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PRESIDENT'S MESSAGE

Looking Ahead

Martin M. Antony,
Ryerson University

WELCOME TO MY FIRST president's message in *the Behavior Therapist*. In this column, I will share some plans for the coming year, including our upcoming strategic planning exercise, an initiative to measure and enhance student engagement, and preliminary plans for the upcoming convention. I will end with a few recent examples of collaborations between ABCT and various other groups.

Strategic Planning

One of my primary projects for the coming year involves leading our strategic planning process, an exercise that occurs every 3 years. The Board will meet in June 2020 to develop a new 3-year strategic plan. We don't expect dramatic changes to our strategic initiatives, which currently include (a) member community and value, (b) dissemination and implementation, (c) innovation and advancement of science, (d) fundraising, (e) outreach, (f) partnerships and coalitions, (g) globalization, and (h) technology. Rather, the focus of our work will likely be on applying the same evidence-based principles to ABCT governance that we all use in our day-to-day work outside of ABCT. Our plan is for ABCT governance to become more data-driven. Essentially, we want to be better able to answer the question, "How will we know if we are meeting our strategic directions?" Over the coming months, we will articulate strategic

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- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
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goals, identify key performance indicators, and develop methods for measuring outcomes. This shift toward data-driven governance was started toward the end of Bruce Chorpita's 2018–2019 term as ABCT President, and will continue as we develop our next strategic plan. We will also continue the work that was begun by 2017–2018 President Sabine Wilhelm, focusing on the use of technology to enhance ABCT's mission. Over the next year, keep an eye out for improvements to the ways in which ABCT uses technology in its day-to-day operations, including our website, membership portal, list serve, and other technology-related functions.

Student Engagement

Students make up a substantial component of ABCT's membership. During my year as president, I plan to assess the role of student members in ABCT governance, and to enhance student engagement. To what extent are we meeting the needs of our student members? Do student members have adequate representation in ABCT governance (e.g., committees, special interest group leadership)? Do student members need a stronger voice in the organization? Ensuring involvement of our student members in leadership roles will help to provide them with relevant training experiences they are unlikely to receive elsewhere, and will help ABCT meet the needs of all of its members.

2020 Convention

The theme has been set for the 2020 convention in Philadelphia: *Better Access, Better Outcomes: Enhancing the Impact of Behavioral and Cognitive Therapies*. Shannon Wiltsey-Stirman (2020 Program Chair), Dan Cheron (2020 Associate Program Chair), and I are currently working on an exciting lineup of invited speakers for the convention. Stay tuned for more information as it becomes available.

Collaborative Initiatives

Over the past while, ABCT has joined a number of larger initiatives that relate to our strategic goals. In December, the Board cosigned a letter from the Mental Health Liaison Group strongly encouraging the U.S. Department of Health and Human Services (HHS) to withdraw its decision to stop enforcing regulations requiring HHS-funded service providers to not discriminate based on factors unrelated to merit, such as race, color, national origin, disability, sexual orientation, gender identity, sex, or religion. We also signed on to a statement from Coalition for the Advancement and Application of Psychological Science (CAAPS) providing feedback to the American Psychological Association on its Guideline for Implementation of Evidence-Based Practice. Finally, Amie Grills (ABCT Representative-at-Large) has agreed to represent ABCT at a meeting of a Task Force on Interprofessional Practice, launched by the American Psychiatric Association. The goal of the task force is to "engage stakeholders from mental health organizations to produce joint principles of effective collaboration to promote access to high quality treatment for persons with serious mental illness." The task force includes elected leaders from 11 associations representing a broad range of professions (e.g., psychologists, psychiatrists, nurse practitioners, social workers, pharmacists, counselors, and various others). Our involvement in this task force will provide an opportunity to ensure that whatever recommendations are generated by the task force are consistent with the principles of evidence-based care that are at the core of our values.

I very much look forward to serving ABCT as President over the coming year, and to be working with the Board, central office, and dozens of coordinators, committee chairs, editors, and members to support their important work.

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The author has no conflicts of interest or funding to disclose pertaining to this article.

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AT ABCT

From Your Executive Director: What Your Leadership and Staff Are Working on to Serve You Better

Mary Jane Eimer,
Executive Director

Best wishes to you for a happy, healthy, and productive new year! We are ready for 2020 and many activities are under way.

The Board of Directors met December 9 and approved additional priorities for our strategic plan, along with the 2020 action items as follows:

KPI Discussion

- The President and Executive Director are to develop a template for Key Performance Indicators (KPIs) and have coordinators integrate them into their reports.
- Coordinators and staff will develop a schedule to determine KPIs for each committee and editorial board.
- The Board will focus on the quality of work, innovations, or updates from committee chairs and editors.

Dissemination

The Immediate Past President was tasked with defining what dissemination and implementation means to ABCT. It must be mission-related, science-based, and much more than a marketing initiative. He has been working with a heterogeneous group on this project. The Board of Directors would like the group to develop a think tank as a next step.

Strategic Initiatives

- *Globalization*: leadership is to ask members with an interest in global health whether they might be interested in getting more involved (e.g., developing global mental health SIG). There is a

growing trend in the field regarding global health. We need to understand the issues and determine how we can best inform our membership and the field.

- *Increasing diversity in ABCT leadership and governance*: In an ironic turn, the meetings held in Atlanta helped raise awareness of our need for "Increasing diversity in ABCT's leadership and governance positions" in our strategic plan. This is being addressed throughout the ABCT governance.

Convention

Program Chair: As the program grows in size, diversity of topics, formats, and scheduling, leadership and staff are examining ways of restructuring the program chair role as well as the technology used.

ABCT is a member-driven organization with high expectations. We want to be your #1 choice as a professional home. We work to be proactive and anticipatory of your needs in an ever-changing environment. Over the coming months you can expect more surveys and queries as our Board and Coordinators prepare for the June Strategic Planning Retreat. We will be counting on you to share your opinions and feedback. Only if we know what you want can we to work to give it to you. I know we can count on you.

Until next time!

. . .

Correspondence to Mary Jane Eimer, CAE, Executive Director, ABCT, 305 Seventh Ave., Suite 1601, New York, NY 10001; mjeimer@abct.org

NEWS

Reflections on the 2019 ABCT Presidential Address: "Increasing the World's Therapeutic Intelligence Through Strategic Alignment of Individuals, Institutions, and Industries"

Kelsie H. Okamura, Emily M. Becker-Haimes, Trina E. Orimoto, Alayna L. Park, *UCLA*

To tackle large social problems we cannot be intimidated into working at the fringes or allowing ourselves to feel satisfied with small steps forward. We need big leaps for humanity…We are equipped with more information and material resources than ever before in history. —Deiglmeier & Greco (2018)

Roughly 20% of the world's population will experience some type of mental health concern in their lifetime (Substance Abuse and Mental Health Services Administration, 2016). However, most people with mental health concerns will receive no treatment, and those who do will receive treatment that is not informed by science or the evidence base (Kazdin & Blase, 2011). It was thus timely that this year's ABCT convention, held in Atlanta, GA, on November 21-24, 2019, highlighted the importance of extending the social impact of cognitive and behavioral science. In line with the conference theme, Dr. Bruce Chorpita's presidential address challenged ABCT members to think of how science discussed throughout the convention could and should be coordinated to better achieve ABCT's mission of promoting health and wellness. Dr. Chorpita is a professor of Psychology, Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles. His ongoing research is aimed at improving the effectiveness of mental health service systems for children through innovation in mental health treatment design, clinical decision-making, information-delivery models, and service system architecture.

Dr. Chorpita began his address by discussing the research to practice gap, noting the need to leverage science to transform lives, build healthier families and strong communities, alleviate human suffering, and enhance health and well-being. From our perspective, there were four key takeaways from his talk: (a) the field of cognitive and behavioral science knows a lot about how to address mental health challenges and has unprecedented technological capabilities to organize and deliver knowledge where it is needed; (b) there is more to be done to improve the effectiveness of our treatments, especially for problem areas in which we do not yet have EBPs, for people who struggle to make it all the way through our evidence-based treatment packages (Guan et al., 2017), and for those who do not achieve symptom remission with our best treatments; (c) the evidence base is continuing to expand (Okamura et al., 2019), in no small part due to the translational research conducted by ABCT members; and (d) there is an emerging literature base for how we can distill the rapidly expanding science into clinician-friendly tools that support the delivery of high-quality care in large, community mental health systems.

From our perspective, the most thought-provoking moment of the talk came when Dr. Chorpita highlighted the potential for "coordinated knowledge systems" to represent the next generation of mental health intervention. These coordinated knowledge systems are novel clinical decision-making tools that empower clinicians to make evidence-guided treatment decisions and have the potential for advancing the reach of our effective treatments, akin to how GPS navigation systems represent large advancements over the traditional paper maps by bundling existing knowledge into compact, user-friendly tools that guide us from point A to point B. These tools meet users where they are, incorporate preferences, automatically recalculate when they need to shift course, and easily evolve with live updates to the knowledge base. Interestingly, Dr. Chorpita cited a recent study from Becker, Park, Boustani, and Chorpita (2019) demonstrating that school-based providers made more evidence-informed clinical decisions

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when given coordinated knowledge system (i.e., GPS) than when they were given information about evidence-informed practices without guidance on how to coordinate those practices (i.e., maps).

The global burden of mental health is likely to be one of the world's largest societal concerns of our time. Evidence-based treatments have been shown to reduce some of this burden; however, our field faces a knowledge oversaturation problem and we need easier (not necessarily simpler) design solutions to extract actionable wisdom from knowledge (Chorpita & Daleiden, 2014, 2018). Dr. Chorpita's presidential address tasked ABCT members to expand existing science's reach through novel innovations that allow end-users to easily deliver the most effective treatments for people suffering from mental health concerns. To do this, we need to consider the role of necessary structures (e.g., funding mechanisms) and institutions (both in academia and government) to better align priorities for advancing science. Next, we must address guild issues in the mental health workforce to design the next generation of treatments that can be delivered within the expansive landscape. Finally, we must be creative in our design of tools that simultaneously update and remain relevant for end-users. Our goal in this next generation of research must be to narrow the quality chasm even further, and Dr. Chorpita has given us ideas that addresses the gap in multiple pathways. It is our hope that future ABCT conventions will continue to balance discussions between how to advance the science of treatment in mental health while concomitantly thinking about how to revolutionize service delivery to maximize the likelihood that all those in need of mental health treatment receive high-quality, evidence-based care.

A full recording of Dr. Chorpita's 2019 presidential address is available at http://www.abct.org/resources/?m=mResources&fa=Videos.

References

Becker, K. D., Park, A. L., Boustani, M. M., & Chorpita, B. F. (2019). A pilot study to examine the feasibility and acceptability of a coordinated intervention design to address treatment engagement challenges in school mental health services. *Journal of School Psychology, 76*, 78–88.

Chorpita, B. F., & Daleiden, E. L. (2014). Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child and Adolescent Psychology, 43*, 323-338.

Chorpita, B. F., & Daleiden, E. L. (2018). Coordinated strategic action: Aspiring to wisdom in mental health service systems. *Clinical Psychology: Science and Practice, 25*, 1-14.

Deiglmeier, K. & Greco, A. (2018, August, 10). *Why proven solutions struggle to scale up* [Blog post]. Retrieved from https://ssir.org/articles/entry/why_proven_solutions_struggle_to_scale_up

Guan, K., Levy, M. C., Kim, R. E., Brown, T. E., Reding, M. E., Rith-Najarian, L., ... Chorpita, B. F. (2017). Managing in-session "surprises:" Provider responses to emergent life events during evidence-based treatment implementation. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(2), 164-176.

Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science, 6*(1), 21–37.

Okamura, K.H., Orimoto, T.E., Nakamura, B.J., Chang, B., Chorpita, B.F. & Beidas, R.S. (2019). A history of child and adolescent treatment through a distillation lens: Looking back to move forward. *Journal of Behavioral Health Services Research*. Advance online publication.

