, 1, 41-52. doi:10.1037/a0021581
- Smith, R., Parrott, D., Swartout, K., & Sharp, A. (2015). Deconstructing hegemonic masculinity: The roles of antifemininity, subordination to women, and sexual dominance in men's perpetration of sexual aggression. *Psychology of Men & Masculinity*, 16, 160-169. doi:10.1037/a0035956
- Syzdek, M. R., Addis, M. E., Green, J. D., Whorley, M. R., & Berger, J. L. (2014). A pilot trial of gender-based motivational interviewing for help-seeking and internalizing symptoms in men. *Psychology of Men & Masculinity*, 15(1), 90.
- Syzdek, M. R., Green, J. D., Lindgren, B. R., & Addis, M. E. (2016). Pilot trial of gender-based motivational interviewing for increasing mental health service use in college men. *Psychotherapy*, 53(1), 124.
- Tager, D., Good, G., & Brammer, S. (2010). 'Walking over' em': An exploration of relations between emotion dysregulation, masculine norms, and intimate partner abuse in a clinical sample of men. *Psychology of Men & Masculinity*, 11, 233-239. doi:10.1037/a0017636
- United States Department of Justice, Federal Bureau of Investigation. (September 1995 - September 2007). *Crime in the United States, 1995 - 2006*. Retrieved from <http://www.fbi.gov/ucr/>
- Vessey, J. T., & Howard, K. I. (1993). Who seeks psychotherapy? *Psychotherapy*, 30, 546-553.
- Vincent, W., Parrott, D.J., & Peterson, J.L. (2011). Effects of traditional gender role norms and religious fundamentalism on self-identified heterosexual men's attitudes, anger, and aggression toward gay men and lesbians. *Psychology of Men and Masculinity*, 12, 383-400. doi:10.1037/a0023807
- Zlotnick, C., Shea, M. T., Pilkonis, P. A., Elkin, I., & Ryan, C. (1996). Gender, type of treatment, dysfunctional attitudes, social support, life events, and depressive symptoms over naturalistic follow-up. *American Journal of Psychiatry*, 153(8), 1021-1027.

Keeping a Well-Established Field Moving Forward— Why I Founded the Neurocognitive Therapies/Translational Research Special Interest Group

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Elissa Hamlat, *Temple University*

Rebecca B. Price, *University of Pittsburgh*

The mission of the Neurocognitive Therapies/Translational Research Special Interest Group (NTTR SIG) is to bridge the gap between basic and applied science in understanding the nature and treatment of psychiatric disorders. We are committed to multidisciplinary research and the application of cognitive and affective neuroscience to improve the conceptualization and effectiveness of therapeutic interventions.

The NTTR SIG was begun after I (J.M.) was inspired by presentations on attention bias modification and brain imaging at ABCT's 2002 conference. That was an exciting turning point, as it was the first moment that I (and perhaps other ABCT members) realized there was a paradigm

shift on the horizon of clinical psychology. To rewind for a moment to the late 1990s and early 2000s— We knew CBT was an effective intervention for a range of disorders and we had plenty of interesting, well-conducted research on evidence-based therapies. But in my opinion, the field was beginning to feel stalled, or at least slowed. This made me wonder about our conceptualization of the future of clinical psychology; it seemed inevitable that we were going to have to start looking at the brain in our clinical research. The idea of integrating brain and body measures needed to be formalized and put on the roadmap for our field. I wanted to give a name and a home base to people doing this innovative

work. ABCT seemed the perfect place for that, as it had always been on the cutting edge as a professional association for clinical psychology.

At our first formal meeting in 2006, there were only 5 or 6 members in attendance. But at ABCT's 2007 conference, we offered a variety of symposia and a SIG meeting with presentations, all of which were well attended. We also had our first poster competition during the Friday-night cocktail party. From there, we have grown much larger and more active, and we now have over 160 members. While this growth has tracked with the growing influence of neurocognitive and translational approaches within the field of psychology as a whole, we believe our SIG represents a truly integrative nexus, where the application of neurocognitive methods is grounded in the strong clinical and theoretical psychological tradition ABCT represents. We have sponsored poster contests, student scholarships, symposia, training workshops, several preconference Institutes (this year's is called "Neuroscience-Informed Behavioral Interventions: From Cognitive Behavioral Therapy to Cognitive Training"), and in 2015 we produced an edited volume *From Symptom to Synapse: A Neurocognitive Perspective on Clinical Psychology*.

One thing I am quite proud of is that the SIG is fertile soil for new ideas. Over our

10-year history we have helped to shepherd many budding researchers from early career/training stages—and more established researchers making early forays into translational methods—into advanced contributors at the forefront of integrative translational research. At our annual meetings, there is usually a presenter, after which everyone brainstorms and has the opportunity to develop their new ideas in a supportive environment. This friendly, open tone makes for a wonderful intellectual playground and fosters the kind of mindset needed to move a well-established field like ours forward.

This year's NTTR SIG meeting will be held on Saturday, October 29, 2016 from 4:00 to 5:30 PM in the Juilliard & Imperial Rooms. Please join us!

- **For more information** on the NTTR SIG, please visit <http://neurocognitive-therapies.com>
- **For more information** on the Preconference Institute, "Neuroscience-Informed Behavioral Interventions: From Cognitive Behavioral Therapy to Cognitive Training," to be held on Thursday, October 27, 8:30 a.m. – 5 p.m., please visit <http://neurocognitive-therapies.com/preconferenceinstitute.html>

Obesity and Eating Disorders SIG

Robyn Sysko, *Icahn School of Medicine at Mt. Sinai*

The Obesity and Eating Disorders (OED) SIG is a multidisciplinary group of behavioral professionals with broad interests in obesity and eating disorders. The purpose of the OED SIG is to foster communication and interaction among researchers and clinicians with shared interests in the characterization and treatment of obesity and eating disorders. As a multidisciplinary group of professionals with interests in obesity and eating pathology, members of the OED SIG offer a wide range of expertise in biological, behavioral, clinical, epidemiological, and physiological aspects of these disorders.

Our SIG leadership serves 3-year terms, and consists of a President and Treasurer, who are faculty members chosen by the membership, and faculty or graduate student leadership in the positions of Newsletter Editor, Media Coordinator, Membership Coordinator, and Research Coordinator. We publish newsletters for the SIG members two or three times yearly, and in this forum and via the OED email listserv, we encourage collaborative research, including posting announcements about novel studies led by our members. Networking and academic opportunities are also publicized, including information about mentors and institutions for graduate work in the field.

