

# *the* Behavior Therapist

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## PRESIDENT'S MESSAGE

### The State of ABCT

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



THE 48TH ANNUAL CONVENTION in the City of Brotherly Love was phenomenal! We had close to 3,700 attendees. And how about that new convention app!? I enjoyed seeing all the pictures and comments that were posted.

A shout out to Kevin Chapman, 2014 Program Chair, and our Convention and Education Coordinator, Jeff Goodie, for their outstanding work on the convention! For those of you who were unable to be in Philadelphia, or if you were there but missed the Annual Meeting of Members, let me take this opportunity to tell you about what's happening at ABCT—think of this as a “State of the Union” message.

Our membership has increased this year to nearly 5,000! The especially large increase among students suggests that ABCT is strong and has a bright future. David DiLillo, Membership Coordinator, and his committees, deserve much of the credit for this growth. Our online Find-a-CBT-Therapist has taken tremendous strides and now has its own domain name: [www.findcbt.org](http://www.findcbt.org). Please check it out and make use of it when considering referrals.

Our Publications Committee, led by Anne Marie Albano, also reported several achievements this past year. For example, the impact factors for both of our journals increased to all-time highs, showing the strength and respectability of these publications. We need to thank *Behavior Therapy* editor Michelle Newman and *Cognitive and Behavioral Practice (C&BP)* editor Steve Safren for their tireless

[continued on p. 3]

# the Behavior Therapist

*Published by the Association for  
Behavioral and Cognitive Therapies*

305 Seventh Avenue - 16th Floor  
New York, NY 10001 | www.abct.org  
(212) 647-1890 | Fax: (212) 647-1865

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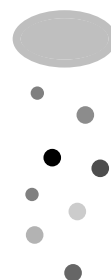
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**Subscription information:** *tBT* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at \$40.00 per year (+\$32.00 air-mail postage outside North America). **Change of address:** 6 to 8 weeks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

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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](mailto:bdeacon@uow.edu.au). Please include the phrase ***tBT submission*** and the author's last name (e.g., ***tBT Submission - Smith et al.***) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

work. Please submit to our journals! *Behavior Therapy* is especially interested in meta-analyses and ideas for special series. Clinically oriented papers and ideas for special sections are most welcomed at *C&BP*.

Brett Deacon, editor of *the Behavior Therapist (tBT)*, has also done a wonderful job embracing the Board's vision of *tBT* as an accessible, informative outlet of news concerning the organization and its functions. Brett's special series of articles on prescription privileges for psychologists sure made a splash! For a few weeks, I couldn't walk down the hallway without hearing someone talking about those thought-provoking papers (check it out online if you haven't done so already: <http://www.abct.org/Journals/?m=mJournal&fa=tBT>). Brett has more great ideas for future issues, but *tBT* needs your submissions as well.

Our website is once again getting an upgrade with even more dynamic content to keep members, students, and consumers in the know about CBT and ABCT. Please go on social media and post or tweet about ABCT and the latest news related to CBT as we strive to keep our organization and its mission in the public eye. Follow us on Twitter at @ABCTNOW and our new Publications Committee handle, @ABCT-Pubs. We have also formed a Speakers Bureau and Media Response Team to further enhance our presence.

Our association is extremely fiscally sound and has a surplus of funds for 2015. Karen Schmalings, Secretary-Treasurer, and the Finance Committee have carefully guarded your dues dollars and ensured that they are spent wisely. The majority of our income comes from our Annual Convention, followed closely by membership dues and our publications. This year, we started a Development Committee to raise additional funds for initiatives that these sources do not traditionally finance. To date, we have raised almost \$7,000 more than in any of the past 10 years, and I especially want to thank everyone who made a donation during the Friday-evening cocktail party at the convention this year. We raised a combined \$900 that evening alone. Please check out our updated donation page on the ABCT website and consider giving to the association. Your generosity will help support student research and student travel to the convention next year.

Of course, our fantastic ABCT Central Office staff deserves enormous credit and thanks for their hard work overseeing the daily management of the association. This

past convention was Mary Ellen Brown's last with ABCT as she has decided to retire after 39 years on staff. We will miss her extensive knowledge and expertise in so many areas that have contributed to the success of our association over the years. At the same time, we welcome Tammy Schuler—our new Director of Outreach and Partnerships—to the Central Office. Tammy's expertise and charisma open new and exciting doors for ABCT as we work to align ourselves with like-minded organizations and policymakers to disseminate CBT and make the public more aware of who we are and what we do.

It is an honor to take on the position of President of ABCT, and I am in awe of the strength and health of our organization. We have many active committees and strong committee chairs. We are growing in every way. I want to thank Dean McKay, the immediate Past President; Stefan Hofmann, 2012–2013 President; and all the board members, coordinators, and committees for building such a strong organization! I also want to encourage you to become more active in the association during this exciting time. Join a committee, chair a committee, or run for office. Nominations for President-Elect and Representative-at-Large are due February 1 ([http://www.abct.org/docs/Members/Nomination\\_Form\\_2015.pdf](http://www.abct.org/docs/Members/Nomination_Form_2015.pdf)). Please nominate people for these positions... and then please vote. Best wishes for a happy and healthy 2015!

...

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## Find a CBT Therapist



*ABCT's Find a Therapist has changed! Now called **Find a CBT Therapist**, our search engine still offers the basics of locating a therapist but has added advanced search capabilities. For example, Find a CBT Therapist enables the user to take a Symptom Checklist, review specialties, link to self-help books, and search for therapists based on insurance accepted. We urge you to sign up for the **Expanded Find a CBT Therapist** (an extra \$50 per year). That way, potential clients will see what insurance you accept, your practice philosophy, your website, and other practice particulars.*

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## Cognitive Behavioral Master's Programs: An Updated Resource for Applicants and Advisors

Sydney Tafuri, Anna E. Jaffe, David DiLillo,  
*University of Nebraska-Lincoln*

IN 2005, EVANS AND TIMMONS published an article in *the Behavior Therapist* that outlined the utility of the master's degree option for students seeking an advanced degree in psychology. The article included descriptions of seven behaviorally oriented master's programs with an applied or basic science orientation. Over the years, we have found this article to be immensely helpful in facilitating career decisions and advising undergraduate students seeking strong foundational training at the master's level. However, it has been a decade since the Evans and Timmons article was published, and the inevitable changes in program faculty, curricula, and research and practicum opportunities have reduced the utility of that information for current students. Nevertheless, there remains a large and growing interest in psychology master's programs. Data from the American Psychological Association's (APA's) annual survey on Graduate Study in Psychology reveals that the number of students enrolled in clinical and counseling master's psychology programs has increased over 20% from 10,841 in 2009 to 13,057 in 2013 (G. A. Fowler, personal communication, March 26, 2014). Recognizing the growing interest in master's-level training, APA's Bureau of Educational Affairs has established a task force to develop a set of guidelines for master's programs.

Given the continued interest in master's-level training over the past decade, we set out to update Evans and Timmons' (2005) article with the goal of providing students and advisors a sampling of current cognitive-behavioral master's programs. Our hope is that the various groups of applicants who consider master's programs may find this to be a useful resource. These programs may be appealing to those who desire a terminal master's degree (e.g., to become a master's-level therapist). Other applicants may be undecided about pursuing a doctoral degree and opt for a master's program to "test the waters" of graduate training before committing to a doctoral program. These pro-

grams may also be attractive to students seeking to strengthen their application for admission to highly competitive doctoral programs. For these individuals, a master's program may be an effective means of acquiring the academic, research, and clinical experiences needed to gain admission to doctoral programs.

Based on a review of the APA Accredited Programs in Counseling and Clinical Psychology list and Norcross and Sayette's (2012) *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology*, we invited program directors at universities offering terminal master's degrees in clinical or counseling psychology to submit brief descriptions of their programs for inclusion in this updated listing. An email solicitation was also sent to the Association for Behavioral and Cognitive Therapies list serve requesting information on master's programs that (a) train students in cognitive behavioral approaches; (b) adhere to a scientist-practitioner training model; and/or (c) are geared toward preparing students for doctoral study. Program directors were asked to provide a short description of their master's program, including: (a) an overview of the program/training model; (b) a description of any unique practice and research training experiences; (c) descriptive information regarding student outcomes following graduation; and (d) contact information for the program and program director.

We received a total of 17 submissions from master's program directors or other faculty representatives. Below we include eight of these descriptions. These programs were selected based on their self-described cognitive behavioral focus and to represent a range of geographic locations. Although space considerations limit the number of submissions that can be printed here, all 17 descriptions can be accessed on the ABCT website (<http://www.abct.org/Resources/?m=mResources&fa=StudentResources> and then click "Cognitive Behavioral Master's Programs"). In addition to the eight submissions featured here, this web

resource contains descriptions of the following programs:

- American University
- Holy Family University
- Southern Illinois University, Edwardsville
- Towson University
- University of Hawaii at Hilo
- University of Northern Iowa
- University of South Carolina Aiken
- University of Southern Mississippi
- Wake Forest University

### Appalachian State University

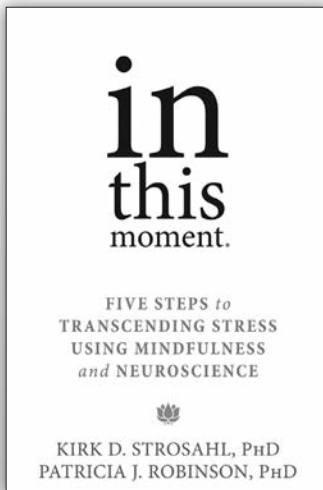
#### Program Overview

Appalachian State University offers a master's program with a clinical track that either provides students with the skills and qualifications necessary to become master's-level clinical practitioners (e.g., in North Carolina, Licensed Psychological Associates) or prepares them for advanced doctoral-level work in clinical or health psychology. The program involves four semesters of coursework in research methods, professional issues in psychology, intelligence and personality assessment, health psychology and behavioral medicine, community psychology as well as diagnosis and treatment of psychological disorders for adults and children. Beginning and advanced clinical practicum courses focus on empirically supported cognitive-behavioral therapies, including motivational interviewing, mindfulness, transdiagnostic approaches, and traditional CBT. All core faculty members are licensed psychologists with a primarily CBT orientation, most are active practitioners, and all have at one time or another been active in ABCT; we believe that our clinical experiences translate into better guidance regarding the translation of research-based protocols into practice.

#### Unique Practice and Research Opportunities


The Department of Psychology maintains a Psychology Clinic (<http://psych-clinic.appstate.edu>) that is open to the general Boone community and where our master's trainees commonly practice during one of their practicum placements. The training opportunities at the clinic map onto the assessment and treatment specialties of its faculty directors, Drs. Josh Broman-Fulks and Will Canu, specifically cognitive assessment (including ADHD, learning disabilities, and memory dysfunc-

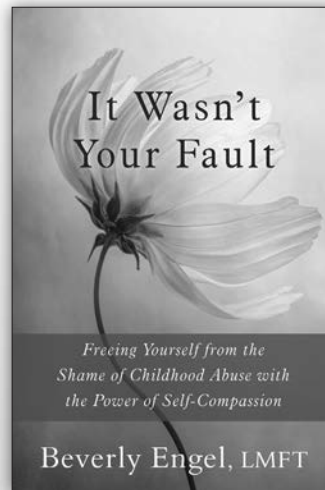
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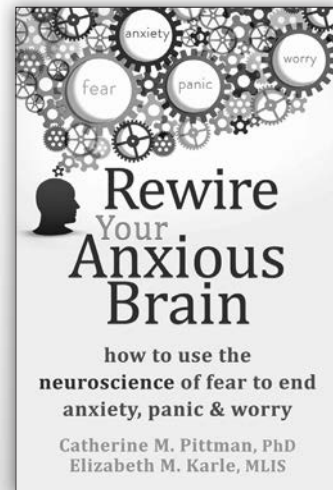
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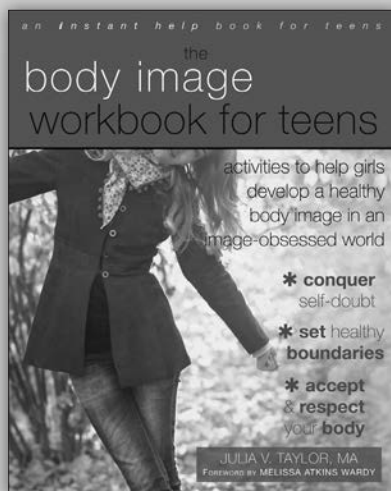
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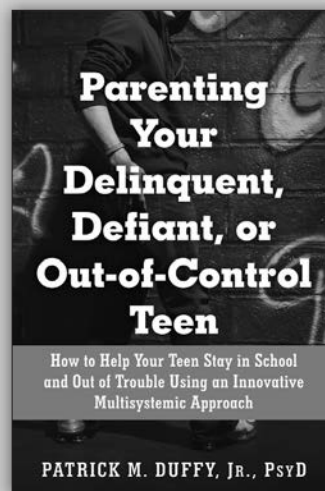
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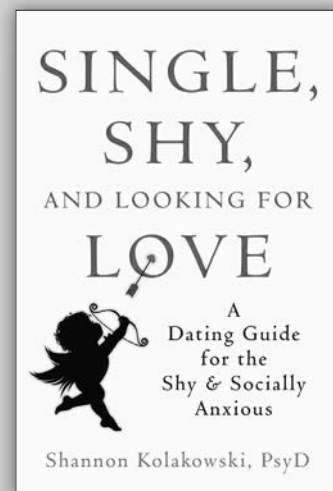
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tion) and empirically based intervention for anxiety and mood disorders as well as child behavioral problems. Dr. Cynthia Anderson has also developed a training opportunity at the clinic for graduate students to learn and practice the Family Checkup (<http://cfc.uoregon.edu/intervention-fcu.htm>), a brief and validated intervention that uses applied behavioral techniques to address a broad range of transdiagnostic concerns. Drs. Kurt Michael and John Paul Jameson supervise students working in several area high schools in the ASC (Assessment, Support, and Counseling) Centers (<http://ihhs.appstate.edu/services/asc>), where a mix of short- and longer-term cognitive-behavioral, suicide prevention, and solution-focused interventions are employed. Other regular practicum opportunities include the University Counseling and Psychological Services Center (<http://counseling.appstate.edu/index.php>) and either behavioral health or cardiac rehabilitation services at Cannon Memorial Hospital (<https://www.apprhs.org/cmh>).