Substance Abuse and Mental Health Services Administration. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Rockville, MD: Center for Behavioral Health Statistics and Quality. Retrieved from https://www.samhsa.gov/data/

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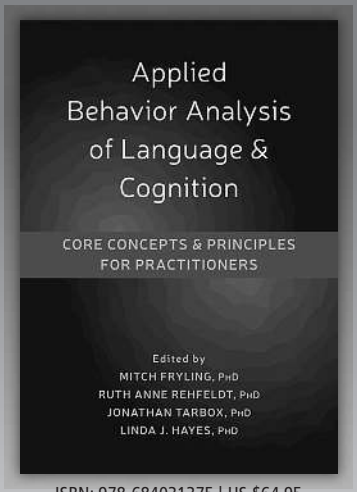

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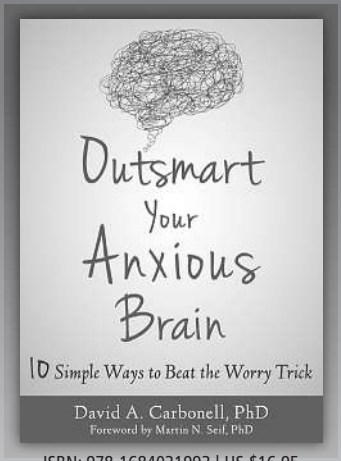

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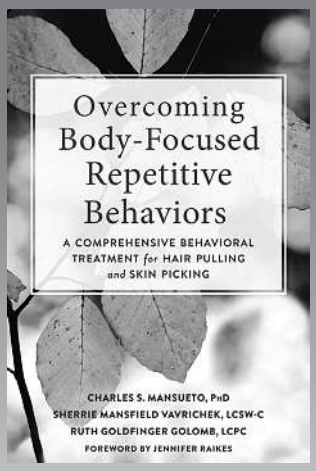

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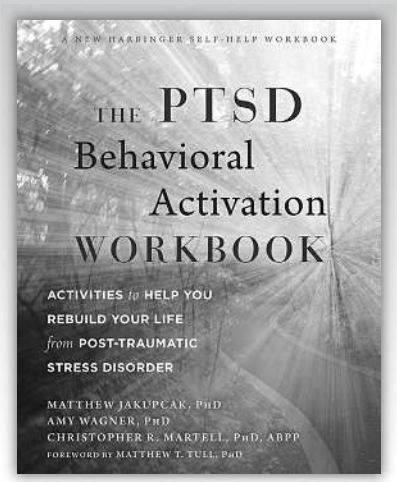

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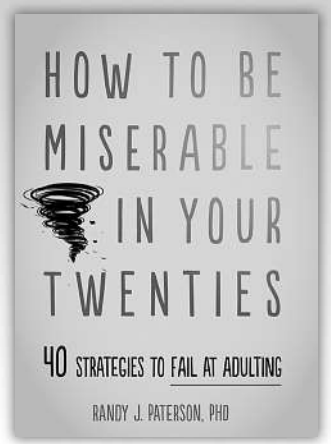

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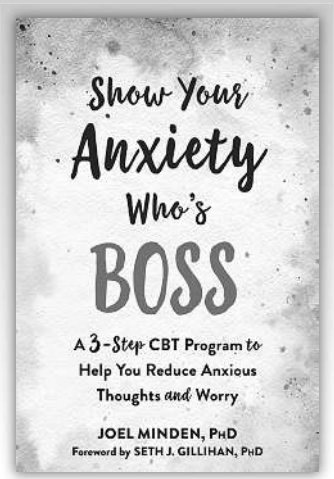

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OP-ED

Stepping Up Our Game: How ABCT Members Can Do More to Promote Equity, Access, and Inclusion by Rethinking Our Reliance on the GRE

Carolyn Black Becker, *Trinity University*

IN NOVEMBER 2019, ABCT members were informed via email that the Board of Directors had created a task force to foster equity, access, and inclusion. According to the email, the task force was charged with generating both data and recommendations that could be used to advance equal access and inclusion across a range of ABCT domains including, but not limited to, the convention, membership issues, ABCT journal editorial boards, and ABCT policies. ABCT leadership should be commended for taking a hard look at the ways in which ABCT institutions might create barriers for underrepresented professionals. This clearly is an important step for ABCT.

I am going to argue, however, that ABCT and its membership can and should do more. More specifically, we should not constrain our goals to equity and inclusion within ABCT, because if we do, we will fail to become the diverse organization I genuinely believe we want to become. Although it is critically important to look at ways in which ABCT institutions limit our diversity, as well as our ability to be a welcoming organization for the diverse range of professionals, we must remember that ABCT has a diversity problem, in part, because the mental health field has a diversity problem.

Consider the numbers that I recently reviewed in my final presidential column for the Society for a Science of Clinical Psychology (SSCP; Becker, 2019). Note that I focus on doctoral-level psychologists here because these numbers are easier to find than ones for master's-level clinicians. According to the National Science Foundation (NSF), clinical psychology doctoral programs in the United States awarded 1,149 degrees in 2017. Of the 1,044 degrees for which race/ethnicity data are available, a mere 68 degrees were awarded to Black students. Unfortunately, Latinx (99 degrees) and Asian students (77 degrees) were only marginally better represented. These numbers are troubling for a number of reasons, not the least of which are that these three ethnic/racial groups represent almost 40% of the U.S. population and we need greater diversity among clinicians and researchers in the mental health field to address the treatment gap (Kazdin & Blasé, 2011).

These numbers also suggest that ABCT is going to struggle to change its demographics. As best I can tell, ABCT has approximately 5,000+ members, with psychologists representing the largest group of members. The American Psychological Association (APA), in contrast, has over 100,000 members. In other words, to date, ABCT has been able to attract approximately 5% of the membership of APA. This is not a critique of ABCT; clearly ABCT has a very different mission than APA. For the sake of argument, however, I am going to use these numbers and assume that all 68 of the Black psychologists who received degrees in 2017 joined APA and 5% also joined ABCT. In my fictional scenario, ABCT gains only 3 new Black psychologists in 2017. Even if ABCT managed to double that percentage, we would still be recruiting in the single digits. Currently, approximately 13% of the U.S. population is Black. That means that ABCT actually needs 650 Black members for proportional representation, and if our convention is any indication—we have some work to do. Of course, I realize that we could debate the specific numbers that I have just presented, but I propose the argument I am making still holds water. We have a pipeline problem when it comes to diversifying ABCT. If the field continues to diversify at the current rate, ABCT will likely never see the change we want to see.

So what are we to do? It is clear that graduate programs that train mental health clinicians, scientists, and scientist practitioners have made efforts to increase the diversity of their students. One indicator of this is the increasing availability of diversity "weekends," during which programs invite underrepresented students to visit their program and learn about the application process. Yet, in spite of these and other efforts, the field is not diversifying anywhere near as rapidly as we need it to diversify (Kazdin & Blasé, 2011). Thus, I propose that we need to consider structural barriers we are not addressing. Fortunately, ABCT members include many faculty members at the very graduate programs that will train our future members. Thus, ABCT, by virtue of its membership, is in a place to begin to tackle these structural barriers so that the field creates a larger, more diverse pool from which to recruit.

One structural barrier that I, and others, would like to see dismantled is the GRE. Advocates for dropping the GRE have made a three-pronged argument for their position. First, the GRE is widely recognized to be a flawed assessment measure that disadvantages underrepresented students of color relative to White students (e.g., Garces, 2014; Smith & Garrison, 2005). For instance, after reviewing the 2012–2017 GRE report from the Educational Testing Service (ETS), which is the company that owns and administers the GRE, I found that, on average, Black women score lower than any other race/ethnic/gender group. I am not the first to note this. For instance, in a 2014 *Nature* article, physicists Miller and Stassun contended that the GRE is "a better indicator of sex and skin colour than of ability and ultimate success." In the same year, Garces argued that standardized tests are deficient indicators of success for underrepresented students of color, and that admissions committees need to alter their reliance on such measures. Similarly, after a comprehensive review of graduate admissions, Posselt (2016) stated that admissions committees in many graduate programs continue to rely on criteria that maintain inequities and hamper diversity.

The second argument is that that GRE represents a significant financial barrier for students with limited economic resources. The standard fee for the GRE is $205, which comes with 4 free score reports. If programs require the psychology subject GRE, students also must pay $150 for that test; and each additional score report costs $27. All of this comes on top of the cost of applying to graduate programs, as well as the cost of visiting if one is granted an interview. On its website, ETS states that it has a "limited number fee reduction vouchers" for those who can demonstrate sufficient financial need. Yet even with this

voucher the test still costs $100, which is a significant cost for many impoverished students, some of whom are poor enough to experience or be at risk for food insecurity (Payne-Sturges et al., 2018). For a student who is lucky enough to get one of these vouchers, and who applies to 13 graduate programs (a not uncommon number for a clinical doctoral degree), the out-of-pocket GRE expense is still $343 before spending any money on a test preparation, which also can be very expensive. For instance, a live online course from Kaplan starts at $999, and tutoring runs upwards of $2,200. If students who are disadvantaged by the GRE decide to forgo these latter expenses, then they are operating on an uneven playing field relative to those who can afford such testing support and/or are from a demographic that typically performs well on the GRE.

All of this expense (and added stress and time) might be justified if the GRE were a very accurate and reliable predictor of graduate school success, but this is not the case. Indeed, the GRE is increasingly being described as a quite poor predictor of success in STEM graduate programs (e.g., Miller et al., 2019; Petersen et al., 2018). It is worth noting that even ETS staff acknowledge the lack of predictive power for Ph.D. completion. For example, David Payne, who is an ETS vice president, has reportedly stated that the GRE was "never intended to predict Ph.D. completion" (Halford, 2019).

All of the above reasons underpin movements in other fields to eliminate use of the GRE. For instance, approximately 300 biological science/neuroscience programs (Langin, 2019; see Google Docs link at end of column for a list of programs) have entirely dropped use of the GRE, and chemistry programs are actively considering doing the same (Halford, 2019). Moreover, both Princeton and Brown have altered university-wide rules to allow individual departments to make the decision regarding continued use or abandonment of the GRE. To date, at least 14 programs at Princeton (Aronson, 2019) and 24 at Brown (Jaschik, 2019) have dropped the GRE. Stanford also has changed university policy and now allows its individual schools autonomy in deciding whether or not to use the GRE (Hayward, 2018).

There is precedent for a professional organization calling for reduced reliance on the GRE. In 2016, the American Astronomical Society called on graduate programs to limit their use of the GRE. Since then, 24 faculty in that field from a variety of universities have generated a white paper that provides a step-by-step guide to dropping the GRE in astronomy and astrophysics admissions (Burgasser et al., 2019). In this paper, the authors provide some case studies of departments that dropped the GRE. The case of Harvard provides at least some support for the notion that removal of the GRE will increase diversity in the applicant pool. After dropping the GRE, Harvard's astronomy department witnessed a 169% increase in applications from underrepresented minorities.

In addition to the above arguments, my motivation for challenging us to eliminate use of the GRE (or minimize its impact if universities do not allow programs to drop it) has been fueled by personally witnessing the degree to which the GRE (and the ways in which admissions committees use it) can impact the ability of talented underrepresented students to join our ranks. In my

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column for SSCP, I described in detail the case of Jordan, a Black woman who spent over 2 years as an undergraduate working in my lab at Trinity University. To limit replication, I summarize her case here (for those who wish to read the full case, it can be accessed at http://www.sscpweb.org/clinicalscience). In my opinion, Jordan provides an excellent case example of the impact of the GRE in both masters and doctoral admissions.

Jordan's graduate school admissions saga began immediately after taking the GRE. Although Jordan knew she wanted to pursue a clinical psychology Ph.D, she decided to first attend a master's program to boost her credentials in light of poor GRE scores. It is worth noting that Jordan's "very weak" GRE scores were 5 points above the mean for Black women. For my SSCP column, I reviewed both the average ETS scores for White men and Black women as well as 20 years of data that I have collected on Trinity students who apply to doctoral programs. Based on that review, I can say with a high degree of confidence that if Jordan had been a White man and scored 5 points above the mean for White men, most clinical doctoral programs would have found those scores to be completely acceptable.