As many professionals who focus their work on obesity or eating disorders also attend specialized conferences (e.g., Eating Disorders Research Society, Obesity Week), the OED SIG serves to unify a relatively small group of individuals with interest in this area who attend ABCT into a cohesive community. A significant proportion of our efforts are focused on the ABCT annual meeting. Our members present high-quality research in the form of symposia, papers, and posters at the conference, and relevant presentations are identified and sent to our SIG in our fall newsletter in advance of the meeting to have as many members in attendance as possible. A total of 12 posters are selected every summer to represent the SIG at the Expo Cocktail hour Poster Session. Submissions are diverse, and the process for selecting posters is quite competitive, with more than 20 abstracts reviewed by the Awards Committee each year.

The SIG has a large number of student members, and to identify promising new research and recognize outstanding contributions to the SIG, we developed two awards for graduate students. Our Graduate Student Research Award winner is selected by a committee of OED SIG faculty from abstracts describing original research. The winner also presents their work at our SIG meeting, and receives a \$100 prize. The graduate student with the highest rated abstract for the SIG Expo Cocktail hour Poster Session is given the Graduate Student Poster Award of \$40 at our SIG meeting. The OED SIG has also always been a great place for students to meet and receive mentorship from faculty in the field.

Approximately 50 to 60 of our members attend the SIG meeting every year, and involvement in the SIG is a pathway for other leadership positions. Three former presidents of the OED SIG have co-chaired the International Conference on Eating Disorders, the annual meeting of the Academy for Eating Disorders, and have served other major leadership roles in professional organizations devoted to the care and study of individuals with eating and weight disorders.

Over our years as an established SIG, we have consistently engaged in numerous tasks to advance our overall goal of understanding, preventing, and treating obesity and eating disorders. Our SIG has grown notably in membership, and has contributed important research to the ABCT conference since its inception. We are optimistic that our SIG is poised for further increased participation and collaboration in the future.

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Parenting and Families SIG

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Origins

Planning for the development of the Parenting and Families SIG was spearheaded by Michael Lorber and Kathy Casillas in the fall of 2000. By 2001, in Philadelphia (not coincidentally, the birthplace of another well-known entity), the SIG had elected its first president, Elizabeth Brestan. Subsequent presidents have included Tim Cavell (2003), David Reitman (2004), Paul Strand (2005), Andrea Chronis-Tuscano (2006), Clint Field (2007), Tamara DelVecchio (2008), Camilo Ortiz (2009), Greg Fabiano (2010), Bryan Wymbs (2011), Kim Rhoades (2012), Heather Jones (2013), Scott Jensen (2014), Daniela Owen (2015), and Kim Zlomke (2016).

Purpose

The purpose of the Parenting and Families SIG is to promote the sharing of information related to parent and family-focused research and clinical work. Participation in the SIG provides experienced researchers and students with a forum for discussion and dissemination of news related to the SIG's mission, as well as opportunities for career development and networking. The SIG also sponsors panel discussions and symposia, participates in the annual SIG exposition, and organizes a student poster competition at ABCT's annual convention.

The SIG recognizes excellence in parenting and family-related research with a lifetime achievement ("Trailblazer") award. The Trailblazer Award was initi-

ated by President Tim Cavell in 2003 to recognize researchers whose work with parents and children have offered us a "new way" to conceptualize family relations. Winners of the Trailblazer Award are innovators who have inspired others and facilitated practical and meaningful improvements in family life. Past winners of the Trailblazer Award include Robert Wahler (2003), Gerald Patterson (2004), Rex Forehand (2005), Susan O'Leary (2006), Matt Sanders (2007), Sheila Eyberg (2009), Bill Pelham (2010), Robert McMahon (2011), and Charlotte Johnston (2014).

Most recently, the SIG has added a Facebook page (<https://m.facebook.com/groups/1120238658009397>) and expanded its administrative board to provide more opportunities for student participation and leadership in the SIG. Persons interested in joining the SIG and listserv can apply through our Google Group (<https://groups.google.com/forum/#!forum/abct-parentingandfamiliesig>).

Schizophrenia and Other Serious Mental Illnesses SIG

"After 30 Years, Still the Forgotten Stepchild"

Jennifer Snyder, *Oregon State Hospital*

William Spaulding and Mary Sullivan, *University of Nebraska*

People are often surprised to hear that ABCT has a SIG devoted to people with Schizophrenia and Other Serious Mental Illnesses. "I thought ABCT was all about treating people with anxiety and depression," they say. "Can those therapies really help people with serious mental illnesses like schizophrenia? I thought that all you could do is teach them to make spaghetti or something." It was 30 years ago (in 1985) that Alan Bellack lamented this situation in his ABCT (then AABT) Presidential Address, characterizing schizophrenia as cognitive behavioral therapy's "forgotten stepchild." To a regrettable extent it remains so today.

Ironically, behavioral and cognitive techniques in the assessment and treatment of people with schizophrenia spectrum disorders have a long and storied history, longer than the history of ABCT itself. In the 1950's Ogden Lindsley was demon-

strating that, contrary to the scientific opinions of the time, people diagnosed with chronic schizophrenia are able to learn in operant conditioning paradigms. In the following decade Teodoro Ayllon and Nathan Azrin introduced The Token Economy, a landmark in the history of psychology and psychological treatment. A few decades later, Gordon Paul and his students demonstrated conclusively that for people in institutional and residential settings, psychosocial treatment based on social learning theory is vastly superior to the "medical model" practices that dominate such settings even today. In 1952 Aaron Beck reported a case study in which cognitive therapy was successful for a person with chronic schizophrenia with delusions. A quarter century later, David Kingdon and Douglas Turkington published *Cognitive-Behavioral Therapy of Schizophrenia*, another historic landmark.

Since the 1990's cognitive and behavioral therapies for individuals and families have been recognized as evidence-based treatments for schizophrenia and other serious mental illness. Evidence-based treatments have proliferated in the 21st century, including early intervention programs showing promise for preventing long-term disability. The year 2016 will see publication of the second edition of Silverstein, Spaulding and Menditto's comprehensive account of modern treatment, a volume in Hogrefe's popular series, *Advances in Psychotherapy - Evidence-Based Practice*.