One unique aspect of our master's program is that our students are required, in addition to two practica, to complete a 600- to 1,000-hour internship following the completion of their other coursework. While the placements described above have accommodated interns in addition to practicum students, our master's candidates have great leeway in selecting internships. The program director works with each student to arrange internships that are both geographically and clinically appealing. Examples of other internship settings include state prisons, eating disorder inpatient/intensive outpatient facilities, and inpatient psychiatric hospitals. Following completion of our program, students may apply to the NC Psychology Board to take the EPPP national exam and, with a passing score, to become a Licensed Psychological Associate (<http://www.ncpsychologyboard.org/index.htm>).

Clinical master's students are required to either complete an empirical thesis or complete additional coursework through a nonthesis track. Those interested in continuing to doctoral training are typically encouraged to take the thesis track. The program makes a concerted effort to match each incoming student, regardless of track, with a faculty mentor, based on mutual clinical and/or research interests.

### ***Student Outcomes***

Historically, about half of our alumni have continued on to doctoral-level programs, either directly following graduation or after a year or two in clinical practice. Others elect to practice professionally in North Carolina or elsewhere with a master's-level license. Among recent graduates (incoming cohorts of Fall 2011, Fall 2010, Fall 2009), 55% (11/20) have subsequently matriculated at APA-accredited clinical or school psychology doctoral programs, and this represents an actual success rate of 85% (11 admitted/13 applying).

### ***Contact***

- <http://clinicalpsych.appstate.edu>
- Program Director: Dr. Lisa Curtin, [curtinla@appstate.edu](mailto:curtinla@appstate.edu), 828-262-2272.

## **Assumption College**

### ***Program Overview***

Assumption College, located in Worcester, Massachusetts, offers the Master of Arts degree in Counseling Psychology. This is a 60-credit degree program that prepares graduates for a career as a Licensed Mental Health Counselor/Licensed Professional Counselor. Graduates of the program are eligible for licensure in most states as an LMHC or LPC. The curriculum includes both didactic and experiential components that provide students with the skills to be competent in conducting CBT with a wide variety of clinical problems like aggressive behaviors in children, ADHD, depression, anxiety, and substance abuse.

Using a scholar/practitioner model, the program is built on a set of competencies in five domains: (a) developing an interpersonal relationship with clients, (b) evidence-based clinical assessment, (c) implementing evidence-based interventions, (d) evaluating psychological research, and (e) ethical and professional conduct. Assessment of student learning outcomes for these competencies indicates that almost all students achieve a high level of mastery for all competencies.

The program accepts both full-time and part-time students, and students can enter the program during the fall, spring, or summer semesters. Full-time students can complete the program in six semesters (2 years). Part-time students have up to 7 years to complete the program. The typical student completes the program in 7 semesters.

Along with a practicum and two-semester internship, the curriculum includes

four elective courses allowing students to develop specialized skills in working with particular client groups and in using specific evidence-based interventions. These courses emphasize skill development and most courses emphasize the use of flexible manual-based protocols. A hallmark of the program is the integration of the CBT case formulation model across all levels of the curriculum.

### ***Unique Practice and Training Experiences***

The program offers two optional concentrations. In selecting their advanced elective courses, students usually complete one or both concentrations. The concentration in cognitive-behavioral therapies reflects the faculty expertise in this form of treatment. Examples of courses in this concentration are Cognitive-Behavioral Interventions for Depression and Anxiety, Cognitive-Behavioral Assessment of Adults, and Cognitive Therapy for Family of Origin Issues. The concentration in Child and Family Interventions reflects the faculty expertise in the areas of childhood trauma, adoption, school interventions, and major psychopathology in children, adults, and young adults in a variety of contexts. A broad developmental psychopathology perspective is integrated within this concentration. Examples of courses in this concentration are Cognitive-Behavioral Assessment of Children, Cognitive-Behavioral Interventions with Children, and Systems Interventions for Children.

The Counseling Psychology Program also hosts the Aaron T. Beck Institute for Cognitive Studies. This institute, which is a unique attribute of the program, enjoys the active support of Dr. Aaron T. Beck. This institute presents workshops and lectures offering intensive instruction in developments in CBT and related evidence-based interventions. The goal of Institute workshops is to provide mental health professionals, Assumption College students, and the community at large with expert information about CBT. Students enrolled at Assumption College can attend Institute events at no cost. The Institute grants a certificate to Master of Arts in Counseling Psychology students who complete the Concentration in Cognitive-Behavioral Therapies.

### ***Student Outcomes***

Within 3 months of completing the program 90% of students are working in a



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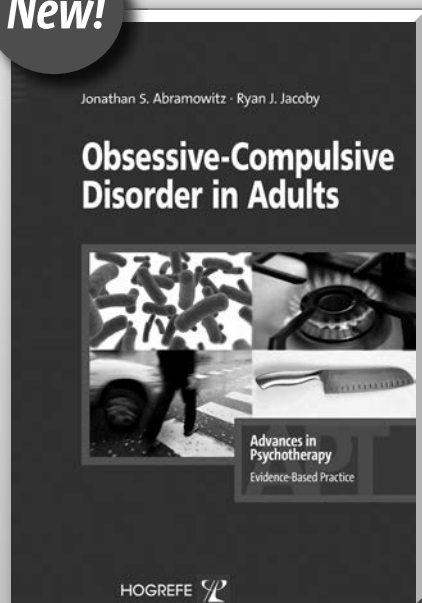
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Volume 31

2015, viii + 106 pp.

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Jonathan Abramowitz, PhD  
ABCT President 2014-2015



Ryan Jane Jacoby, MA

Cognitive-behavioral therapy using the techniques of exposure and response prevention has helped countless individuals with obsessive-compulsive disorder (OCD) overcome debilitating symptoms and live fuller, more satisfying lives.

This volume opens with an overview of the diagnosis and assessment of OCD in adults and delineates an evidence-based conceptual framework for understanding the development, maintenance, and treatment of obsessions and compulsions.

The core of the book that follows is a highly practical treatment manual, based on decades of scientific research and clinical refinement, packed with helpful clinical pearls, therapist-patient dialogues, illustrative case vignettes, sample forms and handouts. State-of-the-art strategies for enhancing exposure therapy using inhibitory learning, ACT, and couples-based approaches are described. Readers are also equipped with skills for tailoring treatment to patients with different types of OCD symptoms (e.g., contamination, unacceptable thoughts, challenging presentations such as mental rituals) and for addressing common obstacles to treatment. The book is an essential resource for anyone providing services for individuals with anxiety disorders.

#### Praise for the Book:

***"The authors have done a tremendous service to the profession and clinicians of all levels with this book. The research related to the conceptualization and treatment of OCD has burgeoned in recent years, and this book brings to providers a single, brief, highly approachable resource that will greatly facilitate the delivery of therapy to clients. This book is a 'must-read' for clinicians who expect to treat individuals with OCD."***

Dean McKay, PhD, ABPP, President (2013–2014), Association for Behavioral and Cognitive Therapies; Professor, Fordham University, Bronx, NY

***"Finally, an updated, concise text that covers all the 'OCD bases' from conceptualization to psychological treatment, including recent clinical advances such as ACT and inhibitory learning. Anyone interested in treating OCD needs to use this book as their guiding resource."***

Bradley Riemann, PhD, Clinical Director, OCD Center and CBT Services, Rogers Memorial Hospital, Oconomowoc, WI

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counseling-related position. These positions include outpatient clinics working with children, adolescents, adults, and families. Other settings include the public schools, residential treatment programs for adolescents, or substance abuse treatment programs. On average, 1 student per year enters a doctoral program in clinical or counseling psychology. A few graduates have entered master's-level psychiatric nurse practitioner programs.

#### **Contact**

- <http://graduate.assumption.edu/counseling-psychology/masterofarts>
- Program Director: Dr. Leonard Doerfler  
e-mail: [doerfler@assumption.edu](mailto:doerfler@assumption.edu)  
phone: (508) 767-7549.

### **Loyola University Maryland**

#### **Program Overview**

The Psychology Department at Loyola University Maryland offers graduate study leading to a Master of Science degree in Clinical or Counseling Psychology. Students can choose from two tracks: the thesis track prepares students for Ph.D. programs or master's-level research positions, whereas the practitioner track prepares students primarily for Psy.D. programs or for master's-level licensure as mental health counselors. Both tracks are 48 credit programs, and students have the ability to apply for a 12-credit option allowing them to complete a 60-credit master's degree required for professional counselor licensure in some states. The core coursework for both tracks provides a strong foundation for research and clinical practice, with courses in research methods, cultural diversity, biological bases, advanced psychopathology, assessment/appraisal, and ethics. CBT is introduced in Theories of Psychotherapy and practiced in the subsequent courses focusing on counseling skills and techniques where students apply CBT with undergraduate volunteers. Additional CBT training is offered in several elective courses including Advanced Techniques in Psychotherapy and psychotherapy models: cognitive therapy, behavioral therapy, CBT, Interpersonal Process Therapy (IPT), and acceptance and commitment therapy.

#### **Unique Practice and Research Opportunities**

Our program operates under the scientist-practitioner training model with an emphasis on creating a foundation of research-based knowledge and skills. Thesis track students work closely with their mentors and are required to defend (orally) their proposed thesis project. Thesis projects culminate in both a final oral defense and a written document.

The thesis track emphasizes research training and experience. Students complete two semesters of research methods and statistics courses and one semester of computer analysis of psychological data that is an intensive course in learning how to write SPSS syntax code to conduct various statistical analyses along with learning how to write up statistical findings. Outside of the classroom, students complete at least three semesters of thesis guidance, culminating in an empirical thesis. Students work closely with faculty mentors on their theses and often are able to incorporate clinical samples into their thesis projects via departmental faculty or through various collaborative relations with local researchers and institutions. In addition, thesis track students complete a minimum of one research externship (from a list of 50 research sites) that includes at least 150 hours of direct research experience.

#### **Student Outcomes**

Our recent graduates have been accepted into doctoral programs in schools such as Brandeis University, The Catholic University of America, Fordham University, James Madison University, University of Connecticut, University of Maryland, University of Missouri, University of Notre Dame, and Uniformed Services University of the Health Sciences. Within 2 years of graduating from our program, approximately 35% are in doctoral programs, whereas the rest typically have secured master's-level jobs in the mental health field as research assistants, project coordinators, or mental health providers.

#### **Contact**

- [www.loyola.edu/psychology/programs/masters](http://www.loyola.edu/psychology/programs/masters)
- Director of Program Operations: Traci Martino ([tpmartino@loyola.edu](mailto:tpmartino@loyola.edu) or 410-617-2175)

### **Murray State University**

#### **Program Overview**

The clinical psychology master's degree program at Murray State University is one of the few programs nationwide accredited by the Master's in Psychology and Counseling Accreditation Council (MPCAC). The program and its curriculum follow the scientist-practitioner model advocated by this accrediting body, which is reflected in the program's structure and focus. Students complete a series of clinical courses, followed by a two-term clinical practicum, as well as a series of research methods/statistics courses, followed by a research-based master's thesis. Courses are organized to facilitate progress through both important areas of the program. Students begin their core clinical and research methods/statistics courses in their first year so they may begin their thesis and/or practicum in their second year.

#### **Unique Practice and Research Opportunities**

Clinical students receive instruction in diagnosis, which emphasizes the administration, scoring, and interpretation of a variety of intelligence and personality tests. The psychotherapy curriculum is primarily cognitive-behavioral in nature, though other techniques are presented. Students may take advanced therapy courses in behavioral applications and therapy. During the supervised two-term, 600-hour clinical practicum in the MSU Psychological Center, they provide therapy and assessments for children, adults and families from the university and surrounding community. While working at the Psychological Center, students are observed through two-way mirrors, and sessions are recorded for later viewing with their supervisor. Therapy and assessments are then carefully discussed during 1 hour of individual supervision and 1½ hours of group supervision each week, and difficult cases are also addressed during a weekly case conference. All of our supervisors are doctoral-level clinical psychologists and rank CBT as their primary orientation. Intensive supervision allows for a fine-tuning of clinical skills as well as an added assurance that the clinician is providing the best and most ethical services to the center's clients. Our graduates say that the Murray State clinical practicum prepared them well for the job market.