Jordan was initially rejected by every master's program to which she applied, despite extremely strong letters of recommendation, outstanding research experience, and a GPA that more than met the master's programs' GPA requirements. By calling several programs, I was able to confirm that her rejections were based on her "unacceptable" GRE scores. Fortunately, Jordan's story did not end there, and she was ultimately accepted by the CBT-oriented program at Assumption College, which long ago abandoned use of the GRE for admissions. Here, Jordan had the chance to demonstrate just how poorly the GRE predicted her ability to succeed. She graduated with a 3.87, completed a thesis, and defended her oral exam with distinction.

Jordan then embarked on the admissions process for clinical psychology doctoral programs. Based on her master's program admissions experience, Jordan put everything she had into improving her GRE scores, going as far as (a) reducing her work from full time to part time (thus weakening her financial stability), (b) hiring a GRE tutor (at vast expense), and (c) studying extensively. However, she was unable to markedly improve her GRE scores. Because Jordan had everything that we say we value in clinical psychology doctoral applicants, including multiple publications, I encouraged her to apply in spite of her GRE scores. In the end, Jordan received two interview invitations and gained acceptance to one program that had no minimum GRE criteria. Today, Jordan is thriving in her graduate program and has been awarded a small grant to support her research.

As with Jordan's master's experience, I was able to informally gather some information about the impact of the GRE on Jordan's admissions process, and as noted in Becker (2019), faculty from multiple universities confirmed that it played a significant role in blocking her admission to other programs. To summarize, a Black woman who had (a) several publications, (b) very strong clinical research experience, (c) a 3.87 masters GPA, (d) numerous posters at ABCT, (e) excellent CBT clinical training, (f) great letters of recommendations by well-known professors, (g) solid advising, and (h) successfully completed a master's thesis was denied admission by every clinical doctoral program to which she applied, except one that did not heavily value the GRE. Further, were it not for Assumption College's abandonment of the GRE as a factor in admissions, this same Black woman likely would have been barred from obtaining a master's degree because of the way other programs continue to use the GRE. All of this leaves me with the following question: How is ABCT going to significantly change the diversity of its membership if it fails to find a way to start dismantling the structural barriers that prevent the Jordans of the world from getting the graduate training they need to become long-term, vibrant and contributing members of ABCT?

I will end by sharing some good news and issuing a couple of challenges. The good news is that over the past month, several programs have informed me that they are eliminating the use of a minimum GRE cut point, publicizing the fact that they don't rely on a minimum score, and/or considering changing how the GRE is used in admissions. ABCT, however, could follow in the footsteps of American Astronomical Society and issue a statement actively asking faculty in graduate programs to consider changing how they use the GRE in the admissions process. In addition, to my knowledge, no clinical doctoral program has moved to follow Assumption College and the 300+ programs in the biological/neuroscience fields. Yet dropping use of the GRE altogether is necessary to truly eliminate the financial barrier that goes along with the GRE.

References

Aronson, E. (2019). *Princeton eliminates GRE test requirement for 14 graduate programs*. Retrieved from https://www.princeton.edu/news/2019/09/17/princeton-eliminates-gre-test-requirement-14-graduate-programs.

Becker, C. B. (2019). Can we do better? Addressing structural barriers to increasing diversity in clinical psychology. *Clinical Science, 23*, p. 2-4.

Burgasser, A., Aarnio, A., Abazajian, N., Agüeros, M., Barranco, J., Berta-Thompson, Z., . . . Venkatesan, A. (2019). *It's time to eliminate the GRE and PGRE in all astronomy and astrophysics PhD programs: Motivation, implementation and outcomes*. Retrieved from https://baas.aas.org/wp-content/uploads/2019/09/038_burgasser.pdf

Educational Testing Service (2017). *A snapshot of the individuals who took the GRE-revised general test*. Retrieved from https://www.ets.org/s/gre/pdf/snapshot_test_taker_data_2017.pdf.

Garces, L. M. (2014). Aligning diversity, quality, and equity: The implications of legal and public policy developments for promoting racial diversity in graduate studies. *American Journal of Education, 120*(4), 457-480.

Halford, B. (2019). Is there a future for the GRE? *Chemical and Engineering News.* Retrieved from https://cen.acs.org/education/graduate-education/future-GRE/97/i5.

Hayward, B. (2018). *Faculty senate adjusts policies on GRE, graduate advising*. Retrieved from https://news.stanford.edu/2018/04/13/faculty-senate-graduate-education/.

Jaschik, S. (2019). *Graduate school without the GRE.* Retrieved from https://www.insidehighered.com/admissions/article/2019/10/07/brown-follows-princeton-letting-departments-make-choice-gre

Kazdin, A. E., & Blasé, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science, 6*(1), 21-37.

Langin, K. (2019). *A wave of graduate programs drop the GRE application requirement.* Science. Retrieved from https://www.sciencemag.org/careers/2019/05/wave-graduate-programs-drop-gre-application-requirement.

Miller, C., & Stassun, K. (2014). A test that fails. *Nature, 510*, 303-304. doi:10.1038/nj7504-303a

Miller, C. W., Zwickl, B. M., Posselt, J. R., Silvestrini, R. T., & Hodapp, T. (2019). Typical physics Ph.D. admissions criteria limit access to underrepresented groups but fail to predict doctoral completion. *Science Advances, 5*(1), eaat7550.

National Science Foundation, National Center for Science and Engineering Statistics, Survey of Earned Doctorates, 2017. Retrieved from https://ncses.nsf.gov/pubs/nsf19301/data

Payne-Sturges, D. C., Tjaden, A., Caldeira, K. M., Vincent, K. B., & Arria, A. M. (2018). Student hunger on campus: food insecurity among college students and implications for academic institutions. *American Journal of Health Promotion, 32*(2), 349-354.

Petersen, S. L., Erenrich, E. S., Levine, D. L., Vigoreaux, J., & Gile, K. (2018). Multi-institutional study of GRE scores as predictors of STEM PhD degree completion: GRE gets a low mark. *PloS one, 13*(10), e0206570. https://doi.org/10.1371/journal.pone.0206570.

Posselt, J. R. (2016). *Inside graduate admissions*. Harvard University Press.

Smith, D. G. & Garrison, G. (2005). The impending loss of talent: An exploratory study challenging assumptions about testing and merit. *Teachers College Record, 17*, 629-653.

. . .

To see the ongoing list of schools in the bio/biomedical sciences dropping the GRE, go to https://docs.google.com/spreadsheets/d/1MYcxZMhf97H5Uxr2Y7XndHn6eEC5oO8XWQi2PU5jLxQ/edit#gid=0

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LITERATURE REVIEW

Evolvement, Current Status, and Modifications of CBT in China and Taiwan

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COGNITIVE BEHAVIORAL THERAPY (CBT) refers to a counseling and psychotherapy approach that believes that psychological distress or mental issues are mainly caused by maladaptive thinking/beliefs and/or learned behaviors (Chen & Davenport, 2005). CBT was developed in the U.S. during the 1960s yet has continued to evolve over the next 2–3 decades by incorporating both cognitive and behavioral therapy principles (Guo & Hanley, 2015). Therefore, a large number of specific theories such as REBT, CT, and ACT can all be considered falling into the broadly defined CBT category. A remarkable body of empirical research have been conducted in the U.S. and many other Western countries, and collectively they have provided compelling evidence for the treatment effect of CBT on a wide range of mental health issues (Hwang, 2006).

CBT was developed from the Western cultural context and most of the cumulated empirical evidence is based on Western samples. Due to the sharp differences between Western and Chinese culture as well as the profound influences of cultural factors on one's mental health and well-being, cross-cultural therapists have cautioned that the straight implementation of traditional Western psychotherapy theories or interventions (including CBT) may not work as effectively for Chinese individuals (Ling, 2002; Wang & Scalise, 2010). Cross-cultural researchers have called for more research and clinical work devoted to cultural adaptations and/or modifications on the CBT framework and/or interventions (Hwang, Wood, Lin, & Cheung, 2006).

This article has two purposes. First, we provide a brief overview of the history, development, and current status of CBT-based treatment in China and Taiwan separately. Although Chinese culture is the predominant social, cultural, and behavioral norm in both Taiwan and China, these two societies have distinctly different political and economic systems from each other and have been ruled by different governments since 1949. Therefore, CBT has had different evolving paths in China and Taiwan that require separate descriptions. The second purpose of this article is to explore what cultural adaptation work has been accomplished by the mental health community to modify CBT models or interventions for Chinese clients and patients to increase its fit with the Chinese cultural context.

History, Development, and Current Status of CBT in China

Among various theories and mental health treatment approaches, CBT was one of the first to be introduced to China after the People's Republic of China was established in 1949 (Ling, 2002). The starting point of CBT in China can be traced back to the development of the Rapid Comprehensive Treatment (RCT) to treat *neurasthenia*, the term used to describe severe and chronic mental weakening and/or exhaustion syndromes before the mental disorder diagnosis classification system was establish (Han & Zhang, 2007; Institute of Psychology Chinese Academic of Sciences, 1959). The RCT was a joint effort by psychological and psychiatric professionals in China in the 1950s and its characteristics included the following: short-term (generally 2–4 weeks), combined modalities (e.g., lectures to explain relevant knowledge of neurasthenia, individual therapy, group discussion to share treatment experience between group sections), and inclusion of indigenous therapeutic interventions (e.g., TaiJi, QiGong, physical therapy, physical exercise, rearrangement of living environment, assigned labor or physical work). In 1959, the name of RCT was formally proposed by the Medical Psychology Group of the Institute of Psychology, Chinese Academy of Sciences (Institute of Psychology

Chinese Academic of Sciences, 1959). Unfortunately, the development of CBT as well as the entire discipline of psychology disappeared abruptly in China during the 1960s due to a series of socio-political movements (Four Cleanup Movement, Imitation of Lei Feng, and eventually the Cultural Revolution) occurring in China at that time (Han & Zhang, 2007; Jing, 1994).

After the Chinese Cultural Revolution ended in 1976 and China launched the Reform and Openness policy in 1979, the psychology discipline and psychotherapy were brought back to the country (Jing, 1994). In the late 1980s, the German-Chinese Academy for Psychotherapy (GCAP) began to offer continuous training programs in several major cities in China, and CBT was one of the three treatment approaches covered in the GCAP training program. In 2002, CBT was included in the National Certification Examination for psychological counselors regulated by the Labor Ministry (Sun & Ning, 2018). Since then, the development of CBT in China has been exponentially accelerated. In 2008, the Chinese Psychological Society established the Cognitive Behavioral Therapy Group under the Clinical and Counseling Committee to promote and advance training standards, research, and clinical utilization of CBT in China (Chen, Qian, Zhang, & Zhang, 2010).

With the rapid economic development occurring in China in the past 30 years, there has been a strong and increasing demand in recent years (and in a foreseeable future) for effective counseling and psychotherapy treatment models to address mental health issues of Chinese individuals (Sun & Zhang, 2018). Among different treatment options, CBT has been recognized as one of the most preferred therapy approaches by practitioners in educational, medical care, and counseling and psychotherapy settings (Liu et al., 2013). Findings from recent research suggest that CTS interventions are the most widely used therapy approach in centers and clinics that provide psychotherapy and psychological treatment around the country (Chen, Yao, & Li, 2015).

As CBT is gaining its popularity in China, the interactions between Chinese CBT professionals and international CBT communities have also sharply increased in the past 10 years. For instance, representatives of Chinese CBT were invited by the Asian Cognitive Behavioral Association to give a presentation introducing the rapid development of CBT in China in the 2011 CBT Conference in Asia held in South Korea. In 2015, the Chinese CBT Group hosted the 5th Asian CBT Conference in Nanjing. In 2019, Dr. Ning Zhang, the Director of Chinese CBT Group and Nanjing Medical University Brain Hospital, was elected into the 12-member committee of the World Congress of Cognitive and Behavioral Therapies (WCCBT) in the 9th world meeting of Behavioral and Cognitive Therapy. These events suggest that Chinese CBT community has become an indispensable part of the world's CBT development.

Major CBT Organizations, Research, and Training Resources

The Cognitive Behavioral Therapy Group under the Clinical and Counseling Committee of Chinese Psychological Society (CPS; http://cbtchina.com.cn) is the major professional organization that promotes the advancement of CBT in China (Sun & Zhang, 2018). The Chinese CBT Group includes the following six core centers affiliated with different hospitals, universities, or treatment centers across China: (a) NanJing Brain Hospital, (b) Beijing HuiLongGuan Brain Hospital, (c) Peking University, (d) Beijing Normal University, (e) Shanghai Mental Health Center, and (f) Sichuan Chinese-Western Medical Center.