For the community of ABCT researchers and practitioners devoted to the schizophrenia spectrum, the SIG on Schizophrenia and Other Serious Mental Illnesses has been a resource since the SIG concept was first introduced. Issues of most interest to the membership include not only development of new and innovative cognitive behavioral treatments, but also training and education of researchers and practitioners, dissemination of new methods, and mental health policy. Despite the breathtaking advances in treatment methods, only a tiny minority of people with schizophrenia spectrum disorders have access to effective services. Modern treatment is mostly limited to a few major research centers. Prejudice, discrimination, and stigmatization are as debilitating as the

disorder itself. Effective treatment and rehabilitation requires integrated networks of data-driven clinical and social services, requiring in turn sophisticated clinical leadership and service administration, and a degree of professional activism. SIG members' publications and events at the ABCT Annual Convention reflect this breadth of scientific and social policy concern.

Since 2005 our SIG has sponsored The Trailblazer Award, a recognition of leading contributors. Past recipients have included Nathan Azrin, Alan Bellack, Robert Drake, Robert Liberman, Kim Mueser, Keith Nuechterlein, Gordon Paul, Will Spaulding, and Nick Tarrier. In 2016 Steven Silverstein is the award recipient. He will give an invited talk during the SIG's meeting time in the conference program.

The SIG also plays a key role in career development for students, helping undergraduates find graduate programs with strong schizophrenia spectrum training and research, and connecting graduate students with postdoctoral research and practice training. The SIG sponsors an award and cash prize for the best student poster at the SIG Expo. Students who have presented at the Expo and at the convention have gone on to great achievements, including prestigious employment positions in academic, medical, and public health settings, as well as having won highly competitive grants from agencies such as the National Science Foundation and the National Institutes of Health.

Another priority for the SIG is to promote the importance of cognitive and behavioral treatment for serious mental illness, and educate about its effectiveness, among the ABCT membership and leadership. In this we face an uphill battle. Despite significant efforts to recruit and support submissions for the annual convention, program entries on schizophrenia and other severe mental illnesses have been very limited. An informal review of submissions and acceptances for the 2016 convention suggests that fewer submissions focusing on serious mental illness were accepted as compared to previous years. SIG members who volunteer to review submissions report that few of their assigned submissions focus on people with schizophrenia or other serious mental illnesses. Perhaps most disappointingly, the symposia that do make it through the review process are often scheduled at the same or overlapping times, forcing SIG members to choose which they will attend. It has been especially difficult to present panels and

discussions on application and dissemination, perhaps reflecting a lack of general recognition that these are extremely important issues in real-world mental health systems. Many SIG members are practitioners and administrators who want to share their successes and disappointments in overcoming the factors that put people with schizophrenia spectrum disorders among the most vulnerable, neglected, and disenfranchised in our society.

ABCT is the logical home for academics, practitioners, and administrators focused on the schizophrenia spectrum and other disabling disorders. These can be exciting times because of the advances in basic science and clinical practice, even if this remains underrepresented in the organization's membership and conference programs. After decades of neglect, new psychologists, social workers, and others specifically trained to work with the seriously mentally ill are beginning to enter the workforce. It remains to be seen whether this new infusion will include the behavioral and cognitive therapy community. It should, considering the conceptual and methodological foundations of modern practice, but it remains to be seen whether this "forgotten stepchild" can eventually find an amicable home in that community and its most prominent professional organization.

References

- Ayllon, T. & Azrin, N. H. (1968a). *The token economy: A motivational system for therapy and rehabilitation*. New York: Appleton-Century-Crofts.
- Beck, A. T. (1952). Successful outpatient psychotherapy of a chronic schizophrenic with a delusion based on borrowed guilt. *Psychiatry*, 15, 302-312.
- Kingdon, D. G. & Turkington, D. (1994). *Cognitive-behavioral therapy of schizophrenia*. New York, NY: The Guilford Press.
- Paul, G. L. & Lentz, R. J. (1977). *Psychosocial treatment of chronic mental patients: Milieu versus social-learning programs*. Cambridge, MA: Harvard University Press.

Technology and Behavior Change SIG

Envisioning the Future

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Who We Are

The Technology and Behavior Change SIG serves ABCT members who are interested in using technology in research and practice to facilitate behavior change and improve health and human functioning. Technology has changed and will continue to change the way we conduct research and provide clinical services. The members of the Technology and Behavior Change SIG are an interdisciplinary group of people that includes psychologists from varying backgrounds, clinicians, researchers, and students, as well as computer scientists, technology developers, and individuals involved in the industry of health behavior change.

When asked, "who we are" as a group, our members shared that we're a group with an eye on the future of cognitive and behavioral therapies. We share the vision of the future where ABCT will be shaped by advances in and applications of technology-based interventions, which will allow behavioral and cognitive therapies to extend beyond in-person clinical interactions and to be integrated into the fabric of daily life. Thus, we believe technology can help us overcome existing barriers in treatment and research and offers new ways for us to give people tools they can use when they need them, wherever they are, at minimal cost.

All of our members are interested in using some aspect of technology in their work, though there is much heterogeneity when it comes to the specific technologies of interest and how they are being used. The technologies involved include, but are not limited to, virtual reality (VR), web-based assessment and intervention, mobile-phone applications, text-messaging, social media, wearables and sensors, GPS and geolocation APIs, conversational agents, online social networks, telephone and video psychotherapy, and crowdsourcing platforms. Each of these rapidly evolving technologies have had or have the potential to have a significant impact on human behavior, and our members are

invested in leveraging these effects to improve the clinical outcomes and quality of care, extend the reach of services, and to develop and evaluate novel interventions delivered through technology. For example, there are a number of exciting possibilities for using sensor data captured by wearables and mobile phones for prevention and intervention, such as using machine-learning to develop algorithms that can predict when people are at risk of symptom relapse and possibly intervene to help prevent it. We are also committed to discovering opportunities for using technology to improve face-to-face treatments, and see opportunities to apply technological innovations that could, for example, reduce therapist drift in evidence-based treatments, make it easier for clients to complete their homework, and assist practitioners in coordinating care and tracking clinical outcomes over time.

The Technology and Behavior Change SIG offers our members a professional home within the larger ABCT organization. We see it as a place where we can connect with other ABCT members with similar interests, meet potential collaborators, share research ideas, discuss our experiences using technology in research and practice, and consult about the challenges and opportunities in our work. Membership has led to joint presentations and papers, and spurred research ideas. Beyond the networking and connections, one of our shared goals is to help one another stay on top of the latest developments in the area and to increase our awareness of the different technologies being used in mental health care. While this is one of the most ubiquitous reasons people join and stay on as SIG members, many of us have also observed that this is probably the area that needs the most attention and growth!