With respect to research, the Department of Psychology selects one to two professional conferences to support each year.



Students are encouraged to attend and/or present their research at these outlets, with some financial assistance from the department. In addition to their master's thesis, students also have opportunities to conduct additional research under the mentorship of our faculty. In 2012–2013, ten graduate students had published their research in peer-reviewed journals and many more had presented at professional conferences.

#### **Student Outcomes**

For many years, our program has been able to report 100% employment of our graduates who choose to move directly into clinical careers. Of those who begin work with their master's degree, some of the most common employment settings include private practices, group home and rehabilitative service providers, community mental health centers, psychiatric hospitals, school systems as well as a variety of in-home and day treatment options. The number of graduates who pursue doctoral-level training varies from year to year. Averaged across many years, approximately 20% of our graduates eventually obtain doctoral degrees in clinical (Ph.D. or Psy.D.) or counseling psychology.

#### **Contact**

- <http://www.murraystate.edu/ClinicalPsych>
- Program Director: Laura Liljequist, Ph.D., [lliljequist@murraystate.edu](mailto:lliljequist@murraystate.edu)

### **Texas A&M University – Corpus Christi**

#### **Program Overview**

The Department of Counseling and Educational Psychology at Texas A&M University–Corpus Christi, devoted to excellence in instruction, research, and service, prepares students based on the Boulder scientist-practitioner model. A culture of research and scientist inquiry is available to all students, many with varied backgrounds and experiences. The 60-hour master's program includes extensive studies in research, assessment, diagnosis, treatment planning, psychometrics, and evaluation. The coursework consists of 13 core courses and several electives. Students also engage in 700 hours of clinical experiences under the supervision of senior faculty.

Faculty serve as role models for students as related to both research and teaching. A number of students subsequently enter

doctoral programs. Both their master's and doctoral programs prepare them to become university faculty members with research agendas already established. Students work closely with faculty on joint research projects that lead to professional presentations and published refereed articles.

#### **Unique Practice and Research Opportunities**

The M.S. program operates on a scientist-practitioner model. Students are encouraged to use scientific inquiry in all of their courses and to develop research questions to be answered by engagement in applied research activities. All students are required to complete courses in assessment and statistics. A series of collaborative research teams are formed that include both faculty and students. A behavioral approach to clinical and research activity is infused throughout the curriculum. Research-based assignments are required in all courses.

Coursework focusing on clinical skill training is progressive, culminating in students working with clients who present with a wide range of mental health prob-



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- **“Building Skills to Create a Safe Harbor: Integrating CBT and Insight-Oriented Approaches in Clinical Practice and Training in an Agency Setting”** on Friday, 4:30-6:00 PM.

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lems. All students are supervised and follow APA, ACA, AAMFT and State Licensure Codes of Ethics. A major part of the students' clinical experience takes place in the department's Professional Training Clinic, where all sessions are videotaped or directly supervised behind one-way mirrors.

There are a number of unique aspects of this program. Collaborative research teams are formed, consisting of faculty and students. Six faculty members comprise a Dialectical Behavior Therapy (DBT) clinical and research team, the purpose of which is to train students in DBT and generate novel research on this evidence-based treatment. DBT training is infused throughout the coursework, and extra trainings are provided to interested students. Students are also invited to lead DBT skills groups under supervision during their practicum and internship experiences.

The Early Childhood Educational Center provides students and faculty with rich opportunities for research. Several faculty/student research teams are formed to study issues of importance to young children, grades K-5. The Science, Technology, Engineering, Mathematics ECDC team investigates methods to engage young students in the above disciplines.

The Clinical Mental Health Research Team, CMHRT, conducts research on the efficacy of counseling and uses data from the department's Professional Training Clinic.

The university is a Hispanic serving institution, and offers study-abroad opportunities in Costa Rica, focusing on culture, multiculturalism, and diversity. The Costa Rica Research Team includes faculty and students in joint projects in Costa Rica.

The Achievement Motivation Research Team is a collaborative effort consisting of students and faculty, studying the development of instruments to measure achievement motivation, methods to increase achievement motivation, and investigating the predictive value of achievement motivation on the performance of college students.

### **Student Outcomes**

A number of graduates immediately accept employment in community mental health settings, hospitals, schools, government organizations, and substance abuse treatment facilities. After gaining experience, a significant number of students enter a doctoral program. It is estimated that one fourth of the master's graduates

immediately enter a doctoral program, with the majority subsequently working as university professors.

### **Contact**

- <http://cnp.tamucc.edu/index.html>
- Department Chair: Dr. Robert L. Smith, [robert.smith@tamucc.edu](mailto:robert.smith@tamucc.edu) or 361-825-3377

## **University of Maryland, College Park**

### **Program Overview**

The Master's in Clinical Psychological Science program at the University of Maryland (UMD), College Park, is one of the first master's-level programs to focus exclusively on clinical psychological science. The goal of the program is to provide students with both a broad understanding of psychological principles and focused training in the establishment and evaluation of the evidence base for current assessment and therapy techniques. Specifically, the curriculum emphasizes cognitive behavioral approaches to psychological interventions. The degree is designed to be completed in 15 months over the course of five terms. Full-time students are expected to take two classes per term, which meet at the College Park campus after traditional working hours. Students complete a variety of coursework drawn from our APA-accredited doctoral program, including classes in adult and child psychopathology and evidence-based interventions, ethics, and diversity. The program also emphasizes career development and offers monthly workshops on topics related to pursuing doctoral-level education or employment in the research field. Students meet individually on a regular basis with a faculty mentor to identify educational and vocational goals and discuss student progress towards these objectives. Students are also encouraged to take part in additional research and clinical opportunities available to them both at the UMD campus and in the metro-DC area. By the completion of the program, students will be prepared for a range of careers in mental health and related areas (including research and education) and be well-positioned to apply for doctoral-level training in clinical or counseling psychology.

## **Unique Practice and Research Opportunities**

Students are offered a variety of experiences to learn more about psychological science, including opportunities to work on ongoing research projects with UMD faculty, take part in analyzing data and writing reports for peer-reviewed conferences and journals, and volunteer in a number of clinically oriented positions. The program culminates in the completion of a capstone project in which students review the literature on a disorder or treatment of their choosing, identify current gaps in the extant research, and propose a project that would address these gaps. Students then present their research at a scientific fair in which esteemed members of the psychological community review their work.

### **Student Outcomes**

The Master's in Clinical Psychological Science program at the University of Maryland enrolled its inaugural class in the fall of 2013. The first cohort of students will graduate in December of 2014 and many wish to pursue doctoral-level education following the completion of their master's degree. Nearly half of all students are involved in ongoing research in the psychological sciences, with many experiences culminating in the submission of a poster to a peer reviewed scientific conference.

### **Contact**

Website:

<http://psychology.umd.edu/grad/specialty.html#Clinical>

Program Director: Dr. Julia Felton,  
[jfelton1@umd.edu](mailto:jfelton1@umd.edu)  
[psycmasters@umd.edu](mailto:psycmasters@umd.edu)

## **University of the Pacific**

### **Program Overview**

University of the Pacific's Psychology Department offers an M.A. program of study focused on behavioral psychology, including applied behavior analysis, behavior therapy, and behavioral principles as they apply to health behaviors. We offer two options: one for students seeking to become Board Certified Behavior Analysts (BCBAs: [www.bacb.com](http://www.bacb.com)) and one for students seeking doctoral preparation to improve their chances of acceptance into applied behavior analysis or behavioral clinical or counseling doctoral programs. Students complete 26 units of coursework and 4 units of thesis, for a total of 30 units (16 units in the first year and 14 units in the

second year). We typically accept 6 to 9 students per year, allowing the faculty to give each student individualized attention. Our mission is to provide opportunities to students without the added burden of student loans; therefore, we provide students with strong financial support, including substantial tuition remission (typically 70% to 100% of tuition costs) and an assistantship-based stipend resulting in a total financial package of \$30,000+ per year.

### ***Unique Practice and Research Opportunities***

Our training is grounded in the Boulder scientist-practitioner model. We provide excellent M.A.-level preparation for doctoral work, with a course in research design, a 2-year research apprenticeship, an empirical thesis requirement, and strong emphasis on presenting research at conferences and publishing in peer-reviewed journals, providing the kind of research experience that doctoral programs seek in their applicants. Faculty research interests include parenting interventions and issues related to health, including college student alcohol use, smoking, environmental sustainability, and physical activity

among adults and children. Students interested in applying to doctoral programs typically earn their stipend through work as a teaching assistant, which provides teaching and supervising experiences typically valued by doctoral programs. Students interested in becoming BCBA's typically earn their stipend through applied work across a variety of settings and populations: adults with chronic mental illness, children and adults with developmental disabilities, and typically developing preschool children identified as having significant classroom behavior problems. Students earning their stipend through teaching assistantships may also have the opportunity to work in one or more of these settings during the summer months.

We offer a strong financial aid package combined with experience in varied teaching, applied, and supervising settings and a focus on research and professional development, all within an assigned mentor model housed in a department of tight-knit and supportive faculty.

### ***Student Outcomes***

Since 2004, approximately 43 students have completed our program; 18 (41%)

applied to doctoral programs nationwide and all were accepted into doctoral programs in the areas of clinical psychology (4), behavior analysis (7), educational or school psychology (5), and other related fields (2). Approximately 22 graduates obtained employment in the field of applied behavioral analysis, including becoming clinic directors, private vendors, and program coordinators. Other students have gone on to become research assistants (2) and special education teachers (1).

### ***Contact***

■ <http://www.pacific.edu/Academics/Schools-and-Colleges/College-of-thePacific/Academics/Departments-and-Programs/Psychology/Academics/Graduate-Program.html>

■ Associate Professor and Director of Graduate Studies:Carolynn Kohn, Ph.D., BCBA-D, [ckohn@pacific.edu](mailto:ckohn@pacific.edu).

### ***Western Carolina University***

#### ***Program Overview/Training Model***

The master's program in psychology (clinical concentration) at Western Car-



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olina University adheres to a scientist-practitioner model of training and is designed specifically to prepare students for doctoral-level study through rigorous coursework in core areas of psychology, active involvement in research, and the completion of an empirical thesis. The curriculum (53 credit hours over 2 years) includes required courses in cognitive assessment, personality assessment, evidence-based psychotherapy, cognitive and behavioral interventions, group psychotherapy, research methods, statistics, psychopathology, and neuropsychology. Training in CBT is offered through a two-course sequence, the first of which provides an introduction to EBT (i.e., theory and foundations, clinical interviewing, basic CBT framework and applications) and the second with a focus on CBT case conceptualization, treatment planning, and implementation of CBT utilizing our state-of-the-art training clinic.

### **Unique Practice and Research Opportunities**

A practicum experience (500 hours; 2 days/week in year two) with opportunity for supervision in CBT, DBT, behavior modification, assessment, consultation, and brief therapy is offered through a variety of agencies, including the VAMC, Department of Corrections, Jackson County Psychological Services (children and families), the Center for Research Assessment, and Treatment Efficacy (CRATE), WCU Counseling and Psychological Services (serving students), as well

as the Psychology Department's public facing clinic (serving the community/region). In addition to training in EBT and comprehensive report writing, our program has a strong emphasis on research. Each student who is accepted (typically 6 to 10 students/year) is matched with a faculty mentor and completes an independent research project in the first semester. This project may develop into the student's empirical thesis, which is proposed in the second semester. Throughout their time in the program, students are active members of research labs that encourage cross-disciplinary collaborations, peer mentoring, and the exploration of a wide range of populations and topics (e.g., veterans, families involved with child protective services, at-risk youth, and incarcerated adults). A number of opportunities for basic research (utilizing our undergraduate participant pool, eye-tracker equipment, etc.) are also available. In addition, students are expected to present at conferences (e.g., ABCT, APS) and to prepare/co-author manuscripts. Overall, our program operates in a very supportive environment that fosters student success, competence, and well-being.

### **Student Outcomes**

Given our mission, a majority of our students apply to doctoral programs and of those who apply, between 50% and 80% are accepted. Most recently, 7 of 10 students applied, and of those, 6 were accepted into doctoral programs for 2014-15. For example, recent graduates will enter Ph.D. pro-

grams at the University of Virginia, Virginia Tech, Central Florida, East Tennessee State, Texas Tech, and South Alabama. Graduates who do not pursue doctoral study are eligible for licensure as a psychological associate in North Carolina and are successful in landing paid positions as mental health professionals, research assistants, or adjuncts.