In the past decade, a sizable body of research, including both efficacy and effectiveness studies, has been conducted to examine the effect of CBT treatment. Findings consistently indicate that CBT-based treatments and interventions are an effective approach for Chinese patients or clients with various mental health issues, including anxiety, depression, ADHD, behavioral problems, schizophrenia spectrum disorders, and distress related to HIV-diagnosis (e.g., Chen et al., 2010; Chen et al., 2015; Hsieh & Bean, 2014; Huang et al., 2016; Wong, Ting, & Chen, 2019; Yang et al., 2018).

CBT training in China is mainly influenced by two major training systems: the German model, which has a stronger emphasis on behavioral therapy, and the American model with an emphasis on cognitive therapy (Sun & Zhang, 2018). Among the outspoken and publically known CBT therapists in China, there is approximately an equal split between these two models (Sun & Zhang, 2018). However, given its historical influence, the curriculum structure and training requirements of the German-Chinese Academy for Psychotherapy (GCAP) are often used as the blueprint and benchmark for CBT training in China. A number of CBT training centers have been established in several major cities such as Beijing, Chengdu, Shanghai, and Nanjing. Each center has its unique training features, which help to show the diverse strengths of CBT. For instance, a number of training centers led by NanJing Brain Hospital offer CBT training closely following the GCAP model. Training provided by Beijing Normal University and its affiliated groups emphasizes the American model, whereas the Student Psychological Counseling Center at Peking University is leading another system that provides training in other behavioral therapy interventions (e.g., hypnosis).

In the U.S. or most other Western countries, accredited graduate training programs in clinical/counseling psychology or other mental health services take a major responsibility for training novel CBT therapists or providing continuous training workshops/programs to advance CBT practitioners' competencies. However, because most clinic/counseling psychology graduate programs in China are in the initial stage of development and do not have adequate resources and expertise to carry out the training task, individuals who desire to become new CBT practitioners mainly rely on attending short-term training workshops offered by qualified trainers affiliated with the abovementioned CBT centers (Sun & Zhang, 2018). Lacking a comprehensive training system in China has been recognized as one of the major limitations of the current CBT status in China (Sun & Zhang, 2018). Having more graduate psychology training programs be qualified to train CBT practitioners would be the most important boost to the current development of CBT in China (Sun & Zhang, 2018). In addition, the leading figures and the CBT Group committee members in CPS have begun to discuss the accreditation system for cognitive behavioral therapists in China. In the near future, the standards and expectations for the required training curriculum, credentials, and criteria for certified CBT therapists will be established in China.

The Development and Current Status of CBT in Taiwan

Among different CBT-related theories and treatment models, Rational-Emotive Therapy (RET; later called "Rational Emotive Behavior Therapy"; REBT) was the first to be introduced to the psychotherapy literature in Taiwan in the late 1970s. The earliest peer-review journal article that

could be located in Taiwan about CBT is the one by Tsui in 1978, which described the philosophies and main concepts of RET. About 10 years later, journal articles describing cognitive therapy began to emerge in Taiwanese psychotherapy literatures. The article by Yeh and Ko (1988) is among the earliest publications that explained CT's model of depression and steps of treating depressive disorder. In the same year, Liao (1988) published an article illuminating how to use Socratic dialogue, one of the widely used CT techniques.

Throughout the 1980s and 1990s, a large volume of journal articles and textbooks (including those translated from English textbooks) describing various CBT approaches were published by scholars and expert therapists in Taiwan. These writings and publications not only provided additional details about concepts of different CBT theories and treatment models, but also addressed how CBT may be applied to distinct counseling and professional areas, such as career counseling (e.g., Chen, 1997), group therapy (Tseng, 1992), and supervision (Yang, 1992). In the last 20 years, CBT continues to be the most extensively researched treatment approach in the psychotherapy literature in Taiwan (Chang & Tai, 2005; Lin, 2016). Almost all of the counseling or psychotherapy experts in Taiwan are affiliated with graduate training programs (as professors or adjunct faculty) or university counseling centers (as staff psychologists or supervisors) who are also involved in training new therapists. Therefore, the large literature body in CBT paves a solid groundwork for the broad utilization of CBT in a wide range of mental health service settings (e.g., grade school, university, community-based counseling center, psychiatry hospital) as well as continues to promote its strong influence on mental health service practice in Taiwan.

It is worth mentioning that the mental health professional community in Taiwan has witnessed a rapid surge of mindfulness-based cognitive therapy (MBCT) in recent years. Part of this development is associated with the professional trend occurring in Western countries in the 21st century as well as the increasing research attention to mindfulness-based interventions in the U.S. (Piet & Hougaard, 2011). However, we also believe that another important reason why MBCT quickly gains remarkable acceptance among Taiwanese mental health professionals is that both mindfulness and meditation have a strong root in Eastern philosophies and religions (Li, 2019). In fact, many Taiwanese already used meditation exercises as a common method for self-care or self-enhancement before MBCT was introduced (Lin, 2016). When using "mindfulness" as a key word to search for literatures published in the past 10 years, more than 200 articles were located, which unequivocally speaks for its popularity. Moreover, several professional organizations (e.g., Mindfulness-Based Helping Association, Taiwan Mindfulness Association, etc.) have been established in Taiwan to promote mindfulness-based interventions and to provide trainings for professionals who are interested in becoming certified mindfulness therapists.

Observations From Taiwan CBT Literature

When using "cognitive therapy" or "cognitive behavioral therapy" as key words to search literature published in Taiwan, the results yielded more than 150 peer-review journal articles examining the treatment effects of different CBT approaches just in the past 10 years alone. With the accumulation of knowledge, the general effects of CBT treatment models and interventions for a wide range of clinical populations and presenting concerns have received strong empirical support. For instance, research conducted in Taiwan has examined the effects of CBT in treating college student clients with various disabilities and adjustment difficulties (Chiou, 2010; Lin, Chang, & Liew, 2013), major depressive disorder (e.g., Chen, Chang, Chou, Chou, & Lin, 2008; Chen, Hsu, Chang, & Chen, 2012; Kuo & Chiu, 2010; Wu & Chen, 2004), bipolar disorder (Hwang, Tsai, Lin, & Chang, 2009), posttraumatic stress disorder (Tang, 2012), schizophrenia (Chen, Chiou, & Wu, 2012; Lee & Jiang, 2018), hospital patients diagnosed with cancers (Fang & Li, 2008; Hu, 2018), heart disease (Pai, 2016), insomnia (Chen & Yang, 2006), and military students (Chiu, 2011).

After reviewing the CBT-related literature body published in Taiwan, a few interesting themes emerge. First, although CBT models and interventions are commonly used in both individual and group therapy, it appears that most empirical studies focusing on the treatment effect of individual therapy are conducted in hospital settings (e.g., Chang, 2009; Hwang et al., 2009; Kuo & Chiu, 2010), whereas research about CBT-based group interventions is generated from more balanced professional settings, including hospitals, grade schools, universities, and community counseling centers (e.g., Chen et al., 2008; Cheng, 2012; Lin et al., 2013; Tang, 2012). It is difficult to pinpoint what has contributed to the difference, but since the cumulative research on CBT-based group treatment effect demonstrates a more comprehensive representation of clientele from diverse settings, it definitely helps to boost the generalizability of the research findings.

Another theme observed from Taiwanese CBT literatures is that most effectiveness or efficacy studies with rigorous research methodology tend to focus on the group therapy mode, but there is a dearth of empirical research with an adequate sample size and sound research design to examine the effect of CBT models/interventions for individual therapy. Specifically, there are many published journal articles describing empirical studies adopting experimental or quasi-experimental research design to examine effects of CBT-related group interventions (e.g., Chen et al., 2012; Chiu, 2011; Lin et al., 2013). For example, Chen and her associates (2012) examined the effects of MBCT on group therapy clients who were diagnosed with major depressive disorder. The researchers used a two-group, pre- and postresearch design with multiple outcomes measures to examine potential treatment effects. They found that participants in the MBCT group showed significant improvement at the posttest stage in depressive symptoms, negative self-thinking pattern, and meta-cognition compared to those in the control group. On the other hand, the vast majority of published studies on individual CBT interventions are in the format of case study and did not use any standardized tests to evaluate the effectiveness of these treatments (e.g., Chang, 2009; Kuo & Chiu, 2010; Wu & Chen, 2004).

The third observation we drew from reviewing relevant literatures is that there appears to be a remarkable effort made by Taiwanese CBT therapists and scholars to integrate CBT-based concepts/interventions with other theoretical approaches. For instance, Fang and Li (2008) proposed an existential-cognitive model to treat patients with the comorbidity of cancer and major depression who were in the terminal stage of their illness. They outlined tenets and treatment processes of this approach, including facilitating patients' understanding of their illness and/or physical conditions, increasing patients' awareness of their negative automatic thoughts, challenging these negative thoughts by discussing with patients meanings of their life in the past, and assisting patients in con-

structing meanings in the present moment (Fang & Li). Other integrative efforts include combining CBT interventions with music and expressive therapy (Chen, Hsieh, Lee, & Liu, 2015), and creativity strategies (Chiu, 2011). Because all Taiwanese students in master's programs in counseling or clinical psychology are required to complete a research thesis (in contrast to the optional thesis track for graduate students in similar training programs in the U.S.) and they are expected by their faculty to examine the effect of a "new" model in their thesis projects, we suspect that it may have contributed to this integrated approach observed in the literature.

Modifications of CBT Conceptualizations and Interventions

Similar to most psychotherapy theories, many key CBT concepts or guiding principles for interventions (e.g., autonomy, egalitarian relationship, expression of emotions, etc.) are deeply rooted in the individualistic cultural norms and values prominent in most Western countries (Chen & Davenport, 2005; Ling, 2002). On the other hand, most Chinese societies (including China and Taiwan) are collectivist communities in which interpersonal harmony, social and familial structure and hierarchy, responsibilities and obligations, and emotional restraint are strongly emphasized (Wang & Scalise, 2010). Therefore, ever since CBT was introduced to Chinese societies, researchers and practitioners have been mindful about issues related to the applicability of CBT to clients in the Chinese cultural contexts as well as the needed modifications when working with Chinese clients (Guo & Hanley, 2015; Sun & Zhang, 2018).

Some researchers have advocated that compared to other Western-based psychotherapy theories or models, CBT has greater potential to become an effective therapy option for clients in Chinese societies because although mainly rooted in Western philosophies, it also possesses several features that show good fit with Chinese cultural characteristics. For instance, the operational focus of CBT on the thinking process and cognitive reconstructing matches with the philosophy and practice of self-control and self-examination prevalent in the Chinese culture context (Chen & Davenport, 2005; Guo & Hanley, 2015; Hwang et al., 2006). In addition, CBT's emphases on directiveness, taking action, and homework are consistent with the preferences on education and the pragmatic perspective endorsed by most Chinese people (Hsieh & Bean, 2014; Ling, 2002).

However, although almost all CBT journal articles or book chapters published in Taiwan or China have some discussions about cautions and needs for cultural modifications, there has not yet been a systematic investigation or approach taken to address this issue. Fortunately, in the recent 10 to 15 years some preliminary research efforts have been made by several CBT researchers and/or therapists to modify CBT interventions and/or the CBT conceptualization framework with a goal to increase the cultural applicability for Chinese clients. After reviewing relevant literatures, we classify these attempts into two different categories based on their focus and the extent of modifications made on the Western-based CBT treatments: modified CBT interventions and development of culture-based reconceptualization using the CBT framework. We located five specific studies representing the first category and present one example for the second one. Because there is only a very small number of available publications (in both Chinese and English journals) directly addressing this issue, we include two studies conducted in Western countries that examined the treatment effect of modified CBT interventions on first-generation Chinese immigrant clients. It is important to note that although speaking the same language and endorsing similar cultural values, those Chinese who immigrate to Western countries have to deal with challenges associated with adapting to the host cultures; therefore, their presenting concerns, coping behaviors, and resources may differ significantly from those residing in China or Taiwan. More details about these modification studies are described in the next section.