Our (Brief) History

The Technology and Behavior Change SIG was founded by Fred Muench in 2010. Many of our original members will tell you that when they first joined, it was difficult to find members who were even interested in technology. Since then, there has been a rapid increase of technology acceptance in behavioral health care, and it seems like both clinicians and their patients are clamoring for answers about if and how technology can assist with prevention, treatment, and sustained recovery. Yet only 6 years ago, the promise of behavioral intervention technologies was widely overlooked or dismissed by many mental health

practitioners. The early SIG leaders, who include our first two presidents, Fred Muench and Edwin Boudreaux, wanted to change this. They hoped that the SIG could be a platform for discussion about how technological developments could be used to facilitate behavior change across a range of disorders, and believed that the SIG would help ABCT members become more acquainted with the potential role of technology in behavioral and cognitive interventions.

Our SIG made its first appearance at the 2010 convention in San Francisco and started out with 30 to 40 members. The SIG put on several workshops at the 2010 convention focused on integrating technology into clinical practice. Discussion centered around important issues like what to put in a consent when delivering services via technology or integrating technology-based interventions into practice, as well as questions about security, recommended apps, and potential pitfalls. The resources shared during these workshops were made freely available on the SIG website for individuals to access anytime. When I spoke with Fred Muench about his experience founding the SIG, he offered much of this history, and he explained that there was, at times, a sense of frustration among the SIG members those first couple of years because there seemed to be a general lack of interest in the work they were doing. He recalled a discussion about this with some of the other members, when they predicted that within the decade, the SIG would be “superfluous,” because “everyone will be using technology as a part of their research and practice.” And, he noted, “It appears our prediction is coming true.”

Where We Are Now

SIG membership continues to provide our members with a professional home, opportunities to connect with others with shared interests, opportunities for collaboration, and a forum to learn and consult when faced with unforeseen challenges and when working on a new idea. Currently, our SIG has about 75 members and is steadily growing. In the 6 years since our founding, we’ve helped make technology a more salient part of the discussion at ABCT, and our members continue to share new developments and present workshops to disseminate new information.

We have seen our members take on fascinating projects, and many have already made a significant impact. And while the dissemination and implementation of our

findings can often take years, with work in technology, there is the potential for change to happen in only days! This was demonstrated this spring when research findings prompted real, immediate change in widely available technology that provides health care information: smartphone conversational agents (e.g., Apple’s Siri, Google’s Google Now). A few of our members collaborated on a study evaluating smartphone conversational agents’ responses to questions about mental health and interpersonal violence and uncovered deficiencies in the programs’ responses to questions about rape and sexual assault. Only 3 days after the article’s publication in *JAMA*, Apple made improvements to Siri’s programming. Prior to the change, if you said, “Siri, I’ve been raped,” Siri would respond with, “I don’t know what rape is.” After this change, Siri will now direct people to the National Sexual Assault Hotline.

During last year’s annual meeting in Chicago, led by past president Matthew Price, we used the majority of our SIG meeting to allow members to present brief, Ignite-style presentations of their work with the goal of generating discussion and increasing collaboration among SIG members and the broader ABCT community. The theme of the presentations was broad, and simply needed to be related to the use of technology in behavioral and cognitive therapy. Several of our members discussed their work using smartphone applications to deliver novel clinical interventions. There was a presentation on the development and evaluation of an app that tracks stress biomarkers, PTSD symptoms, and substance abuse cravings in adolescents, and a discussion of the development of a mobile-technology-based intervention designed to reduce alcohol-impaired driving. We learned about interventions being developed for survivors of trauma and torture that will ultimately be delivered through widely available technologies in order to reach populations with significant trauma exposure living in areas where mental health services are scarce. We also heard about the development of a suite of mobile applications where each app focuses on helping users learn a specific cognitive, behavioral, or other evidence-based skill to reduce symptoms of depression and anxiety, and we even had the chance to test them out!

There were also several presentations focused on using technology to improve the quality of clinical services and mental health care delivery. There was a discussion

of the multiple applications of virtual reality (VR) as a tool for both measurement and intervention, and specific applications of VR for rehabilitative tasks and exposure therapy (VRET). We also learned about work being done to develop a technology-based application that will be integrated into clinical practice to enhance outcomes in child mental health treatment by improving homework compliance and increasing both therapist, child, and parent engagement and fidelity to the treatment model.

Together, these projects highlight the wide array of interests within our SIG and the numerous ways technology can impact our work and advance the broader mission of our association. Yet they represent just a sliver of the work our SIG members are doing currently, and fail to encompass the majority of the incredible accomplishments they have made over the past 6 years. We look forward to bringing our work to the larger ABCT membership in New York this year, particularly at the SIG Expo and cocktail hour on Friday night and during our annual SIG meeting on Saturday, where we welcome both current and future SIG members as well as non-members to join us as we continue the new tradition of sharing our work in Ignite-style presentations.

What's Next

If Dr. Muench and his colleague's prediction holds true, and if nearly everyone is using some form of technology as part of their research and practice by 2020, will our SIG be superfluous? Absolutely not! Our SIG members hope to increase our impact on the ABCT community in the next 5 years. As technology plays an increasingly important role in behavioral and cognitive therapies, we hope to see similar growth in our membership and member involvement in the SIG. We are excited for opportunities to collaborate with other SIGs and to increase our presence in the ABCT community. We look forward to finding new ways to connect with other disciplines in the technology sector, such as partnering with industry and computer science. Moreover, we hope to continue to contribute to the field at large, and to become a resource for people who want to learn more about integrating technology into their interventions and using technology in clinical practice.

Tic and Impulse Control Disorders SIG

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Purpose of the Tic and Impulse Control Disorders SIG

Founded in 2008 by Drs. Christine Conelea, Douglas Woods, and John Piacentini, the Tic and Impulse Control Disorders SIG is dedicated to fostering research and treatment advances for tic and impulse control disorders by providing students and experts opportunities to connect with and learn from others who are interested in these disorders. Secondly, the SIG also seeks to foster research and treatment advances for disorders related to tic and impulse control disorders (e.g., body-focused repetitive behavior disorders). Consistent with the SIG's purposes, members of the Tic and Impulse Control Disorders SIG include research-oriented professionals and students interested in expanding the conceptualization of tic, impulse control, and related disorders and/or advancing treatment of such disorders. In addition, SIG members include practicing clinicians and student therapists who are interested in applying research-based therapies to the treatment of tic, impulse control, and related disorders.