### **Contact**

■ <http://www.wcu.edu/academics/departments-schools-colleges/CEAP/ceap-depts/psydept/psychology-curriculum/psygrad/clinical-psychology-program/>  
 ■ Program Director: Kia Asberg, Ph.D., [kasberg@wcu.edu](mailto:kasberg@wcu.edu) (828-227-3451)

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## **SCIENCE FORUM**

# **Debunking RDoC Myths**

Kimberly A. Van Orden, *University of Rochester School of Medicine*

Patricia A. Areán, *University of California, San Francisco*

DEACON'S (2014) SATIRIC LOOK at NIMH's Research Domain Criteria (or RDoC for short) in *the Behavior Therapist's* Lighter Side section, while truly humorous, is, in our opinion, an imprecise depiction of this research agenda and may serve to reinforce several myths about RDoC that we have found to be prevalent among psychologists. The myths are as follows: RDoC is all about genetics and biomarkers; psychologists aren't positioned to be contributors to RDoC science; and RDoC deemphasizes

the importance of psychotherapies for psychopathology. In this article, we aim to debunk those myths. Deacon's depiction of RDoC was of a system that is not psychology-friendly. While we believe RDoC is imperfect, we also believe some clarification regarding its goals, assumptions, and opportunities are needed.

The RDoC project ([www.nimh.nih.gov/researchpriorities/rdoc/index.shtml](http://www.nimh.nih.gov/researchpriorities/rdoc/index.shtml)) is a research initiative to better describe the behavioral problems clinicians face on a

day-to-day basis, and to develop smart and targeted interventions for mental health problems (Cuthbert & Insel, 2010). The need for RDoC arises from the fact that for many severe mental illnesses (e.g., psychosis), the treatments available are marginally effective and carry considerable side effects that significantly impinge on client quality of life, almost as badly as the illness being treated. RDoC also responds to clinician observations that not all clients within a given diagnostic category (e.g., major depression) respond well to existing treatments. The assumption behind RDoC is that our current classification system (DSM and ICD) does not fully capture the nuances within each illness and therefore has outlived its usefulness as a research classification system. Both Insel and Cuthbert have also stated clearly that RDoC is not meant to be a bible to be held to and adopted religiously but rather to be the

starting point for new and exciting discoveries in mental health. RDoC is based on a dimensional model of psychopathology, which includes observable behavior, neurobiological measures, and biomarkers (genetics). In concrete terms, the RDoC is a series of biobehavioral systems that are hypothesized to play an etiological role in psychopathology (Insel, 2014)—the negative valence system, positive valence system, cognitive systems, systems for social processes, and arousal and regulatory systems. For each domain, there are numerous constructs and subconstructs; for example, for the negative valence system, fear, anxiety, and loss are included constructs. Then, it is up to the researcher to choose at which level(s) of analysis he/she wishes to measure the chosen construct, ranging from genes to molecules to circuits to behavior and self-reports. Next, we offer three myths—and corresponding facts—about RDoC, in the service of correcting what we believe to be misinformation about this framework.

### **Myth 1: RDoC Is All About Genetics and Biomarkers**

This myth concerns the misperception that RDoC's emphasis on mental disorders as brain circuits means that psychological, social, and environmental factors are unimportant. Deacon (2014) provided a fictitious NIMH press release in the form of a Mad Libs game with two choices to "fill in the blanks." As an example, one of the choices was as follows: "Indeed it has become an NIMH mantra to describe mental disorders as \_\_\_\_\_ (brain disorders; caused by the complex interaction of biological, psychological, and environmental factors)." This example reinforces the myth that RDoC is all about genetics and biomarkers and deemphasizes the role of the environment in shaping outcomes. It is our assertion that an RDoC perspective would choose both answers as accurate definitions of mental disorders.

#### ***Fact 1: RDoC Is Grounded in Behavior and Includes Environmental Influences***

The core of the RDoC matrix is a series of behavioral constructs, such as fear, reward learning, attention, attachment, and sleep. The role of genetics and biomarkers is through measurement of these constructs at multiple levels of analysis—it is biomarkers and genetics in addition to behavior, not in exclusion of (Insel, 2014). Further, interactions between the environment are key in determining biological and

psychosocial manifestations of psychopathology. The reason biomarkers are emphasized in RDoC is the overarching hypothesis that behavioral manifestations of psychopathology appear later in the trajectory of development of psychopathology. Coming from a multiple-levels-of-analysis model, the biological changes in the brain that underlie maladaptive anxiety, for example, likely occur before the behavioral manifestations appear. RDoC proposes this hypothesis because it has real clinical implications for intervening in the development of psychopathology. For example, if it turns out to be true that neurobiological changes occur before the behavioral manifestation, it could be possible to prevent the downstream expression of the behavioral symptoms by interrupting the trajectory toward anxiety.

### **Myth 2: Psychologists Aren't Positioned to be Contributors to RDoC Science**

#### ***Fact 2: Psychologists Are Well Trained to Study Experimental Therapeutics***

Let's start with the fact that a psychologist, Bruce Cuthbert, is a champion of RDoC (Cuthbert & Insel, 2010). Further, RDoC moves away from a causally agnostic classification system to a framework that emphasizes etiology and mechanisms (Insel, 2014). Psychologists are trained in experimental methodology—and a cornerstone of RDoC is "experimental therapeutics" in which interventions are used as experimental manipulations to test underlying disease mechanisms (as well as to test the efficacy of an intervention). Further, because much of our work involves examining psychological mechanisms of disease processes, a focus on mechanisms is highly compatible with a psychological framework. Finally, some of the RDoC subconstructs were identified by clinical psychologists—specifically behavioral clinical psychologists—such as Martin Seligman (learned helplessness) and reward valuation (B. F. Skinner).

### **Myth 3: RDoC Deemphasizes the Importance of Psychotherapies for Psychopathology**

#### ***Fact 3: RDoC Can Be Very Informative in Refining Our Psychotherapies***

In the description of RDoC, it is repeatedly emphasized that interventions should not be equated with pharmacological treatment. Just because one measures a bio-

marker of inflammation, such as IL-6, does not mean that the intervention must be a medication. Mindfulness-Based Stress Reduction, among other therapies, for example, has been found to alter inflammatory biomarkers. RDoC emphasizes multilevel analysis and the connection between body and behavior. Further, there was a recent Request for Applications (RFA) from NIMH specifically calling for the examination of psychotherapies and the examination of mechanisms of their effectiveness ("Confirmatory Efficacy Clinical Trials of Non-Pharmacological Interventions for Mental Disorders [R01]; RFA-MH-15-340). Finally, as an example of how using an RDoC framework can enhance our interventions, consider the example of ENGAGE, a behavioral intervention for late-life depression (Alexopoulos & Arean, 2014). This intervention was designed to increase "reward exposure" in order to target dysfunction in the positive valence system in late-life depression. Illuminating this target allowed a more complex intervention to be simplified and distilled to its key components. Further, the intervention uses a stepped-care approach that targets other behavioral domains that may play a role in late-life depression, including "negativity bias" (i.e., the negative valence system), "apathy" (i.e., the arousal system), and "emotional dysregulation" (i.e., cognitive control system). Thus, focusing on the biobehavioral mechanisms whereby the treatment may be effective allows for personalized medicine.

In debunking these myths, we hope we have convinced the reader that RDoC is not "anti-psychologist" or "anti-behavior therapy." Rather, it is a different way of conceptualizing psychopathology that pushes psychologists to use a multilevel model in their case formulations and scientific studies. We will end by suggesting that RDoC is not only not anti-psychologist, but could actually benefit psychologists—not just those conducting research, but also those providing direct psychological services. We propose that RDoC may benefit psychologists and their patients by providing a streamlined and personalized approach to choosing treatments. For example, in an RDoC framework, a clinician might assess a patient with suicide ideation. She might then assess specific psychopathological features known to be associated with suicide ideation, such as poor emotion regulation. This type of assessment would be emphasized over (or in addition to) determining a diagnostic

label (e.g., major depressive disorder, borderline personality disorder, social anxiety disorder). Further, an RDoC framework includes specifying the underlying behavioral mediator—in other words, what accounts for why the patient with emotion regulation problems also has suicide ideation? One hypothesis would be deficits in cognitive control such that the person has difficulties distinguishing threatening cues from neutral cues. Consideration of this mechanism points towards treatment: treatment might involve attention retraining focused on reduced attention to negative cues, or teaching the patient to check his/her assumptions about neutral situations. Then, the outcomes of treatment would be assessed—those of the mediator, which would hopefully show increases in cognitive control—and the target—improved emotion regulation. This is merely one example and is designed to illustrate the process whereby an RDoC framework may generate research that is highly clinically relevant and will provide

clinicians with a simpler way of managing several disorders characterized by a common underlying psychopathological problem.

Finally, just as we teach our CBT clients, we suggest that the most helpful attitude to have toward RDoC is one of curiosity—it is an imperfect perspective, but one that has merits and things to offer us as scientists, practitioners, and consumers of CBT.

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This research was supported in part by Grant No. K23MH096936 from the National Institute of Mental Health. No disclosures.

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## LEGISLATIVE AND PROFESSIONAL ISSUES

### The Entrepreneurial Professor: An Oxymoron or a Necessity?

William O'Donohue and Cassandra Snipes,  
*University of Nevada, Reno*

Christopher Howard, *University of Nevada,  
Reno Entrepreneurial Initiative*

Josh Medjuck, *University of Nevada, Reno*

AN INCREASING NUMBER OF COGENT arguments propose that the current system of higher education cannot continue to sustain itself financially using the funding model that it has relied upon for decades (Christensen & Eyring, 2011). There are many reasons for this change: protracted national—and even international—economic hardships; dramatically shrinking state revenues—that have produced dramatic reductions of public funding of state university systems; a lack of substantial improvements in productivity of its professorship that relies on perhaps outdated commitments to traditional face-to-face instruction with small classes with little reliance on innovative technologies such as

web-based instruction and distance learning; multiple annual tuition increases greater than the general rate of inflation; lower indirect cost rates for research grants; higher overhead costs for traditional amenities such as residence halls and intercollegiate sports; and a lack of emphasis on entrepreneurship activities and development of the skill set necessary to successfully engage in such activities (Christensen & Eyring).

Arguably the most important change in recent years is that state and other government agencies are significantly reducing higher education funding due to their recent budget crises. State legislators are increasingly faced with Hobson's choices

regarding multiple worthy dependents for state revenues and have often decided to slash funding to higher education due to its status as often the largest discretionary item in the state budget (Christensen & Eyring, 2011). For example, in the 2012 fiscal year, the University of Nevada, Reno suffered a budget reduction of \$20.6 million, with more than \$75 million cut since 2009—a 20% reduction to the university's annual general fund appropriation (Johnson, 2011; Martinez, 2011). Similarly, the state cut \$650 million from the California State University system (Flynn, 2011), while increasing tuition 16% in the 2012-2013 academic year (Garcia, 2011). Currently, in-state tuition is nearly \$35,000 and out-of-state yearly expenses are roughly \$55,000 when including the cost of room and board. Penn State University's tuition has doubled in the past decade (Murphy, 2012) and the University of Illinois recently has also put into place an 18% hike in tuition and fees (Blose, 2010). There is a limit to which tuition can replace shrinking state support—there is already a strong backlash regarding these high and rapidly increasing tuition costs as a basic college education is becoming less affordable, especially to the middle class. Although it is easy to demonize politicians for these cuts, the economic reality is that shrinking state revenues often force difficult choices regarding cuts to higher education. Fur-



thermore, it is also the case that reasonable arguments can be advanced regarding the relative merits of reducing higher education budgets more than those of elementary education or police and fire departments. However, certainly these significant budgetary restraints have serious implications for students, faculty, and the communities that surround the universities.

Psychology departments have often found themselves in a bit of a mixed situation during this crisis. Because they often are one of the most popular majors (The Princeton Review, 2011) and thus produce a lot of credit hours and tuition dollars—particularly at the undergraduate level with large classes, they sometimes have fared better than other departments when university budget cuts have occurred. However, given that a bachelor's-level psychology degree is consistently ranked in the top-10 worst paying college degrees (Newman, 2013; Webley, 2011) and that companies looking to move to a state are rarely looking for psychology majors (as opposed to engineering, computer science, and business majors, for example), there is a concern that the psychology major is not really helpful to the student, potential employers, or in growing the state's economy. In fact, one of the most common jobs held by recent psychology graduates is "barista," which garners an annual income of \$19,000 (Newman). Although there are few data on psychology departments' direct impact on the economy, at least some problems can be inferred from the few employment opportunities for psychology majors.

An argument also can be made that psychology departments have their impact on the economy by preparing undergraduates for graduate study and therefore create employable professionals. While this is true, the number of psychology undergraduates that gain admission to graduate programs in psychology is staggeringly low (approximately 25% of all undergraduates; 4–6% to doctoral programs and 20–22% to master's-level programs; American Psychological Association, 2013). Thus, there is a concern about the possible value most psychology departments deliver to the majority of undergraduates who do not pursue a graduate degree.

Some have argued that universities are not adequately meeting the needs of the private sector that does much to financially support them (Christensen & Eyring, 2011). Universities are capable of facilitating statewide economic improvements by producing the right kind of graduates to

attract new or existing businesses. Universities can also serve as business incubators by taking intellectual property developed at the university and commercializing it. However, it is often unclear if public tax dollars directed at universities receive an acceptable return on investment (Arizona State University, 2010). With a few exceptions that will be discussed in this paper, it is not clear that universities are performing a satisfactory job in creating economic growth with the dollars they receive from the public. Furthermore, there is little evidence that psychology departments have had any significant impact in growing any state's economy. This, of course, directly affects the rate of unemployment in the home state of the university. Moreover, this trend of a university's failure to perform its economic stimulus function impacts the tax base of the state (which in turn affects the ability of the state to support higher education) because public tax dollars are not being properly leveraged.