Examples of Modified CBT Treatment

Shen and associates shared their clinical experiences about a CBT-based 10-week, 2-hour per session each week, group therapy program in Vancouver, Canada designed to serve Cantonese-speaking, first-generation Chinese immigrant clients with depression (Shen, Alden, Sochting, & Tsang, 2006). The researchers noticed that Chinese often have high stigma associated with mental disorder; to address this issue, the group therapy program was described as "a course on mood management and self-change" (p. 520). They also highlighted the existent social hierarchy and expectation of professional expertise on the therapists from the clients. Therefore, Shen and colleagues increased the instructive component in the group process in that each group session included didactic presentation, practice of new techniques, and group discussion (Shen et al., 2006). The therapists noticed Chinese clients often considered beliefs related to one's responsibility (e.g., I must take care of my family) as universal truth and showed great reluctance in disclosure about their spousal relationships during the group therapy process. The researchers suggested to validate these culture-based beliefs but encouraged clients to take an "experimental attitude" when exploring the impacts of these beliefs (p. 524). An efficacy study with two-group pretest-posttest design was conducted on this modified CBT therapy group with a sample of 81 patients assigned to either the treatment-as-usual (TAU) group, which included visiting family doctors or psychiatrists and taking antidepressant medicines if needed, or the CBT therapy group (plus the existing medical treatment). The findings indicated promising results in that those who completed the therapy group showed significant improvement in multiple outcome measures compared to those in the control group (Shen et al., 2006).

Wong and Poon (2010) conducted a randomized, two-group (treatment vs. waiting list), pre-and-post study to empirically examine the efficacy of a 10-week/session "culturally attuned" CBT group using a sample of 68 Chinese parents with children with developmental disabilities in Australia (p. 742). The culturally attuned modifications the researchers made included (a) changing the terminologies into colloquial language for Chinese participants (e.g., "automatic thoughts" was changed to "thoughts traps" in the group process and manual); (b) the group therapists taking a more active approach during the initial stages in facilitating group discussions; and (c) focusing on family and interpersonal relationships when exploring unspoken rules or self-expectations that contributed to one's distress levels. Results of this study indicated that parents in the treatment group showed significant improvement in three out of the four outcome variables than those on the waiting list (Wong & Poon, 2010).

With a goal to gather useful information for CBT adaptation in China, Li et al. (2017) interviewed 15 hospital patients who were diagnosed with schizophrenia and had received CBT treatment, 15 care

providers for these patients, and 15 psychiatrists who provided CBT treatments to patients as their regular duties. Based on the findings from the qualitative analyses, the authors made several recommendations for modifications to increase the cultural competency of CBT interventions for Chinese clients. First, instead of developing a collaborative relationship, the CBT therapists may consider adapting a teacher-student interaction model with their patients. Second, Li and associates recommend increasing the portion of educational programs in the group treatment process to help patients and their care providers understand the illness because patients perceived the educational programs as the most helpful interventions. Third, interventions with concreate behavioral practices to enhance coping and social skills were described by participants as highly useful. Another recommendation is that the therapy processes must include a focus to address family conflicts. These recommendations demonstrate great cultural implications for implementing culturally adaptive CBT because they are consistent with many philosophies and common practices embedded in Chinese culture, such as respecting authority, valuing family, education, and practicality, and excising self-restraint (Guo & Hanley, 2015; Hsieh & Bean, 2014). On the other hand, Socratic questioning, a widely used CBT technique in the Western countries, is described as having poor fit with Chinese culture and may result in lowering patients' confidence in and the credibility of the CBT therapists (Li et al.).

Multiple modification attempts have been made by Taiwanese CBT therapists with a goal to increase its cultural applicability and maximize the effect of the implemented CBT interventions. For example, Tang (2012) developed a six-session brief CT counseling group for adolescents who suffered from posttraumatic stress disorder and conducted a randomized controlled clinical trial study in southern Taiwan to examine the treatment effect of the group therapy. The CT group counseling interventions included psychoeducational elements, mindfulness training, and self-help and seeking help from social support network. The cultural modifications included in the counseling group involved homeroom teachers and school counselors as part of the resource team from which adolescents received support and consultation prior to, during, and after the counseling group. Results indicated that the 20 adolescents in the CT group showed a significant reduction in the level of anxiety symptoms compared to those in the TAU group (receiving self-help readings, weekly individual meetings with teachers, and follow-up phone consultation). Tang concluded that the brief CT group treatment was effective and that the support of homeroom teachers and school counselors played a critical role for the success of the group treatment (Tang, 2012).

Another example of modified CBT-based counseling group in Taiwan is called "Three Stages and Five Cores Counseling Group." This group integrates principles and strategies from CBT and positive psychology and is designed to focus on ethnic minority adolescents in Taiwan (Hong, Wang, & Wu, 2019). The "three stages" represent three specific areas that the group interventions focus on: building participants' character strengths, developing an optimistic thinking style, and cultivating a sense of gratitude and altruism. On the other hand, the "five cores" refer to the five guiding principles for developing group activities. These five cores include (1) paying extra attention to positive life events/positive aspects in participants' stories; (2) providing/facilitating positive feedback both from the group leaders and among group participants; (3) employing diverse activities such as playing games, watching films, and reading picture books; (4) arranging manageable homework between sessions to create successful experiences; and (5) bringing in social support networks (Hong et al., 2019).

In the Taiwanese cultural context, maintaining close and strong relationships with significant others is essential for positive psychological development in adolescents. To be consistent with this cultural norm, group participants were instructed throughout the group process to identify character strengths of their families and/or friends, and to ask for feedback from their teachers, families, and/or friends about participants' strengths. Every group session, participants discussed specific examples of optimistic thinking they observed from their families and received homework such as expressing their gratitude to one of their teachers, families, or friends, and being a guardian angel to watch over one of their families or friends. Moreover, the group leader distributed handouts to parents and schoolteachers explaining the purposes of the group, activities orchestrated in group, and encouraging parents and homeroom teachers to support participants by helping them complete the assigned homework. Semistructured interviews were conducted to assess participants' experiences in and growth from the group, and all participants indicated high levels of satisfaction with friendship developed in the group and the increased closeness to their families (Hong et al., 2019).

Culture-Based Conceptualizations Using CBT Framework

Another category of modification of CBT takes a more extensive approach, using the basic CBT theoretical structure but replacing key concepts (e.g., core beliefs, cognitive distortions, etc.) with indigenous cultural elements or philosophies to form a culture-based conceptualization framework. Examples of this approach include the Chinese Taoist Cognitive Psychotherapy (Yang, Zhang, Xiao, Zhou, & Zhu, 2002; Zhang & Yang, 1998), Dredging Psychotherapy (Lu, 2012), and Wujian (Understanding and Practice) Therapy (Li, 2003). Due to the length limitation, we only focus on the Chinese Taoist Cognitive Psychotherapy (CTCP) developed by Zhang and Yang in the late 1990s as an example.

Taoism is an indigenous Chinese philosophy centering on several key principles, such as harmony with nature, passive progressivity, and going along with the flow (Zhang & Yang, 1998). Because of its long history and pervasive influences on Chinese societies, Taoism, Confucianism, and Buddhism have been considered three pillars of Chinese culture (Wang & Song, 2010). The CTCP believes that most psychological distresses and/or maladaptive behaviors are the result of a biased value system satiated with unnecessary desires for personal gain. Borrowing from eight Taoist principles, the theorists identify 36 words of Taoist truth and the general treatment goal of CTCP is to help clients adapt these 36 words of Taoist truth as their core beliefs and apply them to cope with encountered stressors.

In the actual treatment process, the CTCP uses a five-step model of ABCDE. The "A" refers to checking on the actual stress experienced in a particular situation and the "B" represents checking one's own belief and value system. The "C" involves analyzing conflict associated with the stress and one's coping style; the "D" speaks for doctrine direction in which the clients use the acquired Taoist thoughts to rebuild a new value system and to reinterpret the encountered situation; whereas "E" is evaluation of the curative effect and reinforcement of the treatment effect (Zhang & Yang, 1998). The main advantage of the

CTCP is that most of these philosophical principles are readily accessible and, to some degree, have been ingrained in Chinese individuals' belief systems. On the other hand, the theory takes learning Taoist thoughts as the core of the five-step treatment model and requests clients to adapt the 36 words of Taoist truth unconditionally as their core beliefs, which has been criticized by some researchers (Zhou, Yang, Xiao, & Zhou, 2013). Findings from preliminary research on the effect of CTCP indicated significant treatment effects for depression, anxiety, and psychosomatic disorders (e.g., Xiao, Young, & Zhang, 1998; Yang, Zhao, & Mai, 2005; Zhu, Young, Xiao, & Liu, 2005). However, more research and systematic evaluations are needed to increase our understanding of the actual change mechanisms (i.e., what factors contribute to the therapeutic changes) of the theory.

Conclusion

Although going through distinctly different developmental trajectories, CBT in both China and Taiwan has become one of the most popular and preferred treatment approaches among mental health providers in various settings. An impressive body of research has been conducted in both China and Taiwan that provides empirical evidence for its treatment effect and facilitates its wide utilization. However, although most writers and CBT therapists in both Taiwan and China recognize the need for cultural modifications, there is a limited amount of literature in the area of modified CBT interventions. Several culture-based conceptualization frameworks with indigenous Chinese cultural elements have been proposed in recent years, but systematic research efforts are lacking to examine their true effects.

The popularity of CBT models and interventions in both Taiwan and China have paved a solid foundation for its continuous advancement in Chinese societies with more cultural adaptation. As the trend of globalization continues, U.S.-based therapists will have greater opportunities to interact with CBT therapists from China and Taiwan. We hope this article will stimulate more interest and research attention to address cultural adaptation issues in China, Taiwan, and other non-Western countries.

References

Chang, C. C. (2009). 運用理情行為治療理論概念於重鬱症患者之護理經驗 (An experience applying rational emotive behavior therapy to major depression in nursing). *Journal of Psychiatric Mental Health Nursing, 4*(1), 57-64.

Chang, K. P., & Tai, C. N. (2005). 國內"兒童團體諮商與心理治療"整合分析研究 (The effectiveness of the children group counseling and psychotherapy by meta-analysis). *Chinese Annual Report of Guidance and Counseling, 18*, 77-119.

Chen, C. W., & Yang, C. M. (2006). Etiological model of insomnia and therapeutic factors of cognitive-behavioral therapy for insomnia: The correspondence of theories and practices. *Achieves of Clinical Psychology, 3,* 1-12.

Chen, Y. L. (1997). A Rational-Emotive group for university students at National Kao Shieng Normal University. *Chinese Guidance Journal, 5,* 150-183.

Chen, H. J., Hsu, C. D., Chang, Y. C., & Chen, Y. C. (2012). 內觀為本的認知治療團體對身心症與緩解期憂鬱個案的療效比較 (A study on differentiating effects of mindfulness-based cognitive group therapy on patients with psychosomatic disorder and on those with major depression disorder in remission). *Archives of Clinical Psychology, 6*(1), 96-96.

Chen, L., Yao, H., & Li, X. (2015). CBT治疗精神分裂症顽固性幻听疗效的对照研究(A comparative study of CBT in the treatment of schizophrenia with refractory auditory hallucinations). *Journal of Qiqihar Medical College, 25*(14), 2063-2065.

Chen, M. B., Hsieh, L. F., Lee, I. T., & Liu, S. Y. (2015). 癌症病人音樂 / 認知治療與情緒支持改善其困擾之先驅性研究 (Music/cognitive therapy and emotional support to improve distress in cancer patients: A pilot Study). *VGH Nursing, 32*(2), 166 – 177

Chen, R., Qian, M., Zhang, L., & Zhang, Z. (2010). 不同机构心理咨询与治疗专业人员状况及工作特点调查 (Investigation on the status and work characteristics of counseling and clinical professionals in different institutions). *Chinese Journal of Clinical Psychology, 18*(05), 667-670.

Chen, S. W.-H., & Davenport, D. S. (2005). Cognitive-behavioral therapy with Chinese American clients: Cautions and modifications. *Psychotherapy: Theory, Research, Practice, Training, 42,* 101-110.