More About Tic Disorders, Impulse Control Disorders, and Related Disorders

Tics are recurrent, involuntary movements (i.e., motor tics) and vocalizations (i.e., vocal tics), and tic disorders are neurodevelopmental disorders characterized by persistent and significantly impairing motor and/or vocal tic occurrence (American Psychiatric Association [APA], 2013). Examples of tic disorders include Tourette's Disorder, Persistent (Chronic) Motor or Vocal Tic Disorder, or Provisional Tic Disorder (APA, 2013).

Frequently comorbid with tic disorders (Hirschtritt et al., 2015), impulse control disorders are characterized by significantly impairing and disruptive behaviors that are triggered by an inability to regulate internal experiences (e.g., emotions, sensations, etc.; APA, 2013). Examples of these disorders include oppositional-defiant disorder, intermittent explosive disorder, pyromania, and kleptomania (APA, 2013).

The Tic and Impulse Control Disorders SIG prioritizes both tic disorders and impulse control disorders as research indicates that these disorders are highly related. Indeed, individuals with tic disorders are more likely to have an impulse control disorder than individuals of the general population (Hirschtritt et al., 2015). Moreover, research suggests that individuals with tic disorders frequently have difficulty with impulse control (Wright, Rickards, & Cavanna, 2012).

Although members of the Tic and Impulse Control Disorders SIG are generally interested in tic and/or impulse control disorders, several members are also interested in disorders related to tics and impulse control disorders, such as obsessive-compulsive and related disorders. In particular, a number of SIG members are interested in body-focused repetitive behaviors and body-focused behavior disorders. Previously considered to be impulse control disorders (APA, 2000), body-focused repetitive behaviors are recurrent behaviors directed towards the body (e.g., hair pulling, skin picking, and nail biting). Body-focused repetitive behavior disorders are characterized by impairing body-focused repetitive behaviors that persist despite attempts to stop.

Research suggests that tics and body-focused behaviors share many similarities. For instance, research suggests that both tics and body-focused repetitive behaviors are triggered by both internal experiences (e.g., emotions, cognitions, and sensations) and contextual variables (Conelea & Woods, 2008; Mansueto, Stemberger, Thomas, & Golomb, 1997). Moreover, evidence suggests that both tics and body-focused repetitive behaviors are fairly responsive to Habit Reversal Therapy (HRT; Azrin & Nunn, 1973) supplemented with behavioral techniques (McGuire, Piacentini et al., 2014; McGuire, Ung et al., 2014). Examples of such treatments for tics include Comprehensive Behavioral Intervention for Tics (CBIT; Woods et al., 2008), and examples of such treatments for body-focused repetitive behaviors include ACT-enhanced Behavior Therapy (AEBT; Woods & Twohig, 2008) and DBT-enhanced Habit Reversal (Keuthen et al., 2010).

Tic and Impulse Control Disorders SIG Activities

Each year, the Tic and Impulse Control Disorders SIG holds an annual meeting at ABCT's Annual Convention. The primary purpose of this meeting is to discuss prospective research, ongoing research, and treatment advances relevant to tic, impulse control, and related disorders. In recent years, this meeting has consisted of several short presentations in which different professionals discuss their ongoing research and their opinions on where future research is needed. After these presentations, the attendees have generally been provided the opportunity to network among themselves.

In addition to the SIG annual meeting, the Tic and Impulse Control Disorders SIG typically participates in the ABCT SIG Exposition/Cocktail Reception. At this event, selected members of the SIG have the opportunity to present posters on research they have conducted on tic, impulse control, or related disorders. While the exposition generally has a friendly and supportive atmosphere, presenters' posters are judged, and the presenter with the "best poster" is typically provided a SIG-sponsored monetary award.

Conclusion

The Tic and Impulse Control Disorders SIG is dedicated to the conceptualization and treatment advancement of tic, impulse

control, and related disorders (e.g., body-focused repetitive behavior disorders). The SIG welcomes interested persons to contact current SIG leadership (as listed on the ABCT SIG website) for additional information.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Arlington, VA: American Psychiatric Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Azrin, N. H., & Nunn, R. G. (1973). Habit-reversal: A method of eliminating nervous habits and tics. *Behaviour Research and Therapy*, 11(4), 619–628.
- Hirschtritt, M. E., Lee, P. C., Pauls, D. L., Dion, Y., Grados, M. A., Illmann, C., ... Cath, D. C. (2015). Lifetime prevalence, age of risk, and genetic relationships of comorbid psychiatric disorders in Tourette syndrome. *JAMA Psychiatry*, 72(4), 325–333.
- Keuthen, N. J., Rothbaum, B. O., Welch, S. S., Taylor, C., Falkenstein, M., Heekin, M., ... Jenike, M. A. (2010). Pilot trial of dialectical behavior therapy-enhanced habit reversal for trichotillomania. *Depression and Anxiety*, 27(10), 953–959.
- Mansueto, C., Stemberger, R. M. T., Thomas, A. M., & Golomb, R. G. (1997). Trichotillomania: A comprehensive behavioral model. *Clinical Psychology Review*, 17(5), 567–577.
- McGuire, J. F., Piacentini, J., Brennan, E. A., Lewin, A. B., Murphy, T. K., Small, B. J., & Storch, E. A. (2014). A meta-analysis of behavior therapy for Tourette Syndrome. *Journal of Psychiatric Research*, 50, 106–112.
- McGuire, J. F., Ung, D., Selles, R. R., Rahman, O., Lewin, A. B., Murphy, T. K., & Storch, E. A. (2014). Treating trichotillomania: A meta-analysis of treatment effects and moderators for behavior therapy and serotonin reuptake inhibitors. *Journal of Psychiatric Research*, 58, 76–83.
- Wright, A., Rickards, H., & Cavanna, A. E. (2012). Impulse-control disorders in Gilles de la Tourette syndrome. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 24(1), 16–27.
- Woods, D. W., Piacentini, J. C., Chang, S. W., Deckersbach, T., Ginsburg, G., Peterson, A. I., ... Wilhelm, S. (2008). *Managing Tourette syndrome: A behavioral intervention for children and adults therapist guide*. New York: Oxford University Press.
- Woods, D. W., & Twohig, M. P. (2008). *Trichotillomania: An ACT-enhanced behavior therapy approach therapist guide*. New York: Oxford University Press.