Part of this problem is tied to the incentive systems that have traditionally been in place in universities. As Sowell (2009) stated, the basic rule of economics (and behavioral psychology) is that people respond to incentives. Perhaps the most costly commitment has been to the traditional idea of academic scholarship—namely, strict adherence to a model of peer-reviewed publication in order for the untenured professor to be promoted (Kleniewski, 2001). Traditionally, there has been little to no incentive for the psychology professor to be concerned about job creation or producing graduates that employers in the state value.

The traditional academic notion of scholarship must be expanded to include research that creates intellectual property that can have an effect on economic dimensions such as job creation, business start-ups, and successful employment in traditional jobs. These changes must be reflected in the university's organizational structure, incentives for staff and professors, policies and procedures, and other systems that guide and support its activity (Christensen & Eyring, 2011; Di Gregorio & Shane, 2003). If psychology departments are to do well in this new environment, they must embrace these revisions. This is in direct contrast to the view that professors' "side jobs" should be viewed with suspicion or even discouraged or punished.

Although most university systems demonstrate a very limited adherence to this new paradigm, there are a few institutions that psychology departments can use

as models for future development. For example, the Massachusetts Institute of Technology (MIT) has been innovative in creating infrastructures to support both student and faculty entrepreneurship (it is notable, though, that none of these initiatives have directly involved psychologists or psychology departments). Although a review of these programs is outside the scope of the current article, psychologists must better understand what some of their colleagues are doing and to learn lessons about how to promote and engage in a new way of behaving in the academy. Psychology departments can attempt to import incentive systems and support systems for entrepreneurial activity of these successful centers. The following section will briefly outline several of these impediments and elements of success.

### **Impediments to Successful Entrepreneurship and Job Creation in the Traditional University System**

1. The university fails to incentivize entrepreneurship and job creation. Currently, most universities do not provide incentives to either university administrators or professors for these activities. Professors are promoted, tenured, and receive merit raises based on traditional criteria such as publications, grants, teaching, and university service (Kleniewski, 2001). A professor receives little to no rewards in the university system for job creation. Similarly, university officials are not reprimanded if their college or department fails at job creation and they rarely receive rewards or compensation for stimulating economic activity. If the university wants to modify behavior in this direction, it needs to provide sufficient incentives for this to occur (Di Gregorio & Shane, 2003; Kleniewski, 2001).

2. The university provides disincentives for entrepreneurship and job creation. It does this in several ways. First, the opportunity cost associated with entrepreneurial investments leads administrators to state explicitly or implicitly that university employees' time is better spent in the traditional activities of service, research, and teaching. Second, entrepreneurial activities are not described in the university employees' job descriptions. If a professor decides to pursue external interests, there are often severe bureaucratic restrictions about how much time can be dedicated to these endeavors (e.g., one day a week on outside activities is often a rule).

3. University faculty and administrators are often fairly suspicious about money and business (see Cummings & O'Donohue, 2010). Although business and engineering departments tend to support a conservative political perspective, other colleges adopt a more left-leaning approach (Redding, 2001; Rothman, Lichter, & Nevitte, 2005). In general, the left is more apprehensive about business and the free market while it views nonprofits and the public sector as more desirable.

4. Universities are large bureaucracies and consequently prefer to move slowly, deliberately, and with little urgency. The bureaucratic impulse is relatively risk adverse and promotes a high degree of regulation. The nimbleness and risk taking of an entrepreneur is in direct opposition to this dimension of the university culture.

5. University administrators and professors are not trained in and generally do not have a deep understanding of business and job creations—e.g., in business plans, marketing, accounting, venture capital, human resources, and other core competencies of a successful entrepreneur. Due to a limited skill set in this domain, they encounter difficulties communicating or understanding individuals from the business world.

### **Concrete Steps to Increase Entrepreneurship and Job Creation**

The following six paragraphs, each headed by words starting with “A,” describe some basic and practical issues with regard to moving psychology departments toward an “entrepreneurial university” model. Clearly, this short list (in no particular order) is not meant to be all encompassing. After all, imagine what you might envision by using headings starting with each letter of the alphabet.

#### **1. Alignment**

A key to changing faculty awareness and behavior with regard to the entrepreneurial/community mission is to align behaviors and rewards appropriately. There needs to be a shift away from the heavy emphasis on research and publication, which currently exists at the expense of teaching and community service. For example, psychology departments could incentivize solving community-based problems such as the need for more efficient health care (Truglio et al., 2012; Wendell, O'Donohue, & Serett, 2013).

#### **2. Accessible to Business Values**

University campuses are not necessarily designed to be welcoming to the community at large. Buildings are often assembled in a manner that is not intuitive for anyone other than seasoned students. These are legitimate barriers to access for the business assets the university is trying to attract.

#### **3. Assembly**

A critical element of connecting to the business community is providing reasons for business leaders to meet on campus. The university should become a primary setting for networking functions.

#### **4. Attitude**

Often the business community perceives academics as theorists who have never been exposed to the realities of running a successful business. Whether or not this perception is valid (earned or not), it needs to be addressed by the university community. Psychology faculty must be sensitive to this issue and trained to relate to the business community in a straightforward, practical manner.

#### **5. Awareness**

In order to attract entrepreneurs, psychology departments must heighten its awareness that they can be an asset to entrepreneurs. By getting the word out to resource-strapped entrepreneurs, departments can promote the campus as a meeting place and as a resource for business interns and specific business information/intelligence (e.g., “call a prof.” program).

#### **6. Attachment**

Many key business people in the community are not alumni of the university and likely have a natural allegiance to their alma maters (Mael & Ashforth, 1992). It is in the interest of psychology departments to adopt these resources in a fashion that realigns their attachment.

### **Clinical Psychology**

We turn now to an extended explication of how one discipline can meet this new challenge: how policies and incentives need to change in psychology departments in order to respond to this financial crisis. Part of the answer to this question rests on the leadership of psychology departments. Although currently there are no formal education requirements or skill sets needed to become a department chair (or really any other academic administrator), does this need to change? Business skills might

be necessary in order to recognize and help implement entrepreneurial opportunities. Ought tenure decisions be made on the three traditional criteria of research, teaching, and service, or should a new criterion be added—positive economic impact? Ought professors' duties and job descriptions be changed to include this last criterion? If not, then how can a department of psychology reasonably respond to the new financial crisis and expectations of legislators and state citizens?

Clinical psychologists need to find opportunities in the vast space of current health care crisis. Currently health care expenditures in the United States represent approximately 18% of the GDP (Wendell et al., 2013), creating enormous opportunities. At its core, our health care delivery system needs to become more efficient—delivering evidence-based care in a more cost-beneficial manner. Part of this involves utilizing technologies such as Electronic Health Records (EHR), eHealth, and telemedicine. There are numerous gaps in these technologies, particularly in their application to behavioral health that can provide more efficient care for at least part of the population that academic faculty can develop and commercialize. There is not a quality EHR for psychotherapists and perhaps academic psychologists can partner with faculty in computer science or computer sciences in the private sector to fill this need. There are some outstanding examples of web-based therapies (see, for example, the Beacon sites and stop-pulling.com for trichotillomania)—but many disorders are still orphaned technologically. In addition, training websites can be developed to increase the skill sets of therapists for the assessment and treatment of a wide variety of problems.

Beyond these technological opportunities, academic psychologists need to reassess what skills and intellectual property they have that can be commercialized. Can the traditional, rather sleepy, university-based training clinic be reconceptualized and revitalized so that it meets community needs and generates more revenue? Why is it the case that university hospital systems are often enormous and provide some of the highest quality care, while university psychology clinics are very small? Can professors' clinical training expertise be expanded into workshop series that can generate more revenue? Can this expertise be transformed into a center of excellence that serves as a center to support the work of other therapists, especially in underserved areas? Can the professors' research

in test development be commercialized? What about their therapy outcome research—can these manuals be sold?

Integrated care is a huge opportunity and there currently is a serious workforce shortage hampering its implementation (Cummings & O'Donohue, 2011). Integrated care places a specially trained mental health professional inside medical delivery systems, such as a primary care doctor's office, to identify, triage, and treat all the behavioral health drivers of medical visits. In the current inefficient system, these behavioral health drivers are missed (e.g., substance abuse or depression), seen but ignored (e.g., sedentary lifestyles, difficulties managing stress), or treated inefficiently (e.g., depression). There are numerous business opportunities in training professionals, designing integrated care systems, and devising effective programs for disease management and high-cost medical patients.

Clinical psychology departments could implement programmatic changes to meet the need for professionals that are able to address integrated care concerns and the current health care crisis. As previously mentioned, psychology departments in response to dramatic decreases in funding must become more focused on the economic principle of job creation and successful employment in traditional jobs. An undergraduate program focused on creating graduates that are able to become service providers in an integrated care system in positions such as a behavioral health coach or telehealth coach is greatly needed. Arizona State University's Bachelor of Science in Healthy Lifestyles Coaching focuses on preparing graduates to deliver evidence-based and cost-effective interventions for chronic illness and is an excellent example of a degree that has been created to meet the demands of the health care crisis (Arizona State University, 2012). In practice, creating a degree program of this nature may involve talking directly to employers to develop the quality of student that the company would be interested in hiring. For example, a university could work with a company such as Healthways to develop a Health Manager Coach degree program (thus addressing the previously mentioned principles of Attitude and Awareness).

Without making programmatic changes, such as revising the undergraduate curriculum to include skills that employers are interested in and amending clinical psychology graduate training, we are doing the health care community a dis-

service by not delivering cost-effective care. Furthermore, we are also doing wrong by the patients in that they are not receiving the best possible care. Clinical psychology could apply new principles that would better meet economic needs of not only the area surrounding the university but of the greater health care community. In doing so, psychology departments would make important steps toward applying the principles of an entrepreneurial university toward job creation and business incubation.

## Conclusions

Economic projections are notoriously fallible, but it is difficult to see how state revenues will change so dramatically that traditional levels of higher education will be restored. Instead, it seems much more likely that higher education will continue to face shrinking support from their state legislatures. Tuition is already so high that it is out of reach of many deserving Americans and it is reasonable to see this as a limited option to replace missing state dollars. Thus, higher education institutions must either shrink considerably or find new revenue sources. Indirect costs from federal grants is a zero sum game—there is a fixed amount of this funding, and although it is likely that competition will increase dramatically for these, this cannot be an answer across institutions.

This paper argues that university officials—from administrators to professors—need to respond to this changed financial environment by embracing a new paradigm of the entrepreneurial professor. Lessons learned from pioneering universities must be more widely disseminated. Incentives must be realigned so that administrators and professors take these new responsibilities seriously. Support systems and training systems need to be put in place to give these individuals the necessary knowledge and skills. All those concerned must not just “talk the talk” but must also “walk the walk.” The university must carefully analyze the parts of its normal bureaucratic processes and values that are impediments to this change. And all of this must be done with some urgency since these cuts have been dramatic in the past few years and may continue to be harsh over the upcoming years.

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## CTSA SPOTLIGHT

# Training, Research, and Practice in CBT at the Center for the Treatment and Study of Anxiety

Carmen P. McLean, Elizabeth Alpert, Elna Yadin,  
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THE CENTER FOR THE TREATMENT AND STUDY of Anxiety (CTSA) at the University of Pennsylvania is an internationally renowned research and treatment center that is committed to developing, refining, and testing state-of-the-art treatments for anxiety and traumatic stress disorders. Initially established in 1979 by Edna B. Foa, Ph.D., at Temple University, the clinic began as a research center for the psychopathology and treatment of anxiety disorders with an emphasis on obsessive-compulsive disorder (OCD) and, later, posttraumatic stress disorder (PTSD) as well. In 1998, Dr. Foa and her colleagues joined the Department of Psychiatry at the University of Pennsylvania, where the CTSA is currently located.

The CTSA has a three-fold mission: research, treatment, and training. The CTSA routinely conducts large-scale government-funded clinical trials, researching innovative treatments for anxiety disorders and the mechanisms underlying these treatments. Staff and trainees provide specialized treatment for adults, adolescents, and children with a range of anxiety and stress disorders. Each year, the faculty and staff at the CTSA train practicum students, postdoctoral fellows, research assistants, and visiting scholars. We also host intensive 4-day training workshops for mental health professionals and work with community mental health clinics to disseminate evidence-based treatments for anxiety disorders.

## Research

From the very beginning, the center's research was theoretically driven and focused on investigating the efficacy of behavioral treatments for anxiety disorders and identifying the active processes involved in these treatments. The widely known paper "Emotional Processing of Fear: Exposure to Corrective Information" (Foa & Kozak, 1986) put forth a theory on the processes involved in the development, maintenance, and treatment of pathological anxiety. Emotional processing theory

has been immensely influential in guiding research on anxiety disorders. Based on this theory, Dr. Foa developed prolonged exposure therapy (PE), which is now among the most researched treatments for PTSD. In 2008, a report issued by the Institute of Medicine (IOM) concluded, "the committee finds that the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD" (Chapter 4, p. 97). This was the highest recommendation offered by IOM and is a testimony to the amount of research supporting exposure therapy for PTSD. The CTSA has received continuous funding since 1983 by the National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism, the Department of Defense, and the National Institute on Drug Abuse to investigate PTSD, including both psychopathology and treatment outcome. The PE treatment program has been made available via a therapist guide (Foa, Hembree, & Rothbaum, 2007) and a patient workbook (Rothbaum, Foa, & Hembree, 2007).