Chen, Q. Y., Chiou, P. Y., & Wu, P. Y.(2012). 運用認知行為治療於一位精神分裂症個案的護理經驗 (Nursing experience to a schizophrenia patient who received cognitive behavior therapy). *Journal of MacKay Nursing, 6*(2), 79-89.

Chen, W. J., Chang, C. F., Chou, L. S., Chou, H. C., & Lin, K. S. (2008). 認知行為團體治療對女性門診憂鬱症患者的療效 (Effect of cognitive-behavioral group therapy for female outpatients with depressive disorder). *Taiwanese Journal of Psychiatry, 22*(1), 37 – 46.

Chen, Y. L. (1997). 理情生計團體諮商對高雄師大學生之實驗研究 (An experimental study of RET career group counseling-Taking students of Kaohsiung Normal University as study subjects). *Chinese Annual Report of Guidance and Counseling, 5,* 150-183.

Cheng, C. C. (2012). 內觀認知治療團體對憂鬱症病人的症狀療效—一年追蹤研究 (Effects of mindfulness-based cognitive group therapy for patients with depressive disorder: A one-year follow-up study). *Archives of Clinical Psychology, 6*(1), 80 – 80.

Chiou, C. R. (2010). 認知行為團體方案對單親兒童情緒能力輔導效果之研究 (The study of the effects on cognitive-behavior group therapy for single-parent children). (Unpublished master's thesis). National University of Tainan, Tainan, Taiwan.

Chiu, Y. W. (2011). 創造性融入認知治療之初探：以軍校生活適應教育團體為例 (Preliminary exploration on combined effectiveness of creativity and cognitive therapy: A cadet's school adjustment training group). *Journal of Chinese Creativity, 2*(2), 53-85.

Fang, C. K., & Li, P. Y. (2008). 癌症末期併憂鬱症病人之心理治療 : 存在-認知模式初步建構 (Psychotherapy among terminal cancer patients with major depressive disorder: The preliminary construction of existential-cognitive Model). *Taiwan Journal of Hospice Palliative Care, 13*(4), 411-430.

Guo, F., & Hanley, T. (2015). Adapting cognitive behavioral therapy to meet the needs of Chinese clients: Opportunities and challenges. *PsyCh Journal, 4*, 55-65.

Han, B., & Zhang, K. (2007). Psychology in China. *The Psychologist, 20*(12), 734-736.

Hong, W. C., Wang, Y. F., & Wu, H. Y. (2019). 三階五核小團體輔導方案培訓手冊 (The training manual of three stages and five cores counseling group). (Unpublished manuscript). National Taiwan Normal University, Taipei, Taiwan.

Hsieh, A. L., & Bean, R. A. (2014). Understanding familial/cultural factors in adolescent depression: A culturally competent treatment for working with Chinese American families. *American Journal of Family Therapy, 42,* 398-412.

Hu, H. F. (2018). 正念認知療法在癌症患者的應用 (Mindfulness-based cognitive therapy group for cancer survivors). *Chinese Group Psychotherapy, 24*(2), 45–50.

Huang, F., Wang, Y. F., & Zhao, M. J., et al. (2016). The effect of cognitive behavioral therapy in groups on executive functions of adult attention deficit hyperactivity disorder patient. *Chinese Journal of Psychiatry, 49*(3), 142-147.

Hwang, L. B., Tsai, M. C., Lin, C. R., & Chang, H. J. (2009). 運用認知治療改善雙極性個案之憂鬱認知及情緒的護理經驗 (The nursing experience of cognitive therapy for bipolar patient with depressive episode). *Journal of Psychiatric Mental Health Nursing, 4*(2), 47-57.

Hwang, W-C. (2006). The psychotherapy adaptation and modification framework: Application to Asian American. *American Psychologist, 61*, 702-715.

Hwang, W-C., Wood, J. J., Lin, K-M., & Cheung, F. (2006). Cognitive behavioral therapy with Chinese American: Research, theory, and clinical practice. *Cognitive Behavioral Practice, 13,* 293-303.

Institute of Psychology Chinese Academy of Sciences. (1959). 心理治疗在神經衰弱快速綜合疗法中的作用: 在北京大学学生中进行神經衰弱快速治疗的經驗总結 (Function of psychotherapy in a speedy and synthetic treatment of neurasthenia: A summary of the experience of rapid treatment of neurasthenia in Peking University students). *Acta Psychological Sinica*, (03), 151-160.

Jing, Q.-C. (1994). Development of Psychology in China. *International Journal of Psychology, 29*(6), 667-675.

Kuo, Y. C., & Chiu, C. H. (2010). 運用認知治療於重覆自殺重鬱症患者之護理經驗，精神衛生護理雜誌 (An Experience Applying Cognitive Therapy to a Suicidal Patient Suffering Major Depression). *Journal of Psychiatric Mental Health Nursing, 5*(1), 48-56.

Lee, K. H., & Jiang, S. N. (2018). 正念為基礎介入方案於改善慢性思覺失調症患者負性症狀之初探 (The pilot study of mindfulness-based intervention for improving negative symptoms in chronic schizophrenia). *Chinese Group Psychotherapy, 24*(2), 3-13.

Li, W., Zhang, L., Luo, X., Liu, B. Liu, Z., Lin, F., … Naeem, F. (2017). A qualitative study to explore views of patients', careers', and mental health professionals to inform cultural adaptation of CBT for psychosis in China. *BMC Psychiatry, 17*(131), 1-9.

Li, X. (2003). Wu Jian therapy: A holistic psychotherapy method. *Medicine and Philosophy, 24*(4), 56-57.

Li, Y. C. (2019). 禪修(meditation). Retrieved from National Religion Information Network website: https://religion.moi.gov.tw/Knowledge/Content?ci=2&cid=197

Liao, F. C. (1988). 認知治療技術簡介(1): 蘇格拉底式對話(Introduction to techniques of cognitive therapy 1: Socratic dialogue). *Counseling & Guidance, 35*, 2-9.

Lin, H. H., Chang, C. J., & Liew, Y. C. (2013). 增進視覺障礙學生社會技巧的認知行為團體介入效果研究(The Effects of Cognitive-Behavioral Group on Improving Social Skills of Students with Visual Impairments). *Journal of Special Education, 37*, 1-28.

Lin, T. M. (2016). 正念靜坐 將會逐漸成為顯學 (Mindfulness/meditation will gradually become popular [in Taiwan]). Retrieved from The Merit Times website: http://www.merit-times.com.tw/NewsPage.aspx?unid=432000

Ling, T.-N. (2002). The application of cognitive-behavioral therapy to counseling Chinese. *American Journal of Psychotherapy, 56*(1), 46-58.

Liu, X., Cao, Y., Shi, Q., Jiang, C., Liu, J., Wei, H., Ma, X., Wan, J., Lv, S., Hu, L., Liu, Y., Zhou, C., Zhang, J., & Zhang, Y. (2013). 不同从业系统心理咨询师和心理治疗师的理论取向 (The theoretical orientation of counselors and psychotherapists in different employment systems). *Chinese Journal of Mental Health, 27*(08), 578-582.

Lu, L. (2012). 心理问题的自我疏导 (Self-help with psychological issues). Nanjin: The Dredging Psychotherapy of psychological problems.

Pai, S, A, (2016). 冠狀動脈心臟病患接受認知行為團體治療之成本效用(The cost utility analysis of cognitive behavioral group therapy on coronary heart patients). (Unpublished master's thesis). National Chung Cheng University, Chiayi County, Taiwan.

Piet, J., & Hougaard, E. (2011). The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 31(*6), 1032-1040.

Shen, E. K., Alden, L. E., Sochting, L., Tsang, P. (2006). Clinical observations of a Cantonese cognitive behavioral treatment program for Chinese immigrants. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 518-530.

Sun, Y., & Zhang, N. (2018). Cognitive behavioral therapy in China: Reflections on current issues and the future development. *Chinese Journal of Behavioral Medicine and Brian Science, 27*(2), 97-101.

Tang, T. C. (2012). 短期認知治療與心理衛教對青少年創傷症狀之療效比較: 隨機派個案對照研究研究成果報告 (A randomized controlled trial of brief cognitive therapy, a self-help manual with psycho-education as interventions for adolescents suffered from posttraumatic stress disorder). Retrieved from Ministry of Science and Technology website: https://wsts.most.gov.tw/STSWeb/Award/AwardMultiQuery.aspx?year=100&code=QS01&organ=&name=%e5%94%90%e5%ad%90%e4%bf%8a

Tseng, T. C. (1992). 憂鬱症青少年的認知治療團體諮商-1 (Cognitive behavioral Group therapy for adolescents with depression 1). *Counseling & Guidance, 73*, 41-45.

Tsui, I. P. translate (1978). 理性--情緒學派的治療法 (Rational Emotive Therapy). *A Tribune for Elementary Education, 29*, 29-32.

Wang, C. D., & Scalise, D. (2010). Adult attachment, culturally adjusted attachment, and interpersonal difficulties of Taiwanese adults. *The Counseling Psychologist, 38*, 6-31.

Wang, C. D., & Song, Y. (2010). Reconceptualization of adult attachment from the Chinese cultural context. In P. Erdman, K. M. Ng, & S. Metzger (Eds.), *Attachment: Expanding the cultural connections* (pp. 16-32). Oxford, UK: Taylor & Francis.

Wong, A., Ting, K., & Chen, E. (2019). Group cognitive behavioral therapy for Chinese patients with psychotic disorder: A feasibility controlled study. *Asian Journal of Psychiatry, 39*, 157-164.

Wong, F. K. D., & Poon, A. (2010). Cognitive behavioral group therapy treatment for Chinese parents with children with developmental disabilities in Melbourne, Australia: An efficacy study. *Australia and New Zealand Journal of Psychiatry, 44*, 742-749.

Wu, P. G. & Chen, S. C. (2004). 一位憂鬱症病患的護理：著重應用認知治療 (The nursing care of a patient with depressive disorder: Focus on the application of cognitive therapy). *Chinese Journal of Mental Health, 17*(2), 93–111.

Xiao, S., Young, D., & Zhang, H. (1998). Taoistic cognitive psychotherapy for neurotic patients: A preliminary clinical trial. *Psychiatry and Clinical Neurosciences, 52*, S238-S241.

Yang, D., Zhang, Y., Xiao, S., Zhou, L., & Zhu, J. (2002). 中国道家认知疗法介绍 (Introduction to Chinese Taoist cognitive therapy). *Journal of Nervous and Mental Diseases, 28*(02), 152-154.

Yang, J., Zhao, L., & Mai, X. (2005). A comparative study of Taoist cognitive psychotherapy from China and mianserin in the treatment of depression in late life. *Chinese Journal of Nervous and Mental Disease, 31,* 333-335.

Yang, J. P., Simoni, J. M., Dorsesy, S., Lin, Z., Sun, M., Bao, M., & Lu, H. (2018). Reducing distress and promoting resilience: A preliminary trial of a cbt intervention among recently hiv-diag-

nosed msm in china. Aids Care, 30(S5), S39-S48.

Yang, S. L. (1992). 理性情緒治療法的督導模式 (Applications of rational-emotive therapy in counseling supervision). *Counseling & Guidance, 80*, 2-6.

Yen, C., Chen, Y., Cheng, J., Liu, T., Huang, T., Wang, P., … Chou, W. (2014). Effects of cognitive-behavioral therapy on improving anxiety symptoms, behavioral problems and parenting stress in taiwanese children with anxiety disorders and their mothers. *Child Psychiatry & Human Development, 45*, 338-347.

Yeh, T. Y., & Ko, H. C. (1988). 憂鬱症的認知治療 (Cognitive therapy for depression). *Medical Digest, 7*(2), 142-145.

Zhang, Y., & Yang, D. (1998). 中国道家认知疗法——ABCDE技术简介 (Chinese Taoist Cognitive Therapy – Introduction to the ABCDE technique). *Journal of Chinese Mental Health,* (03): 61-63.

Zhou, W., Yang, P., Xiao, S., & Zhou, H. (2013). 论"道家认知治疗"的偏颇 (The biases of the Chinese Taoist cognitive therapy). *Journal of Harbin University, 34*(04), 22-25.