Cracks in the Glass Ceiling: Perspectives From the Women's Issues in Behavior Therapy SIG

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1977. The women's liberation movement had been in full force for over a decade. *Roots* is on television and *Star Wars* (the real first movie, not episode one!) hits the big screen for the first time. Approximately 20 million women are in the full-time workforce—making about 59 cents for every dollar brought home by their male counterparts (U.S. Women's Bureau and the National Committee on Pay Equity) and abortion rights are on the front page when the Supreme Court rules that states

are not required to use Medicaid funds to cover elective abortions. The number of doctorates in psychology is rising but women make up just about 25% of those earning Ph.D.s overall and about 18% of those earning Ph.D.s in science and engineering (National Science Foundation Division of Science Resources Statistics, 2006). In 1973, APA's Division 35, the Society for the Psychology of Women, is formed and in 1975 the journal *Sex Roles* is founded. It is against this backdrop that the

Women's Issues in Behavior Therapy Special Interest Group (Women's SIG) is formed by cofounders Dr. Marsha Linehan and Dr. Stephanie Stolz. This was a time when few women were in the room when funding priorities in the field were discussed—in fact, few women were in the room at all. The Women's SIG formed as a place to discuss the issues important to women that were not seeing the light of day. For example, while assertiveness research was in its heyday, investigations took on a masculine bent—the relationship, a decidedly more feminine concern, was not seen as central to these discussions (Seligman & Anderson, 2015). The Women's SIG became a place for ABCT members (at the time AABT) to discuss issues of importance to women and to advocate with NIMH and others to fund research that disproportionately affected women. Working together as a group, the

Women's SIG allowed the female members of ABCT a voice that was hard to get as an individual. For many of its members, the Women's SIG also became a professional home of sorts: many faced inhospitable work climates in their home departments and came to an annual conference that was so dominated by men that the Women's SIG offered a place where, as one former SIG leader put it, members could "cling to" one another to see that being a female psychologist in academia was even possible.

Since the inception of the Women's SIG, 19 leaders (all women) have served as president or co-president, including some of the most accomplished members of ABCT (e.g., Marsha Linehan, Patricia Resick, Diane Chambless); many others have served on our board or been active members. The experiences of our leaders and our members have been as varied as the women who make up the group. Early on, some were told that membership in the Women's SIG was not a good career move, as interest in women's issues was deemed "too narrow." However, this advice seems to have missed the mark. When we asked our members and past presidents to reflect on their experiences, many reported that their involvement in the SIG led to fruitful collaborations and inspired them to pursue lines of work that became their lifelong interest (e.g., Brandon & Holtzworth-Munroe, 1992; Collins & McNair, 1986; Wolfson, 1999; Wolfson, 2001). Others remarked that the SIG served as a place where their students' interests were sparked by the diverse research agendas of the members and that participation in the SIG was the entry point to successful academic and administrative careers. Thus, one goal of the SIG, to serve as a meeting place for women to build collaborations and find inspiration, has certainly been a success, but what about the SIG's other goals—for women to have a seat at the table in ABCT and beyond and to get ABCT to recognize women's issues as mental health issues?

Early on, when inequality in wages was being debated on the national level, the Women's SIG attempted to get ABCT's board to take a position advocating for equal pay; however, the board chose to not view this issue as one pertaining to mental health, despite the frequently observed link between socioeconomic status and health outcomes. In response, the Women's SIG organized a walkout during an ABCT board meeting. As a country we continue to struggle with this issue and its impact on women's mental well-being as well as their finances, and as a professional organiza-

tion, we have yet to take a stand on many of these issues.

Women are being hired into faculty positions at increasing numbers; however, only 34% of women are represented at the rank of full professor (Christidis, Wicherski, Hamp, Stamm, & Nigrinis, 2014). Moreover, psychologist's wages are stagnating, perhaps due to the "feminization" of the profession. On the other hand, women's participation at ABCT has increased dramatically over the years (Ham & Anderson, 2012). For example, women served as first author on 54% of the papers delivered in a symposium at ABCT in 2014 (Sokol, McGinn, & Newman, 2016) and both the current president and the president-elect of ABCT are women. However, as Sokol et al. (2016) point out, women's participation at the annual conference still lags behind when it comes to roles that require an invitation (e.g., symposium discussant) or prestige (e.g., master clinician seminar). Moreover, of the 22 lifetime achievement award recipients, only 4 (18%) are women and 2 of these women shared the award (in 2014 Lauren Alloy and Lynn Abramson shared the award). And for women (or men!) that need to balance career goals with family responsibilities, attendance at ABCT can be difficult due to lack of accommodations.

Our most recent goals and achievements reflect this mixed picture of great successes mingled with many remaining opportunities for improvement. Our board members continue to organize and participate in discussion panels geared towards facilitating women's careers, such as panels on breaking the glass ceiling, mentoring women scientists, and obtaining funding for research on women's health. The year 2015 was the first year a lactation room was provided at the conference, an effort spearheaded by former SIG president Alyssa Ward and pursued for several years before finally coming to fruition. This is just one example of how the SIG tries to advocate for women in the organization more broadly, not just SIG members. Currently, we are working on a plan to assess child care needs at the conference as we seek to make ABCT a more accessible and welcoming place for single parents, dual career couples, and parents with young children. Recently, we also successfully nominated Dr. Marsha Linehan (Women's SIG co-founder and past president) for the Lifetime Achievement Award, to be bestowed at ABCT 2016. Dr. Linehan's contributions to the science and practice of cognitive behavioral therapy mean she will be one of

the most accomplished members of a very impressive list. We are certainly very gratified that her omission from this group has been corrected as a result of our continued efforts, and we hope to see the number of women receiving such prestigious awards start to reflect the number of women active in the field. In line with the early goals of the SIG to foster collaboration and provide a professional home for our members, we have also have started a newsletter to keep in touch with members and a listserv for our group to disseminate information and opportunities.