The CTSA has also received continuous funding from the NIMH to investigate exposure and response prevention (EX/RP) for OCD. In collaboration with Columbia University, researchers at the CTSA have conducted a number of important randomized controlled trials evaluating the efficacy of EX/RP relative to other psychological and pharmacological interventions. These seminal studies have informed guidelines for implementing EX/RP alone and in combination with medications for OCD. The EX/RP treatment program has also been made available via a therapist guide (Foa, Yadin, & Lichner, 2012), a patient workbook (Yadin, Foa, & Lichner, 2012), and a widely disseminated self-help book entitled *Stop Obsessing* (Foa & Wilson, 1991).

CTSA faculty and staff, postdoctoral fellows, practicum students, and research assistants all participate in our research mission in various capacities. Postdoctoral

fellows may serve as study coordinators, study therapists, and independent evaluators. Practicum students often conduct study intake evaluations, and research assistants recruit and screen participants and help with the day-to-day management of our studies. Currently, the CTSA has many ongoing research projects examining treatments for OCD, PTSD, and dissemination of PE. One current study, carried out in collaboration with Columbia University, is the latest in a series of studies examining the augmentation of SRI pharmacotherapy with EX/RP for OCD. Another study, which recently ended recruitment, investigates an integrated treatment for PTSD and smoking cessation. The CTSA is also investigating ways to make PE more efficient. For example, one current study tests the efficacy of 60-minute PE sessions as compared to the standard 90-minute sessions, and another compares massed PE sessions (10 sessions in 2 weeks) to spaced PE sessions (10 sessions in 8 weeks) in military personnel. Another ongoing study investigates different approaches to training mental health providers in the Army by comparing two PE training models: a 4-day PE workshop with and without postworkshop consultation.

## Treatment

The CTSA offers CBT for adults, adolescents, and children with a range of anxiety disorders, including OCD, PTSD, social anxiety disorder, generalized anxiety disorder, panic disorder, and specific phobias. Treatment is typically centered on exposure to feared thoughts and situations, with the goal of providing patients with the tools and strategies to manage their anxiety on their own. All treatments provided at the center are based on the most up-to-date research and have been shown to be effective for most people in clinical studies. Patients who are treated at the center receive individual treatment with a therapist, typically meeting once or twice per week for approximately 10 to 20 sessions. The CTSA also offers an intensive treatment program for OCD, in which patients typically receive one 90-minute session of EX/RP each weekday for three and a half consecutive weeks, totaling 17 sessions.

Treatment at the CTSA is provided not only by licensed psychologists, but also by postdoctoral fellows working toward licensure and practicum students working toward their doctorate degrees. These

therapists have the opportunity to attend our PE and EX/RP workshops and are trained in all of the treatments we provide. They receive both individual and group supervision from our licensed faculty members.

## Training and Dissemination

Within the psychology community, the CTSA is committed to providing training of empirically supported treatments for anxiety disorders through training workshops and through on-site training of postdoctoral fellows, practicum students, psychiatry residents, research assistants, and visiting scholars. The training that we provide is catered to clinical practitioners and researchers at many stages of their clinical psychology careers. The CTSA faculty invites students and professionals to attend our training workshops, at which expert clinicians from the CTSA provide instruction in either the use of prolonged exposure for PTSD or the use of exposure and response prevention for OCD. Trainees at the CTSA also have the opportunity to receive individual and group supervision from the CTSA faculty in the implementation of evidence-based treatments for anxiety. As noted above, trainees are often also involved in the CTSA's research focusing on the psychopathology and treatment of anxiety disorders.

Many successful, renowned researchers and clinical practitioners have trained at the CTSA, or with Dr. Foa prior to the CTSA's founding. Dr. Richard McNally, who is now a Professor and Director of Clinical Training at Harvard University, was Dr. Foa's very first postdoctoral supervisee, and Dr. Debra Hope, now a Professor and Director of the Anxiety Disorders Clinic at the University of Nebraska-Lincoln, completed her psychology internship with Dr. Foa. Dr. Gail Steketee, now Dean and Professor at Boston University School of Social Work, described her early days at the CTSA as a place where she and her colleagues "batted ideas around, molded them into testable hypotheses, developed research proposals, and landed NIH grants to move these ideas forward." According to Dr. David Tolin, now the Director of the Anxiety Disorders Center at the Hartford Hospital and Adjunct Professor at Yale University School of Medicine, "working at the CTSA solidified my identity as a scientist-practitioner and got me hooked on the challenging task of straddling the line between research and clinical practice." Dr. Jonathan Abramowitz, who is now a

Professor and Associate Chair of Psychology at the University of North Carolina, Chapel Hill, also completed his internship at the CTSA, which he describes as a "rich intellectual and productive environment."

In 2001, PE received an Exemplary Substance Abuse Prevention Program Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) and was recognized by them as a Model Program to be targeted for dissemination among clinicians. In fact, over the years, the CTSA faculty has worked to disseminate PE throughout the community, the country, and the world (e.g., Israel, Japan, Denmark, South Africa). In 2007, the U.S. Department of Veteran's Affairs (VA) decided to disseminate training of PE across its entire health-care system. This was the first large-scale dissemination project undertaken by CTSA faculty, and it laid the framework for other large-scale projects ever since. The VA now conducts the training independently and as of September 2014 has trained 1,778 PE therapists, 53 PE supervisors, and 17 PE trainers. The CTSA has now trained providers in numerous mental-health systems at the national, state, and county levels, and is part of an ongoing initiative with the city of Philadelphia to disseminate evidence-based treatment for PTSD.

## Current and Future Directions

The CTSA continues to strive for excellence in the areas of research, training, and clinical practice. The CTSA, which is committed to dissemination, seeks to provide professionals and the general public with access to the most recent research and practice in a variety of ways. The center reaches out to the general public through social platforms including Facebook, YouTube, and LinkedIn. OCD and PTSD workshops open for practitioners nationally and internationally are held annually and semiannually, respectively, and are routinely updated to reflect the most current findings for effective treatment and patient care. Expert clinicians from the CTSA regularly advance the dissemination of evidence-based treatments by traveling worldwide giving lectures and conducting workshops, and by providing supervision to educate professionals about evidence-based treatment methods. We continue to grow our network of PE-certified therapists in North America and around the world. We are also expanding our PE supervisor training, in which PE-certified therapists learn how to supervise other PE

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Ricketts et al.

Cognitive and Behavioral Practice

doi: 10.1016/j.cbpra.2014.09.003

## archive

"Do not remain content with the surface of things."

—Ivan Pavlov

therapists. We are eager to reach as many trainees and mental health professionals as possible through our training programs, and we invite ABCT members to consider participating working with us wherever they are in their career trajectory. In addition, researchers at the CTSA continue to investigate anxiety disorders and their treatments in order to further our understanding of their psychopathology and to continue to improve treatment outcomes. We welcome collaborations from other researchers and clinicians in fulfilling our goals of furthering understanding of anxiety psychopathology and treatment through innovative research, delivering exemplary clinical care, and providing first-rate training to researchers and clinicians the world over.

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**Disclosure Statement:** The authors are employed at the University of Pennsylvania, Department of Psychiatry, Center for the Treatment and Study of Anxiety.

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# graduate Mentorship

## directory

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

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

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



## Come to Australia in 2016

Ross Menzies, *President and Convenor, 8th WCBCT, Melbourne, Australia*

ON BEHALF OF THE ORGANISING COMMITTEE and the Australian Association for Cognitive and Behaviour Therapy (AACBT), it is my great pleasure to invite you to the 8th World Congress of Behavioural and Cognitive Therapies 2016 (WCBCT).

The Congress will be held in Melbourne from June 22–25, 2016. Melbourne was Australia's first Olympic city, and is still considered the sporting, food, and shopping capital of "Oz." With its style and sophistication, the city is known for its distinct bohemian atmosphere and cultural charm. It's no surprise that this cosmopolitan treasure has been voted the "World's Most Liveable City."

Our Congress venue, the Melbourne Convention and Exhibition Centre (MCEC), was the world's first Six Green Star environmentally rated centre. It is fully integrated with the Hilton South Wharf Hotel and is nestled on the Yarra River with fabulous restaurants, bars, cafes, shops, hotels and galleries. Notably, the MCEC is one of the largest, and among the most centrally located, convention centres in the world. A simple stroll across the Yarra takes you directly into the heart of Melbourne.

The theme of the 8th WCBCT 2016 is "Advances and Innovations in the Behavioural and Cognitive Therapies Across the World." We are seeking to showcase the latest and greatest developments in cognitive and behavioural procedures. We are particularly interested in research from emerging countries, and in regions where CBT has not been the dominant treatment modality in the past. We also invite delegates from beyond the traditional disciplines of mental health. CBT is not owned by any single profession—we want to hear about applications of the cognitive and behavioural sciences in experimental psy-

chology, clinical psychology, psychiatry, nursing, social work, and a range of related areas in allied health and health policy. The 8th WCBCT 2016 is an inclusive event and is relevant to all individuals and organizations that seek to apply cognitive and behavioural principles to help people change their lives. We hope to bring together over 4,000 practitioners, researchers, and policy specialists from around the world to discuss advances and innovations in the behavioural and cognitive therapies. The Congress will provide delegates with a scientific program of global significance and regional relevance, and will aim to share ideas, upskill practitioners, inform researchers, and facilitate networking among the cognitive and behavioural therapy community. We live in exciting times with research outcomes, clinical and other applied expertise, and policy developments constantly augmenting our understanding of how best to help treat dysfunction and maximize wellbeing. The 8th WCBCT 2016 will bring together the best practitioners, researchers, and thinkers in our domain.

The scientific program will consist of:

- State-of-the-art keynote addresses by internationally renowned experts covering key areas within the cognitive and behavioural therapies
- Invited addresses by international experts on specific topics
- Symposia—both invited and submitted
- Panel discussions and forums with experts—both invited and submitted
- A comprehensive program of full-day and half-day workshops presented by world-class practitioners
- Coverage of controversies in the cognitive and behavioural therapies: invited debates and panels

- Streams of individual papers highlighting specific topics of interest
- Short oral presentations and interactive poster sessions
- Specific invited and submitted streams highlighting issues in the cognitive and behavioural therapies, including policy developments in health care systems, use of technologies, and working in multidisciplinary teams.

In addition to this outstanding scientific program, you can be assured of an exciting range of social events including dinners, dancing, wine tastings, and pre- and post-Congress tours. We understand that for many delegates, Australia seems a long way to come. So be assured that we will do all we can to facilitate your trip "down under" by offering you an exceptional range of tour options direct from the Congress website. We want you to see all of Australia, the sixth largest country on the planet, when you come to us in 2016. Visit spectacular Sydney, with its iconic harbour and astonishing Opera House. Head to Queensland for the Great Barrier Reef, the beaches of the Sunshine and Gold Coast, and explore the amazing Daintree Rainforest. Fly to the outback of central Australia to visit Uluru. Learn, from Indigenous guides, why the rock and surrounding land have such huge spiritual significance to the Aboriginal people.

These are just some of the options for your trip to Oz. Why not visit the beautiful Island state of Tasmania? The wine regions of South Australia? The stunning west coast with its national parks, beaches, and indigenous experiences? We want you to see the kangaroos and cuddle a koala—it's all waiting for you in Australia!

Finally, we wish to emphasize that the future of the cognitive and behavioural therapies rests in the minds of the young. So we make a special call to postgraduate students and early career researchers and clinicians—come and show us where you will take the field in the decades ahead. Come to Melbourne and make this the greatest meeting in the history of our disciplines. ■

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

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

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

## *ABCT and Lobbying: What You Should Know*

The Association for Behavioral and Cognitive Therapies (ABCT) frequently receives queries regarding appropriate social network media and list serve conduct. Rules and regulations have been developed, are in place, and are routinely updated. The rules are simple, and are meant to promote useful and respectful interaction among professionals and individuals interested in learning more about CBT and how it is used in treating various disorders and in proactive problem-solving in this and other professional realms.

### ***What is lobbying? What implications does lobbying carry for our organization?***

In the U.S., all organized lobbying is regulated. Because ABCT is a nonprofit organization (with 501c3 status, specifically), we must follow both federal lobbying rules and those applied by the U.S. Internal Revenue Service (IRS) that specifically relate to our 501c3 status. ABCT must carefully monitor actions that could be perceived as lobbying on

ABCT's behalf, including actions by its members even when not sanctioned by ABCT's Board of Directors. If someone perceived as acting on ABCT's behalf lobbies on ABCT's behalf to members of state and/or federal legislators, regulators, or their staffs, or even recommends others take such action, our organization may be viewed as lobbying. If we ask our members to take some specific action or engage in grassroots efforts, such as asking our members to contact their state representatives, our organization may be viewed as lobbying. Lobbying is different than acting in an educational capacity, or building coalitions with other nonprofit organizations, but those differences are often ones of nuance and easily intertwined.