Zhu, J. F., Young, D. S., Xiao, S. Y., Liu, S. X. (2005). The improvement of coronary heart disease patients' Type A behavior using Taoist cognitive therapy. C*hinese Mental Health Journal, 19*, 553-556.

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NEWS

How to Use Positive Reinforcement to Support Meaningful Change in Your World

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

REARRANGING ENVIRONMENTS through the manipulation of antecedent and consequent events in the service of behavior change is a fundamental and powerful clinical strategy in behavior analysis. This approach is similarly robust in changing behavior in nonclinical contexts, though these efforts are most commonly pursued by behavior analysts with nonclinical specialties (e.g., Organizational Behavior Management) and on relatively large scales (e.g., Ivancic & Helsel, 1998; Reid, Parsons, & Green, 1998). Competing priorities may make it impractical for many behavioral clinicians to add participation in sizeable efforts of this kind to their clinical duties, though this would extend their impact on the well-being of others. They can transport their knowledge of behavior analytic principles outside the clinic on a more manageable scale, however, to improve the lives of individuals in their communities.

In the course of day-to-day living behavioral clinicians likely observe important behavior that they could reinforce, increasing the probability of its future occurrence, and directly benefitting the individuals emitting the behavior and/or society. The degree to which behavioral clinicians actively apply behavior analytic principles in this way is unknown. However, it is unlikely to be common practice if there's a failure of generalization from clinical practice to these contexts and if this behavior fails to contact reinforcement.

The purpose of this article is to briefly highlight how behavioral clinicians can increase their range of influence to individuals outside of their caseloads by using procedures with which they are already fluent, and with a manageable amount of additional response effort. Though a wide range of behavior analytic procedures can be used for this purpose, this article solely focuses on the use of positive reinforcement procedures.

Consequent Events

Events that pre- and postcede behavior can influence that behavior. Antecedent events are important in that they set the occasion for behavior to occur. However, postcedents, or consequent events, are the sole determiners of whether behavior is maintained. Theoretically, antecedent and consequent events should not be disentangled because each consequent event becomes part of the antecedent context for future responding. However, disproportionate attention is given to positive reinforcement, a consequent event, because that is the primary focus of this article.

There are two types of consequent events: punishers and reinforcers. A punisher is any event that follows a behavior and *decreases* the rate of that behavior, whereas a reinforcer is any event that follows a behavior and subsequently *increases* the rate of that behavior. It is preferable to favor reinforcement over punishment procedures because the former are associated with fewer side effects relative to the latter and generally lead to more rapid acquisition of targeted behavior. Some examples of the side effects of punishment are that punishment tends to elicit aggression and evoke avoidance and escape behavior. In addition, punishers signal what *not* to do, rather than what *to* do. Newly emerged behavior following a punishing consequence may also be undesirable, or even worse than the preexisting behavior. Despite these challenges, and others, the use of aversive control procedures, including punishment, is quite common.[1]

Consider a clinician who posts a question on a list serve about a clinical problem that is novel to them. One type of response they receive from list mates may be along the lines of the following: "*You shouldn't work with presentations you are not competent to treat. I suggest you get supervision or*

[1]For comprehensive treatment of applied behavior analytic concepts and research see Cooper, J. O., Heron, T. E., & Heward, W. L. (2019). *Applied behavior analysis* (3rd ed.). Upper Saddle River, NJ: Pearson.

refer this case to another provider." While this commentary is congruent with fundamental ethical guidelines, it also likely functions as a punisher for the behavior of seeking input from colleagues. From the standpoint of the profession, one might ask what the most desirable behavior(s) from the inquisitive colleague is/are. If the purpose is to *reduce* informal consultation seeking, then this is likely an effective response. If instead the objective is to *initiate* the behavior of seeking formal supervision around new clinical areas, this response may prompt this behavior; however, it might not. Alternatively, if the goal is to initiate the pursuit of formal supervision *and* increase other competence-building behavior (e.g., querying colleagues on an international list), then a different response is indicated. A more effective response is derived from being intentional about what to specifically select for reinforcement and to, at times, include approximations of what's ultimately desired as suitable targets. For example, the clinician's seeking additional information is a step toward increasing competency and thus an important behavior to increase with reinforcement. A response that reinforces that behavior while also prompting formal consultation-seeking behavior is possible. Here's a potential alternative response: *"It's great that you are seeking additional information. Here are some thoughts I have in relation to your questions (thoughts listed here). If you need more in order to assist this client I'd be happy to consult with you or help you locate someone who can provide ongoing consultation on the case."*

Determining whether an event is a reinforcer can only be accomplished by thinking about it functionally. It cannot be determined structurally, or by its appearance. This distinction is important because the same event, conceptualized in terms of its form or structure, can have multiple functions including reinforcing or punishing functions, or even no effect on the rate of behavior. For example, presuming candy will reinforce behavior is an error because one cannot know this simply because it is candy. In clinical practice there are formal assessment procedures for determining which events will function as reinforcers (e.g., functional assessment procedures). Unfortunately, such procedures are not available outside most nonclinical contexts so one cannot know for certain whether a to-be-delivered event is a reinforcer for a specific individual's behavior. This can only be known by directly observing the subsequent effects of the event on the targeted behavior. Given this limitation, it is reasonable to deliver events that are likely to function as reinforcers.

It is probable that praise will function as a reinforcer. However, the form of praise likely makes a difference in terms of its reinforcing potency. Consider observing someone assisting an elderly person cross the street during morning rush hour, a caring behavior certainly worth reinforcing. One form of praise might be *"Nice job caring!"* However, that is likely not as potent as something along the lines of: *"It was really heartwarming to see you assisting that person across the street. I'm sure you were in a hurry to get to work and that it was difficult to take time to help. In addition to helping that person, you also brightened my day."* This may be more effective because it is more genuine, elaborate, and nuanced.

Direct observation often reveals what may function as a reinforcer. An anecdote relayed by a colleague is illustrative of this point (C. Minicozzi, personal communication, May 2011). My colleague consulted the famous behavior analyst Ivar Lovaas in order to learn new clinical procedures. During a period of instruction he reportedly noticed that she kept orienting toward a window that had its shade drawn. Once she reached criterion he immediately opened the shade revealing a beautiful sunny day outside. My colleague described access to this visual stimuli as powerfully reinforcing and noted that Lovaas hypothesized it would function this way for her on the basis of his observing where she preferred to look.

Another strategy is to deliver what is statistically probable to function as a reinforcer. For example, anxiety-driven behavior is typically maintained by negative reinforcement. An anecdote from another colleague speaks to this strategy (J. Rosalez-Ruiz, personal communication, May 2017). This colleague is a university professor whose teaching repertoire includes active student responding on an individual basis, which he evokes by randomly calling on students. One of his students struggled with social anxiety and consequently was fearful of being asked to speak impromptu in his course. She approached him after a class session to relay her anxious concerns. He asked her whether she was doing anything to address her difficulty. She responded affirmatively, reporting she had learned some coping strategies. He instructed her to begin using her skills immediately upon entering the classroom at the next class session and indicated that he would not call on her until she gave him a signal indicating she had successfully used her skills to regulate her anxiety. She followed the plan at the next class session. He reinforced her adaptive coping behavior by not asking her any questions after she provided the mutually agreed upon signal. In other words, since anxious behavior is typically reinforced by escape (i.e., negative reinforcement), he provided negative reinforcement contingent on behavior that was more functional for her (i.e., approach coping). Stated another way, she was able to escape after she signaled she engaged in new coping behavior, not before. Ultimately, the reinforcement schedule was shifted from a negative to a positive one (the terminal reinforcer was successfully answering the question).

Actively Caring for People

The preceding examples generally require some fluency with behavior analytic concepts in order to effectively execute. However, another approach that requires minimal training to execute is available: Actively Caring for People (AC4P; Geller, 2014). Dr. E. Scott Geller created AC4P after the 2007 shooting massacre at Virginia Tech, where he is a long-term faculty member. The AC4P approach is a method for increasing compassionate behavior based on behavior analytic principles. Among its strengths are that it is easily disseminated to lay persons because it is free of technical jargon and only involves a few steps, each of which are simple to execute. The approach was derived from Dr. Geller's extensive work in the areas of occupational safety, sustainability, police-community relations, and organizational behavior management (e.g., Roberts & Geller, 1996; Wiegand & Geller, 2004) where he had developed similar models over many years.

The AC4P model only involves four steps: (1) observing someone caring for another individual, (2) approaching and thanking them for caring, (3) giving the person a wristband[2] designed for the AC4P movement and asking them to similarly thank and pass the wrist band on when they observe caring behavior, and (4) asking the person to describe the interaction on social media and to tag the event

[2]AC4P wrist bands may be purchased here: www.ac4p.org

with a code imprinted on the wristband. The personal thanks and wrist band delivery presumably function as reinforcers for the observed caring behavior while the social media description is designed to increase awareness of caring behavior. These steps can be summarized with the easy-to-remember acronym SAPS, which stands for See, Act, Pass & Share (Geller & Kipper, 2015).

One means for behavioral clinicians to extend their sphere of influence is to become actively involved in the AC4P movement, which has been applied in several contexts, including occupational and traffic safety, organizational culture, various health behaviors, and in health care settings (Geller, 2016). To learn more about the AC4P program[3] visit www.ac4p.org

Beyond AC4P

The importance of targeting caring behavior for increase is difficult to overstate. However, clinicians need not limit their targeting to this class of behavior, but instead can focus on a broader range of behavior. Targets may extend from relatively minor nuisance behavior to the behavior of reinforcing the caring behavior of others.

We can capture and reinforce the important behavior of strangers, but it is also possible to assist persons who are not strangers in more personally meaningful ways. When we are familiar with others, including friends, students, colleagues or family, we are often aware of their behavioral repertoires and where growth might be desired. For example, one may observe self-care behavior, healthy dietary behavior, and so on in a friend or co-worker when such behavior is known to be typically absent or infrequent. When we observe such behavior and recognize the importance of the behavior to the individual, we can give them the gift of positive reinforcement. We can also improve the well-being of groups in which we share membership (e.g., our lab, academic department, clinical practice) by reinforcing the important behavior of individuals in those groups (e.g., lab members and departmental and practice colleagues).

Basic Tips for Delivering Positive Reinforcement

The following are key considerations when delivering positive reinforcement:

• *Make it immediate.* The more immediate reinforcement is delivered the greater its impact on behavior. The timing of delivery may even be more important than the magnitude of the reinforcer.

• *Mark the behavior being reinforced.* This is often accomplished through immediate reinforcer delivery. However, if praise is used be sure the praise includes words that mark the behavior-producing reinforcement.

• *Consider the impact on the individual.* With individuals you are familiar with, consider the impact of delivering reinforcement publicly versus privately. Public delivery may be experienced as aversive (e.g., embarrassing) and thus not likely to function as a reinforcer. In these cases, opt to deliver it privately. Also, consider an individual's tolerance for intimacy. If their tolerance is low, construct your reinforcing praise accordingly. With strangers one may not have enough information to make these determinations.

• *Avoid canned and stereotypical reinforcers.* As noted previously, uttering "Good caring, Johnny!" is unlikely to be as effective as praise that is more genuine and personal (to the extent you have knowledge to personalize it) to the individual. Similarly, avoid using "thank you for all you do" unless you truly have knowledge of everything the recipient has done. Without the requisite knowledge to back up this statement, praise will be disingenuous. It also lacks the specificity necessary for an individual to identify which behavior(s) produced reinforcement. Finally, refrain from delivering candy, stickers, or other stereotypical "reinforcers."

Conclusion

Caring and other important behavior can be increased with behavior analytic procedures. The AC4P movement is an ideal vehicle for increasing the use of these procedures in the service of increasing caring behavior, especially when an individual's training in behavioral science is minimal. However, behaviorally oriented clinicians are in an ideal position to make sophisticated use of these procedures in their communities because of their fluency with them in clinical contexts. Go forward and be intentional about giving the gift of positive reinforcement!

References

Geller, E. S. (2014). *Actively caring for people: Cultivating a culture of compassion*. Newport: Make-A-Difference, LLC.

Geller, E. S. (Ed.). (2016). *Applied psychology: Actively caring for people*. New York, NY: Cambridge University Press.

Geller, E. S., & Kipper, B. (2015). AC4P policing: Cultivating positive police/community relations. *The Police Chief, 41*.