Nearly 40 years after the Women's SIG's inception, *Roots* is on television again (as a remake), the pay gap still exists (although some progress has been made), women's reproductive rights remain under attack, and on the national stage one presumptive presidential candidate has declared that "women's rights are human rights," while the other . . . well, shall we say, has taken a somewhat different view of the role of women in our society. In the field, however, the outlook is somewhat brighter. Female students are now the majority in psychology graduate programs (Willyard, 2011), there are multiple journals for feminist psychology in addition to *Sex Roles*, and the Women's SIG has accomplished much of what its founders set out to do. So what do we see for the next 40 years—or at least the next 3 or 4? In addition to continuing to make attendance and participation at the annual conference more feasible for those members juggling their professional roles with child care responsibilities, we also wish to honor our founding leaders' goal of advocacy for women's issues outside of ABCT—but of course, being part of ABCT we intend to do this in a data-based way! To this end, we plan to begin examining the proportion of federal funding going toward supporting research on issues that disproportionately affect women (e.g., sexual violence, eating disorders) and to women principal investigators. Additionally, we know that as more women join a field, salaries often suffer (Levanon, England, & Allison, 2009). Thus, the feminization of psychology has the potential to impact the earning power of all of us—women and men. While the debate about the cause of this phenomenon continues, the Women's SIG, in 2015, took the positive step of sponsoring a panel discussion at the Annual Convention offering advice on how to negotiate salary and benefits (Seligman et al., 2015). The fact that women are less likely to negotiate than men and that this leads to a lower starting salary that is

compounded over the years (Babcock & Laschever, 2003) can lead to lower salaries for the field as a whole over time as more women join the profession. However, Levanon et al.'s (2009) analysis of 50 years of data suggests this is not the only issue at play; in fact, the feminization effect seems to be largely driven by employers devaluing of work once they see women doing it. Psychologists' research on implicit biases helps to explain why this is so, yet we are still left with few viable solutions. This seems a clear place for the Women's SIG to continue its history of advocacy both in encouraging the study of this phenomenon and in pushing for viable solutions.

So in sum, as we look to our past and forward to our future, as we spoke to early leaders and members and reflected on our experiences today, we realized that the landscape of ABCT and of many of our workplaces has changed radically from the days that inspired the founding of the Women's SIG. This brought up the question, Are we still needed? After all, we no longer need to cling together to reassure ourselves that women can make it in psychology—those who went before us have proven that women can survive and even thrive in our field. However, while we recognize how lucky we are, as we hear from our members about discrimination they face as students during their pregnancies or we gasp to see some of the accomplished members of the field omitted from ABCT's awardee's list, as we see the opportunities to support our members' careers and to advocate for women's mental health, we have come to the conclusion—both happily and with some regret—that yes, at least for now we are still needed.

References

- Babcock, L., & Laschever, S. (2003). *Women don't ask: Negotiation and the gender divide*. Princeton, NJ: Princeton University Press.
- Brandon, K. O., & Holtzworth-Munroe, A. (1992). Working professional parents: Factors related to personal well-being and work performance. *the Behavior Therapist*, 15, 97-99.
- Christidis, P., Wicherski, M., Hamp, A., Stamm, K., & Nigrinis, A. (2014). *How is the gender composition of faculty in graduate psychology departments changing?* Retrieved July 25, 2016, from <http://www.apa.org/monitor/2014/10/datapoint.aspx>
- Collins, R. L., & McNair, L. D. (1986). Black women and behavior therapy: Exploring the biases. *the Behavior Therapist*, 9, 7-10.
- Ham, L. S., & Anderson, R. E. (2012). Women's Issues in Behavior Therapy SIG. *the Behavior Therapist*, 35, 131-132.
- Levanon, A., England, P., & Allison, P. (2009). Occupational feminization and pay: Assessing causal dynamics using 1950-2000 U.S. Census Data. *Social Forces*, 88, 865-891.
- National Science Foundation Division of Science Resources Statistics. (2006). *U.S. Doctorates in the 20th Century*. (NSF 06-319).
- Seligman, L. D., & Anderson, R. E. (2015). Marsha Linehan, Ph.D.: Co-founding the Women's SIG and promoting women's careers. *Newsletter of the ABCT Women's SIG*, 1, 1-2.
- Seligman, L. D., Anderson, R. E., Ollendick, T. H., Rauch, S., Silverman, W. K., Wilhelm, S., & Woods, D. (2015, November). *Negotiating your first position and beyond*. Panel discussion presented at the Annual Meeting of the Association for Behavioral and Cognitive Therapies, Chicago, IL.
- Sockol, L. E., McGinn, L. K., & Newman, M. G. (2016). Women in ABCT: Where did we come from? Where are we now? and Where do we go from here? *the Behavior Therapist*, 39, 37-45.
- U.S. Women's Bureau and the National Committee on Pay Equity. *Census Bureau reports and data, Current Population Reports, Median Earning of Workers 15 Years Old and Over by Work Experience and Sex*. Retrieved from <http://www.pay-equity.org/info-time.html>.
- Willyard, C. (2011). *Men: A growing minority?* Retrieved July 25, 2016, from <http://www.apa.org/gradpsych/2011/01/cover-men.aspx>
- Wolfson, A. R. (1999). Cognitive Behavior Therapy: Is it working for women? *the Behavior Therapist*, 22, 197-199.
- Wolfson, A. R. (2001). *The woman's book of sleep: A complete resource guide*. Oakland, CA: New Harbinger Publications.

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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 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.

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ABCT's Job Bank is free to all job seekers and provides you with access to the best employers and jobs in CBT.

CALL FOR NOMINATIONS

Nominations for ABCT Officers: The Time Is Now!

David Pantalone, *Chair, Leadership and Elections Committee*

For me, like so many of you, ABCT is one of my most treasured professional homes. Indeed, I think of the Annual Convention as akin to my "CBT family reunion" and, each year, spend months looking forward to connecting with new colleagues and seeing old friends. For many years, I thought of the elected leaders of the organization as "others," some rarefied CBTers with magical leadership powers. However, over time—as I interacted with them more, and as friends and colleagues ascended into those roles—I realized that those folks are not some qualitatively different type of human but, indeed, are just "us"—but the "us" from among the membership who have chosen to step forward and make a public commitment to give their time, energy, and effort to this organization that we value so dearly (OK, some may actually have magical leadership powers but that is definitely not a prerequisite).

This column signals the time of year when our committee, the Leadership and Elections Committee, begins its task of recruiting members to fill the slate of nominees for elected offices. I have met so many smart, dedicated, and committed members of ABCT, and many of them already serve in leadership roles in their practices, their departments, or in other professional organizations (which shall not be named). I encourage you to think about whether you

might be in a position to run for one of these elected offices or, if not this year, whether you can think of any of the "us" among the membership who might be well-suited for that task.

There are many reasons why extremely qualified members might count themselves out from pursuing elected office at ABCT. Some members might be concerned about the time commitment, or be concerned that they don't know enough about the governance structure of the organization. Others may worry, as I once did, that leaders require some greater skill and knowledge than we possess. To that end, I would encourage anyone in that position to engage heartily in some reality testing, or to be in touch with any of the Leadership and Elections Committee members. We would be happy to talk through any member's potential candidacy with them.