Thus, we ask that our members refrain from lobbying on our social media networks and our list serve. Together, we can inspire great change. We must simply exercise forethought in our strategies to do so.



### ***ABCT “Secure our Future” Convention Fundraiser a Success at the Friday-Night Welcoming Cocktail Part and SIG Expo!***

Nearly \$900 was raised that will be used to support ABCT student convention travel and student research. A warm THANK YOU and appreciation to those who donated, and to the volunteers who helped secure those donations. We accept donations all year long! Please take a look at our DONATE page at [www.abct.org](http://www.abct.org) for donation opportunities.

### **BACK ISSUES of tBT (2002–present) ARE ONLINE!**

- Revisit the incredible Science Special Issue of April 2007
- Reflect on the December 2008 exploration of “The Three Waves of Behavior Therapy”
- Brush up on how to burn the midnight oil in grad school (according to March 2005 techniques)
- and much, much more

<http://www.abct.org/Journals/?m=mJournal&fa=TBT>

### ***Upcoming Webinars***

<i>January 30</i>	Celia B. Fisher, Ph.D., <b>Ethics</b>
<i>February 26</i>	Roz Shafran, Ph.D., <b>OCD/Perfectionism</b>
<i>March 13</i>	Donna M. Sudak, M.D., <b>Supervision</b>
<i>April 23</i>	Steven C. Hayes, Ph.D., <b>Acceptance and Commitment Therapy</b>

***To register for webinars, go to the ABCT Store and click on the WEBINARS tab***



AT ABCT

## So Long, It's Been Fun

Mary Ellen Brown,  
*Director of Education & Meeting Services*

MY PROFESSIONAL LIFE has been almost completely at ABCT. The defining aspects, to me, are the relationships with kind, smart, and dedicated individuals. Both staff and members.

In 1974 I joined what was then the Association for Advancement of Behavior Therapy as the third full-time employee. There was the Executive Director, Betsy Kovacs, a secretary—I only remember her nickname, which was Tink—and me. I came from publishing. At AABT I worked on a little bit of everything, including the AABT *Newsletter*. Publications actually became a department when we took *Behavior Therapy* in-house. It had been published by Academic Press and taking it in-house was a good move for the Association, and for me. As time went on the *Newsletter* became the *Behavior Therapist*. Eventually we published directories, fact sheets, and a new journal entitled *Behavioral Assessment*. Unfortunately, a competing journal covering the same subject matter started at exactly the same time. Ours existed from 1979 through 1982. Years later I was around for the birth of our other journal, *Cognitive and Behavioral Practice*.

Throughout these years I enjoyed knowing and working with editors, authors, publications committee members and many, many members of the governing structure. One of the best parts of that time was seeing the workings of the Board of Directors. The Association members in these positions give so much energy and attention to shaping the goals as well as the daily operation of the organization. It was an ongoing lesson in moving along, getting things done, accomplishing for a greater good.

In 1994 I left AABT. For awhile. Of course when I left I thought it was forever. But then a bit more than a year later I got a

call from Mary Jane Eimer, who had become Executive Director in 1980, and was asked to come back, just to help run the 1994 Convention. That led to my returning, but to my new life in the Convention and Continuing Education Department. Over these years I have learned an amazing array of organizational skills. I can chart just about any project and figure out the time, the costs, and the return on investment. Scheduling the Convention, though, remains a challenge. Most important, I got to work with another very large group of amazing members. The Convention committee chairs, and most especially the Coordinators, work tirelessly to ensure that what is offered to attendees is worthwhile, relevant, and, of course, empirically supported.

Every year I have gained a new best friend—the current year's Program Chair. And almost invariably they have indeed become my friend. I have valued each one of these people more than I can say. The Convention is made up of so many moving parts. There are venue personnel, audiovisual staff, caterers, housing, and travel. And there are representatives from SIGs, from affiliated groups wanting space, from exhibitors, from committees, and on and on. They call it juggling.

During these 39 years the staff has always remained extraordinary. Working this closely with such a small group of people has been a true pleasure. We share our lives on a daily basis. We support each other as best we can, and we certainly enjoy each others' triumphs.

David Teisler took over what was Publications when I left, and has become Communications since then. He has steered the Association through all sorts of exciting changes in ways in which information is gathered and distributed. He stays on top

of technology, yet never gets so caught up with the how that he loses touch with the why. Also, he is truly a good human being, smart, and very funny. He's been with the Association for 20 years.

Stephanie Schwartz is a true gem. Her talents are in all ways creative—in both words and pictures. She oversees the editing and the production of all ABCT publications, is the liaison with Elsevier, and is the amazing designer of all the signature looks (not just the Convention) of the Association. She has been with the Association for almost 18 years.

Lisa Yarde brings tech savvy to our database issues, and a true sense of service to membership. She shares with all of us what she learns. And by the way, somehow she has written three historical novels, all of which are selling amazingly well. Lisa has been with ABCT for 9 ½ years.

Tammy Schuler and Barbara Mazzella have just joined our band, but with all the indications of staying. They are both intelligent, interesting people who will certainly strengthen the team.

Tonya Childers has been my right hand. Everyone knows her because she is the face of ABCT registration. Her memory for individual members is astounding. We have been a very good team. TC has been with ABCT (and with me) for more than 18 years.

I have been privileged to work with Mary Jane Eimer for 35 of my 39 years. How many partnerships last that long? We drive each other crazy, but always work it out. She has given the Association her heart as well as her energy. As long as she is at the helm, I am sure ABCT will thrive.

I believe I have served you all well. That has certainly been my intention. And it has been fun.

When asked what I do, for 39 years I have said, "I work for the Association for Behavioral and Cognitive Therapies." And that has defined me. I do not know how I will answer that question now. But I am ready to figure out who the new me will be.

Fare well. ■

## ABCT 2014 Awards & Recognition Ceremony | Chair: Shireen L. Rizvi, Ph.D.



*left:*  
Outstanding  
Mentor  
**Bethany  
Teachman**  
*right:*  
Midcareer  
Innovator  
**Carla Kmett  
Danielson**



Lifetime  
Achievement  
**Lauren B. Alloy**  
*pictured with  
Awards Chair  
Shireen Rizvi, left,  
and President Dean  
McKay, right  
(not pictured is  
co-recipient  
Lyn Y. Abramson)*



Outstanding Service to ABCT:  
**Mary Jane Eimer  
and Michael Petronko**



*left:*  
Jellinek Memorial  
Award winner  
**Linda C. Sobell**  
*right:*  
President's  
New Researcher  
**Michael D. Anestis**  
with President Dean  
McKay



*left to right:*  
Elsie Ramos Memorial  
Student Poster Award  
winners  
**James Broussard,  
Anjana Muralidharan,  
Joseph McGuire**



Virginia Roswell  
Student Dissertation  
Award:  
**Anahi Collado**



Leonard Krasner  
Student Dissertation  
Award:  
**Samantha Moshier**



John R. Z. Abela  
Dissertation Award:  
**Mei Yi Ng**



Graduate Student Research  
Grant: *left, Ryan Jane Jacoby;*  
*right, honorable mention,*  
**Michele Bechor**



Student Travel:  
**Karen Guan**

### Student Travel Award Winner Karen Guan

INTERVIEWER: Kate Baucom, *Chair, Awards & Recognition Committee*

Ms. Guan received the Student Presenter Travel Award at the 2014 Convention in Philadelphia for her symposium presentation “The Impact of Emergent Life Events on Treatment Integrity in EBT Implementation.” She is a third-year clinical psychology doctoral student in Dr. Bruce Chorpita’s Child FIRST lab at the University of California, Los Angeles, where she also collaborates with Dr. Anna Lau.

#### ***Congratulations on receiving this award! Will you tell us a little bit about the study you presented?***

The study I presented focused on emergent life events (ELEs; also referred to as crises of the week or COWs) that are disclosed within therapy sessions. ELEs are defined as events of a serious nature that cause significant distress and/or have a significant negative impact on the client, and they are thought to be one form of complexity that contributes to the limited uptake of evidence-based treatments (EBTs) in the community. In a preliminary study based on provider report, we found that ELEs are common, unpredictable, and threatening to EBT integrity.

My study aimed to take a deeper look at ELEs by: (1) developing and testing the reliability of a coding system for describing ELEs and provider responses to them in tapes of therapy sessions, (2) comparing treatment integrity to an EBT in sessions with and without ELEs, and (3) identifying common provider responses to ELEs as mechanisms through which ELEs may disrupt integrity. The data

I used was from the modular EBT condition of an effectiveness trial, Child STEPS Phase III, conducted in a diverse, low-income, urban sample of youth in community agencies. I randomly sampled 15 sessions with reported ELEs and 15 without reported ELEs, all of which were double coded by trained coders. Results showed that interrater reliability for the majority of items in the coding system was good to excellent. When an ELE occurred, the odds of delivering an appropriate dose of on-protocol activity decreased by over 5 times as compared to when an ELE did not occur ( $p < .05$ ). In addition, the vast majority of therapists responded in an unstructured way to an ELE, with information gathering, supportive/empathic statements, and informal advice giving being the most common responses. A minority of therapists related the ELE to existing content in the EBT protocol. These findings suggest that EBTs, as they are currently structured, may not be able to handle unexpected events like ELEs that come up within a session of treatment. I currently have a manuscript under review presenting these findings, so hopefully they’ll be coming soon to a journal near you!

#### ***What does receiving this award mean to you?***

It’s a huge honor to be receiving this award from ABCT. I’ve been going to ABCT as long as I’ve been doing research, and I consider the conference (especially the Dissemination and Implementation Science SIG) to be my research “home.” Practically speaking, I was thrilled to get the award because the cost of travelling from the West Coast every year definitely adds up. If you’re reading, conference planners, we’d love to welcome you to LA (where it’s 70 degrees and sunny in November)! ■

### Graduate Student Research Grant Awardee Ryan Jane Jacoby

INTERVIEWER: Kim Gratz, *Chair, Research Facilitation Committee*

TITLE OF RECOGNIZED PROJECT: A Translational Study of the Mechanisms of Exposure Therapy for Obsessions: Fear Tolerance vs. Habituation

LAB: Anxiety and Stress Disorders Lab, University of North Carolina, Chapel Hill  
(Advisor: Dr. Jonathan Abramowitz, Ph.D.)

#### ***What led you to pursue this line of research? How did you come up with this idea?***

Throughout graduate school, I have served as a study therapist and assessor for a treatment outcome study in our lab comparing traditional exposure and response prevention (ERP) to acceptance-based ERP for OCD. Conducting ACT-based exposure has fueled my interest in “fear tolerance” rationales and approaches to ERP, and has led me to question the messages we traditionally give to clients about the need for habituation to occur in order for them to improve (which is inconsistent with the idea that anxiety is safe and tolerable). Simultaneously, I have been following the research of Dr. Michelle Craske and her colleagues on applications of fundamental laboratory research on extinction learning to exposure therapy, and have been considering the implications of this work for the rationale and methods of ERP for OCD. Thus, I look forward to testing whether a fear tolerance approach to ERP (i.e., one that emphasizes

tolerance of anxiety, obsessions, and uncertainty) leads to better outcomes than the traditional habituation framework (i.e., emphasizing fear reduction) in a sample of individuals with unacceptable intrusive thoughts, in order to better understand the mechanisms of ERP and techniques for maximizing patients’ long-term outcomes.

#### ***What do you find most rewarding about your research?***

I find this translational approach to research to be especially rewarding. In particular, I find it very gratifying to design well-controlled experimental studies examining extinction of preexisting fears in anxious individuals in order to inform future clinical trials of exposure-based treatments for OCD. Being able to apply empirically supported principles to further improve treatments for OCD patients is the most rewarding part of my research.

#### ***Who has inspired your research or clinical practice the most at this point in your career?***

To date, my graduate advisor Dr. Jonathan Abramowitz has most inspired my research and clinical practice. In particular, Jon’s never-ending passion for the research process (from study design, to data analysis, to manuscript writing) is especially motivating. Furthermore, I am inspired by his ability to balance treatment outcome research with clinical practice and supervision, such that his research and clinical work mutually inform one another. I also am forever grateful for his never-ending support of my development as an OCD treatment outcome researcher over the course of my grad-

uate career, including his enthusiasm and encouragement of this project.

**What do you envision as the next step in your program of research?**  
I am hoping to be able to use the findings obtained from this study as pilot data for future research (perhaps an F-32 application) later in my career.

**How has ABCT contributed to your development as a researcher and clinician?**

I have been an active member of ABCT for the past 5 years (since 2010), and have looked forward every year to the annual conference as an opportunity to further my educational and professional development. In particular, I value the opportunities available for attend-

ing symposia on cutting-edge research, panels comprised of leading experts in the field, and networking opportunities to connect (and reconnect) with colleagues. ABCT was also the conference where I presented my first research poster back in 2010, and chaired my first research symposium this year in 2014; thus, this conference has been my professional home for sharing my own research throughout my early career. I also follow the ABCT listserv and newsletters closely in order to stay up to date on current issues in the field as they are discussed and debated among members.

**If you were not pursuing a degree in psychology, what would you be doing?**

Before I took my first psychology class, I wanted to be a high school math teacher and track/cross country coach! ■

## Graduate Student Research Grant Honorable Mention Michele Bechor

INTERVIEWER: Kim Gratz, *Chair, Research Facilitation Committee*

LAB: Child Anxiety & Phobia Program and the Brain & Behavior Development Lab, Florida International University

TITLE OF RECOGNIZED PROJECT: Neural Correlates of Attention Training in Children with Anxiety Disorders

**What led you to pursue this line of research? How did you come up with this idea?**

As I began graduate school, my advisors were in the developmental stages of a randomized controlled trial of a computerized treatment that targeted attention bias toward threatening stimuli, Attention Bias Modification Training (ABMT), among children and adolescents with anxiety disorders who had not responded to a full course of cognitive behavior therapy (CBT). I was able to contribute to the development of this clinical trial and coordinate the early phases of data collection. In the process, I realized the importance of learning more about the proposed mediators of ABMT, including biological markers of attention bias toward threatening stimuli. With input from my advisors, I proposed to supplement the assessment battery with Event-Related Potential (ERP) measurement collected via electroencephalogram (EEG) to allow me to examine the potential effect of ABMT on biological markers of attention bias toward threat. Data uncovering where ABMT exerts its effects may help generate more efficient and effective attention training programs that target specific neural components at specific time points.

**What do you find most rewarding about your research?**

Studying both ERPs and ABMT, and working so closely with the ongoing ABMT trial for CBT nonresponders, I feel as though I am at the cutting edge of clinical trials research and translational neuroscience research. For this study, my responsibilities as a clinical assessor, treatment counselor, and EEG administrator allow me to bridge behavioral and neural data and to experience their associations firsthand. In doing so, I not only gain a wider set of skills but also acquire the ability to understand both kinds of data and collaborate with researchers from diverse fields on this emergent treatment modality.

**Who has inspired your research or clinical practice the most at this point in your career?**

My advisors on this project continuously inspire me to set and reach high goals for my training. Each of them shows strong disci-

pline and commitment to scholarship and ethical research. Collectively, my advisors guide both sides of my dual training in clinical work and neuroscience to ensure I take the necessary steps toward bridging both kinds of data to inform treatment outcome and development. Thus far, my advisors' support for this project and for my training in translational research has encouraged me to continue despite the challenges presented by the project, and I look forward to completing it.

**What do you envision as the next step in your program of research?**

I hope my dissertation project helps the field gain insight into how ABMT leads to reductions in anxiety in children and adolescents. Currently, researchers speculate about what ABMT targets, but we still know little about which specific aspects of cognitive processing are affected by ABMT and whether targeting those specific aspects leads to reductions in anxiety. The next step is to replicate the ERP findings in an independent sample, and after that, to refine current ABMT programs to target more specific aspects of cognitive processing that lead to reductions in anxiety.

**How has ABCT contributed to your development as a researcher and clinician?**

Being a student member of ABCT since my first year of graduate school has improved my scholarship tremendously. Since my first year, I have been encouraged not only to attend the annual convention as a way of staying current on the latest research developments in the field, but also to take advantage of the opportunity to share and receive feedback on my research findings. I also enjoy the opportunity to "put faces to names" of those whose work I follow closely for my own research, as so many of those professionals attend the annual ABCT convention as well. ABCT offers wonderful opportunities for students' research to be recognized, and in my case, such support and encouragement has increased my enthusiasm and confidence in the value of the research I am doing.

**If you were not pursuing a degree in psychology, what would you be doing?**

As an undergraduate, I started out as a biology major, intending to become a pediatric neurologist. If I wasn't able to study behavior and treatment outcome directly, as I am now, I would probably be working in medicine and/or teaching, and I would certainly still be working with children and adolescents. Conducting research in clinical and developmental neuroscience already affords me the opportunity to wear many hats—as I train in clinical work, treatment study design and implementation, and writing—so it's challenging for me to imagine what I would enjoy outside of that! ■



# call

for

## Continuing Education Sessions

*Please send a 250-word abstract and a CV for each presenter.*

*For submission requirements and information on the CE session selection process, please see the Frequently Asked Questions section of the ABCT Convention page at [www.abct.org](http://www.abct.org).*

49th Annual Convention | November 12–15, 2015 | Chicago

### Workshops and 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 FOUR 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 FOUR presenters.

*When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.*

**Barbara Kamholz, Workshop Committee Chair**  
[workshops@abct.org](mailto: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 FOUR presenters.

**Lauren Weinstock, Institute Committee Chair**  
[institutes@abct.org](mailto: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.

**Sarah Kertz, Master Clinician Seminar Committee Chair**  
[masterclinicianseminars@abct.org](mailto:masterclinicianseminars@abct.org)

**DEADLINE**

*for Submission : February 1, 2015*

# Preparing to Submit an Abstract

ABCT uses the ScholarOne abstract submission system. The step-by-step instructions are easily accessed from the ABCT home page. As you prepare your submission, please keep in mind:

- **Presentation type:** Please see the two right-hand columns on this page for descriptions of the various presentation types.

- **Number of presenters/papers:** For Symposia please have a minimum of four presenters, including one or two chairs, only one discussant, and 3 to 5 papers. The chair may present a paper, but the discussant may not. For Panel Discussions and Clinical Round tables, please have one moderator and between three to five panelists.

- **Title:** Be succinct.

- **Authors/Presenters:** Be sure to indicate the appropriate order. Please ask all authors whether they prefer their middle initial used or not. Please ask all authors their ABCT category. Possibilities are **current member; lapsed member or non-member; postbaccalaureate; student member; student nonmember; new professional; emeritus.**

- **Affiliations:** The system requires that you enter affiliations before entering authors. This allows you to enter an affiliation one time for multiple authors. **DO NOT LIST DEPARTMENTS.** In the following step you will be asked to attach affiliations with appropriate authors.

- **Key Words:** Please read carefully through the pull-down menu of already defined keywords and use one of the already existing keywords, if appropriate. For example, the keyword "military" is already on the list and should be used rather than adding the word "Army." **Do not list behavior therapy, cognitive therapy, or cognitive behavior therapy.**

- **Goals:** For Symposia, Panel Discussions, and Clinical Round Tables, write three statements of no more than 125 characters each, describing the goals of the event. Sample statements are: "Described a variety of dissemination strategies pertaining to the treatment of insomnia"; "Presented data on novel direction in the dissemination of mindfulness-based clinical interventions."

**Overall:** Ask a colleague to proof your abstract for inconsistencies or typos.

## Understanding the ABCT Convention

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

### GENERAL SESSIONS

There are between 150 and 200 general sessions each year competing for your attention. All general sessions are included with the registration fee. General session types include:

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

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

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

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

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

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

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

**Special Sessions.** These events are designed to provide useful information regarding professional rather than scientific issues. For more than 20 years the Internship and Postdoctoral Overviews have helped attendees find their educational path. Other special sessions often include expert panels on getting into graduate school, career development, information on grant applications, and a meeting of the Directors of Clinical Training.

**Special Interest Group (SIG) Meetings.** More than 35 SIGs meet each year to accomplish business (such as electing officers), renew relationships, and often offer presentations. SIG talks are not peer-reviewed by the Association.

### TICKETED EVENTS

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

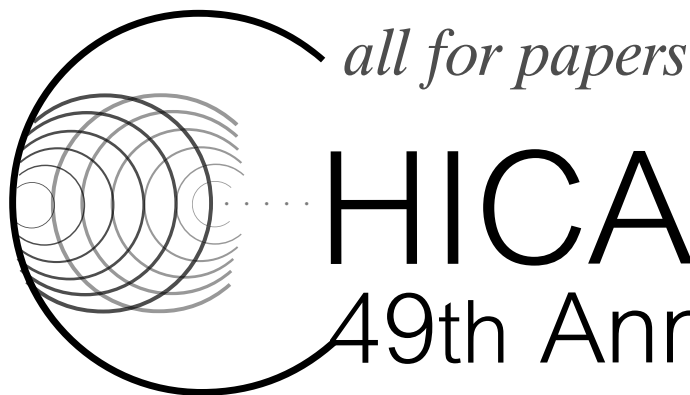
**Clinical Intervention Training.** One- and 2-day events emphasizing the "how-to" of clinical interventions. The extended length allows for exceptional interaction.

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

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

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

**Advanced Methodology and Statistics Seminars.** Designed to enhance researchers' abilities, they are 4 hours long and limited to 40 attendees.



# CHICAGO

November 12–15, 2015

## 49th Annual Convention

*Improving Dissemination by Promoting Empirically  
Supported Principles of Psychopathology and Change*

ABCT

Whereas the DSM diagnostic system organizes psychopathology using descriptive categories, cognitive and behavioral approaches recognize the need for functional conceptualizations of psychological problems. Cognitive and behavioral researchers have identified mechanisms that cause and maintain psychological problems, as well as interventions that target these mechanisms. These empirically supported principles of psychopathology and change provide the foundations for contemporary research and practice in CBT.

Despite their empirical support, however, cognitive and behavioral interventions are underutilized; and addressing this dissemination problem is a priority for ABCT. One reason often given for the underutilization of science-based CBT is concern about the external validity of clinical trials evaluating treatment manuals for DSM-defined disorders. Thus, an alternate approach is to promote and disseminate empirically supported *principles of psychopathology and change* (e.g., exposure therapy for anxiety, behavioral activation for depressed mood) that conceptualize psychological problems not as disorders, but rather as the product of cognitive and behavioral processes. Likewise, interventions are intended to target maladaptive cognitive-behavioral processes, as opposed to the application of multicomponent treatment manuals to target clinical diagnoses. Such an approach transcends the DSM diagnostic system and is not tied to disorder-based manuals evaluated in studies that prioritize internal validity.

Accordingly, the theme of this year's conference, "Improving Dissemination by Promoting Empirically Supported Principles of Psychopathology and Change," is intended to showcase research and clinical work that focuses on (a) enhancing our understanding of cognitive and behavioral mechanisms of psychological problems (as opposed to DSM-defined disorders) and empirically supported principles of change, and (b) efforts to disseminate empirically supported principles of psychopathology and change. Illustrative examples include studies of cognitive-behavioral mechanisms in psychological problems (in analogue or clinical samples); studies of cognitive-behavioral change strategies that target mechanisms of psychopathology; studies that apply knowledge from other disciplines (e.g., cognitive, social, developmental psychology; animal learning; neuroscience) to understand and treat psychological problems; and research and clinical presentations on dissemination strategies related to empirically supported principles of psychopathology and change. Submissions may be in the form of Symposia, Clinical Round Tables, Panel Discussions, mini-workshops, and posters. Information about the conference and for submitting abstracts will be on ABCT's website after January 1, 2015. The online submission portal will open on February 1, 2015.

49th Annual  
Convention

Chicago

November  
12–15, 2015

Deadline for Submission: March 2, 2015 | PROGRAM CHAIR: Brett Deacon

● *complex cases*● *master clinicians*● *live sessions*

# Clinical Grand Rounds

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

## 3-SESSION SERIES

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

(Available as individual DVDs or the complete set)

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

## TO ORDER

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## NOMINATE the Next Candidates for ABCT Office

*I nominate* the following individuals:

PRESIDENT-ELECT (2015–2016)

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REPRESENTATIVE-AT-LARGE (2015–2018)

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SECRETARY-TREASURER (2016–2019)

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NAME (printed) \_\_\_\_\_

SIGNATURE (required) \_\_\_\_\_

## 2015 Call for Nominations

**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, 2015, 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 this nomination form to Christopher Martell, Ph.D., Leadership & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.**

*Good governance* requires participation of the membership in the elections. ABCT is a membership organization that runs democratically. We need your participation to continue to thrive as an organization.

**NOTE:** To be nominated for President-Elect of ABCT, it is recommended that a candidate has served on the ABCT Board of Directors in some capacity; served as a coordinator; served as a committee chair or SIG chair; served on the Finance Committee; or have made other significant contributions to the Association as determined by the Leadership and Elections Committee. Candidates for the position of President-Elect shall ensure that during his/her term as President-Elect and President of the ABCT, the officer shall not serve as President of a competing or complementary professional organization during these terms of office; and the candidate can ensure that their work on other professional boards will not interfere with their responsibilities to ABCT during the presidential cycle.

This coming year we need nominations for three elected positions: President-Elect, Representative-at-Large, and Secretary-Treasurer. Each representative serves as a liaison to one of the branches of the association. The representative position up for 2015 election will serve as the liaison to Convention and Education Issues.

A thorough description of each position can be found in ABCT's bylaws: [www.abct.org/docs/Home/byLaws.pdf](http://www.abct.org/docs/Home/byLaws.pdf).

### Three Ways to Nominate

- ➔ Mail the form to the ABCT office (address above)
- ➔ Fill out the nomination form by hand and fax it to the office at 212-647-1865
- ➔ Fill out the nomination form by hand and then scan the form as a PDF file and email the PDF as an attachment to our committee: [membership@abct.org](mailto:membership@abct.org).

The nomination form  
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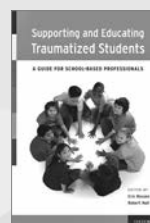
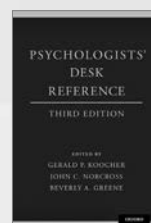
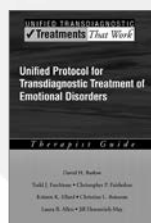
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