For the 2017 election, we are recruiting for the President-Elect (2017-18), and for a Representative-at-Large (2017-20). Each of the Representatives-at-Large serves as a liaison to one of the branches of the association. The representative position up for 2017 election will serve as the liaison to the Membership Issues Coordinator and Committees. This individual's term of office will be from November 2017 to November 2020.

All full members in good standing are eligible to be nominated, and there is no limit to the number of members you can nominate for any of the positions. According to ABCT's bylaws, we require two candidates for President-Elect and three candidates for Representative-at-Large to successfully run the election. Electioneering starts at the Annual Convention. So, if you have a candidate in mind, or wish to nominate yourself, start the campaign now with the nominations and go to the Annual Convention and start making your case to the electorate. Remember, the candidates with the most nominations will ultimately be the only official names on the ballot: two for President-elect and three for Representative-at-Large.

Note that our committee was approved by the Board of Directors this past summer for a 3-year term (2016-19). David Pantalone (david.pantalone@umb.edu), from the University of Massachusetts Boston, completed a 3-year term as a member and will serve as chair for the next term. The newly appointed members are Patricia DiBartolo (pdibarto@smith.edu), of Smith College, and Kristen Lindgren (kpl9716@u.washington.edu), of the University of Washington School of Medicine. I would like to extend my heartfelt thanks to Christopher Martell, Chair, and member Debra Kaysen for their service on the committee in 2013-16.

One of the goals of the committee is to increase participation in the election process and, to that end, we are considering ways to further streamline the nomination and election process. Please know that such efforts are underway and, if you have any feedback or ideas, please don't hesitate to share them with me: david.pantalone@umb.edu

I nominate the following individuals:

PRESIDENT-ELECT (2017-2018)

REPRESENTATIVE-AT-LARGE (2017-2020)

NAME (printed) _____

SIGNATURE (required) _____

Every nomination counts! Encourage colleagues to run for office or consider running yourself. Nominate as many full members as you like for each office. The results will be tallied and the names of those individuals who receive the most nominations will appear on the election ballot next April. **Only those nomination forms bearing a signature and postmark on or before February 1, 2017, will be counted.**

Nomination acknowledges an individual's leadership abilities and dedication to behavior therapy and/or cognitive therapy, empirically supported science, and to ABCT. When completing the nomination form, please take into consideration that these individuals will be entrusted to represent the interests of ABCT members in important policy decisions in the coming years. Contact the Leadership and Elections Chair for more information about serving ABCT or to get more information on the positions.

Please complete, sign, and send form to: David Pantalone, Ph.D., Leadership & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.

call

for

Continuing Education Sessions

Submission deadline:
February 1, 2017

51st Annual Convention
November 16–19, 2017
San Diego

Submissions will now be accepted through the online submission portal, which will open on Wednesday, November 2, 2016.

Submit a 250-word abstract and a CV for each presenter. For submission requirements and information on the CE session selection process, please visit www.abct.org and click on "Convention and Continuing Education."

Workshops & Mini Workshops | **Workshops** cover concerns of the practitioner/ educator/researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday. Please limit to no more than 4 presenters. **Mini Workshops** address direct clinical care or training at a broad introductory level. They are 90 minutes long and are scheduled throughout the convention. Please limit to no more than 4 presenters. *When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.*

For more information or to answer any questions before you submit your abstract, contact **Lauren Weinstock, Workshop Committee Chair**
workshops@abct.org

Institutes | Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday. Please limit to no more than 4 presenters.

For more information or to answer any questions before you submit your abstract, contact **Christina Bosseau, Institute Committee Chair**
institutes@abct.org

Master Clinician Seminars | Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday through Sunday. Please limit to no more than 2 presenters.

For more information or to answer any questions before you submit your abstract, contact **Sarah Kertz, Master Clinician Seminar Committee Chair**
masterclinicianseminars@abct.org

to be presented at the 51st Annual Convention in San Diego

Career/Lifetime Achievement

Outstanding Contribution by an Individual for Research Activities

Outstanding Training Program

Nomination deadline: March 1, 2017

Distinguished Friend to Behavior Therapy

Nomination deadline: March 1, 2017

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

Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. This award includes a cash prize to support travel to the ABCT Annual Meeting and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: 1) Candidates must be active members of ABCT, 2) New/Early Career Professionals within the first 5 years of receiving his or her doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care.

Applicants should submit: Nominating Cover Letter, CV, Personal Statement up to three pages (statements exceeding 3 pages will not be reviewed), and 2 to 3 supporting letters. Application materials should be emailed as one pdf document to Awards.ABCT@gmail.com. Include candidate's last name and "Albano Award" in the subject line. Also, mail a hard copy of your submission to ABCT, Anne Marie Albano Early Career Award, 305 Seventh Ave., New York, NY 10001.

This award is made possible by a generous donation to ABCT. A family who benefitted from CBT and knows of Dr. Albano's work expressed wanting to see others benefit from CBT and CBT-trained therapists

Nomination Deadline: March 1, 2017

Student Dissertation Awards

- Virginia A. Roswell Student Dissertation Award (\$1,000) • Leonard Krasner Student Dissertation Award (\$1,000)
- John R. Z. Abela Student Dissertation Award (\$500)

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2016. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to awards.abct@gmail.com. Include candidate's last name and "Student Dissertation Award" in the subject line. Also, mail a hard copy of your submission to ABCT, Student Dissertation Award, 305 Seventh Ave., New York, NY 10001. **Nomination deadline:** March 1, 2017

President's New Researcher Award

ABCT's 2016–2017 President, Gail Steketee, Ph.D., invites submissions for the 39th Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of \$500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field. While nominations consistent with the conference theme are particularly encouraged, submissions will be accepted on any topic relevant to cognitive behavior therapy, including but not limited to topics such as the development and testing of models, innovative practices, technical solutions, novel venues for service delivery, and new applications of well-established psychological principles. **For complete instructions, visit <http://www.abct.org/Awards/>**

Submission deadline: August 1, 2017

Nominations for the following award are solicited from members of the ABCT governance:

Outstanding Service to ABCT

Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to awards.abct@gmail.com. Include "Outstanding Service" in the subject line. Also, mail a hard copy of your submission to ABCT, Outstanding Service to ABCT, 305 Seventh Ave., New York, NY 10001.

Nomination deadline: March 1, 2016

the Behavior Therapist

Association for Behavioral
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