Ivancic, M. T., & Helsel, W. J. (1998). Organizational Behavior Management in large residential organizations: Moving from institutional to client-centered care. *Journal of Organizations Behavior Management, 18*(2/3), 61-82.

Reid, D. H., Parsons, M. B., Green, C. W. (1998). *Staff management in human services: Behavioral research and applications*. Springfield, IL: Charles Thomas.

Roberts, D. S., & Geller, E. S. (1995). An "actively caring" model for occupational safety: A field test. *Applied and Preventive Psychology, 4*(1), 53-59.

Wiegand, D. M., & Geller, E. S. (2005). Connecting positive psychology and organizational behavior management: Achievement motivation and the power of positive reinforcement. *Journal of Organizational Behavior Management, 24*(1-2), 3-25.

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[3]AC4P is a nonprofit organization. The author does not have any vested interest in the organization.

Minutes of the Annual Meeting of Members

Saturday, November 23, 2019 | Marriott Marquis, Atlanta, Georgia

Call to Order

President Chorpita called the meeting to order at 12:30 p.m. EST and welcomed members to the 53rd Annual Meeting of Members. Notice of the meeting had been sent to all members in September.

Minutes

Secretary-Treasurer Larimer asked for any comments or corrections on the minutes from last year's meeting.

M/S/U: The November 16, 2018, minutes were unanimously accepted as distributed.

Expressions of Gratitude

President Chorpita thanked the members of the organization for their hard work this year. He especially thanked members of the Board, including Sabine Wilhelm, rotating off as Immediate Past President; Simon A. Rego, Representative-at-Large, 2016-2019; Mary E. Larimer, Secretary Treasurer, 2016-2019. He also thanked Lata McGinn, 2016-2019 International Associates Committee Chair; Erin Ward-Ciesielski, 2016-2019 Self Help Book Recommendations Committee Chair; David Pantalone, 2016-2019 Leadership and Elections Committee Chair; Amie E. Grills, 2016–2019 Ambassador Sub-Committee Chair; Kate Wolitzky-Taylor, Editor, *the Behavior Therapist*, Volumes 40–42; Lauren M. Weinstock, 2016 - 2019 Workshops Chair; Christina L. Boisseau, Ph.D., 2016-2019 Institutes Chair; Leah Farrell-Carnahan, 2019 Local Arrangements Committee Chair; Cameo F. Stanick, 2019 Assistant Program Chair; and Alyssa M. Ward, 2019 Program Committee Chair.

President Chorpita noted that "We all know that to put together a program of this size takes a lot of time and dedication. This year we had 343 members help review program submissions. We also want to acknowledge our 104 Super Reviewers who helped us out this year." He thanked the members of the program committee (asterisks denote super reviewer): *Amitai Abramovitch, *Carla Allan, Lauren Alloy, Drew Anderson, Joye Anestis, Michael Armey, Anu Asnaani, *Marc Atkins, David Austern, *Dara Babinski, Alisa Bahl, *Amanda Baker, Christina Balderrama-Durbin, Miya Barnett, Sara Becker, *Kimberly Becker, Emily Becker-Haimes, Rinad Beidas, Kathryn Bell, *Kristen Benito, *Christopher Berghoff, Noah Berman, *Abby Blankenship, Claire Blevins, Jennifer Block-Lerner, Kerstin Blomquist, Heidemarie Blumenthal, Christina Boisseau, *Maya Boustani, Melanie Bozzay, Scott Braithwaite, Ana Bridges, Rebecca Brock, *Lily Brown, *Timothy Brown, Steven Bruce, Julia Buckner, Andrea Busby, Will Canu, Matthew Capriotti, Dan Capron, Kristen Carpenter, Erin Cassidy-Eagle, Corinne Catarozoli, Mark Celio, Nadine Chang, Ruby Charak, Gregory Chasson, *Angela Chiu, Joshua Clapp, *David Clark, Rebecca Cobb, *Meghan Cody, Bradley Conner, *Elizabeth Connors, *Travis Cos, *Jesse Cougle, *Karen Courchaine, Torrey Creed, Jessica Cronce, Jeremy Cummings, Lisa Curtin, Kristy Dalrymple, *Pooja Dave, Charlie Davidson, Thompson Davis III, Alessandro De Nadai, *Thilo Deckersbach, Tamara Del Vecchio, Patricia DiBartolo, Kelsey Dickson, Gretchen Diefenbach, David DiLillo, *Linda Dimeff, Laura Dixon, Leonard Doerfler, Alex Dopp, Sheila Dowd, Emily Dworkin, Chris Eckhardt, Barry Edelstein, *Jill Ehrenreich-May, Lee Eshelman, Flint Espil, *Melissa Faith, Angela Fang, *Antonina Farmer, *Brian Feinstein, Thomas Fergus, Brooke Fina, Melanie Fischer, Aaron Fisher, Skye Fitzpatrick, Julianne Flanagan, Nicholas Forand, *Stacy Forcino, Elizabeth Frazier, *Andrew Freeman, *Robert Friedberg, Steven Friedman, Patti Fritz, Kristin Gainey, Matthew Gallagher, Richard Gallagher, *Frank Gardner, Sarah Garnaat, Brandon Gaudiano, Douglas Gazarian, *Emily Georgia Salivar, Meredith Ginley, Rachel Goetze, *Philippe Goldin, *Jeffrey Goodie, Cameron Gordon, Andrea Graham, DeMond Grant, Kim Gratz, Kelly Green, Jennifer Greenberg, Jeffrey Greeson, *Amie Grills, *Michelle Grimes, Karen Guan, John Guerry, Cassidy Gutner, Emily Haigh, *Lauren Hallion, Lindsay Ham, David Hansen, *Rochelle Hanson, Audrey Harkness, Tae Hart, Trevor Hart, Sarah Hayes-Skelton, *Alexandre Heeren, Sarah Helseth, *Aude Henin, *Debra Herman, Nathaniel Herr, Kathleen Herzig, Melanie Hetzel-Riggin, *Charmaine Higa McMillan, *Joseph Himle, Michiyo Hirai, Daniel Hoffman, *Joseph Hovey, Jennifer Hughes, Megan Hughes-Feltenberger, Michael Itzkowitz, *Andre Ivanoff, Ryan Jacoby, Anna Jaffe, Rebecca Kamody, Kathryn Kanzler, Heather Kapson, *Maria Karekla, Amy Keefer, Robert Kern, Connor Kerns, Elizabeth Kiel, *Katharina Kircanski, *John Klocek, Nancy Kocovski, Ernst Koster, Steven Kurtz, *Caleb Lack, Sara Landes, David Langer, *Jennifer Langhinrichsen-Rohling, Cathy Lau-Barraco, *Sean Lauderdale, Matthew Lehman, Penny Leisring, Greg Lengel, *Michelle Leonard, *Marie LePage, Matthew Lerner, *Adam Lewin, *Bruce Liese, Crystal Lim, Kristen Lindgren, Richard Liu, Sandra Llera, Patricia Long, Ari Lowell, Aaron Lyon, Helen MacDonald, Brenna Maddox, *Joshua Magee, *Jessica Malmberg, Stephanie Manasse, * Maria Mancebo, Sarah Markowitz, *Donald Marks, *Patrick McGrath, *Joseph McGuire, *Carmen McLean, *Alison McLeish, * Julia McQuade, Elizabeth Meadows, *Ellen Meier, Douglas Mennin, *Robert Meyers, Jamie Micco, Alec Miller, John Mitchell, *Angela Moreland, John Moring, Sandra Morissette, Laura Murray, Helen Murray, Taryn Myers, Cy Nadler, *Brad Nakamura, Douglas Nangle, *Amie Newins, *Michelle Newman, Mary Neyland, Thomas Northrup, *Shannon O'Flinn, Roisin O'Connor, Kelsie Okamura, Bunmi Olatunji, *Tom Olino, Maggie O'Reilly Treter, *Camilo Ortiz, Mandy Owens, Julie Owens, *David Pantalone, Jill Panuzio Scott, Rebecca Pasillas, *Laura Payne, Andrew Peckham, Nicholas Perry, *Jacqueline Persons, Sandra Pimentel, Elisabeth Pollio, Antonio Polo, Kristina Post, Loren Prado, Mark Prince, Mitch Prinstein, *Amy Przeworski, Marc Puccinelli, Jae Puckett, Lance Rappaport, Carla Rash, *Sheila Rauch, Judy Reaven, *Neil Rector, Hannah Reese, *Greg Reger, Simon Rego,

*Jazmin Reyes-Portillo, *Bradford Richards, Jessica Richards, *John Richey, Lane Richey, *Ronald Rogge, *Kelly Rohan, Anthony Rosellini, Barbara Rothbaum, *David Rozek, *Steven Safren, Dustin Sarver, Steven Sayers, Heather Schatten, Katherine Schaumberg, Brad Schmidt, *Sonja Schoenwald, Casey Schofield, Kelly Scott, *Laura Seligman, *Kathy Sexton-Radek, Ashley Shaw, Andrew Sherrill, *Josephine Shih, Ryan Shorey, *Nicholas Sibrava, Jedidiah Siev, April Smith, Lisa Smith Kilpela, Moria Smoski, Jennifer Snyder, Laura Sockol, Kristen Sorocco, Michael Southam-Gerow, Claire Spears, *Amanda Spray, Susan Sprich, Jonathan Stange, Kimberly Stanton, Gail Steketee, *Jessica Stern, Jill Stoddard, *Lauren Stutts, *Maureen Sullivan, *Jeff Temple, Alix Timko, *Kiara Timpano, Kathryn Tomasino, Theodore Tomeny, Casey Trainor, *Kimberli Treadwell, *Emily Treichler, Joseph Trombello, Matthew Tull, Cynthia Turk, Hannah Tyler, *David Valentiner, Anna Van Meter, *Shona Vas, *Clorinda Velez, Jason Vogler, Suzanne Vrshek-Schallhorn, *Anka Vujanovic, Thomas Waltz, Shirley Wang, Alyssa Ward, Jessica Watrous, Christian Webb, *Elliot Weiner, Hilary Weingarden, *Jeremiah Weinstock, Risa Weisberg, Tony Wells, Susan Wenze, *Michael Wheaton, *Kamila White, *Jamie Winters, Courtney Wolk, *Erica Woodin, Edward Wright, Michael Wydo, M. Scott Young, Chelsie Young, Matthew Young, Alexandra Zagoloff, Alyson Zalta, and Laurie Zandberg.

We also want to thank Gabriele Liverant, who coordinated the volunteers.

Appointments

President Chorpita announced the new appointments to ABCT governance: Christina Boisseau, 2019-2022 Workshop Committee Chair; Samantha Farris, 2019-2022 Institutes Committee Chair; Shannon Wiltsey Stirman, 2020 Program Chair; Gregory Chassen, 2021 Program Chair; Lata McGinn, 2019-2022 International Associates Committee Chair; Christopher Berghoff, 2019-2022 Self Help Book Recommendations Committee Chair; Patricia M. DiBartolo, 2019-2022 Leadership and Elections Committee Chair; and Richard T. LeBeau, Editor, *the Behavior Therapist*, Volumes 43-45.

Finance Committee Report

Mary E. Larimer, the Secretary Treasurer, reminded the membership that the Finance Committee oversees the financial health of ABCT, monitors the fiscal forecasts, oversees that funds are set aside for specific projects, ensures money is invested prudently, and evaluates financial considerations related to ownership of the central office.

The Secretary-Treasurer thanked her members, Jessica Cronce, Kristen Lindgren, and Martin Antony, as well as Mary Jane Eimer and Bruce Chorpita, who serve as nonvoting members. Incoming members include Sandy Pimentel (Secretary-Treasurer-Elect), Brian Chu, and David Tolin, 2019-2020 President Elect.

Over the past year, the FC has evaluated and approved the specific funding request for onsite childcare at the Atlanta meeting understanding that it will need to be heavily subsidized the first year or two as well as costs associated with bringing ABCT into compliance with the General Data Protection Regulations (GDPR) and Canada's Personal Information Protection and Electronic Documents ACT (PIPEDA). The FC also reviewed and approved modest increases in membership dues for full and new professional members, while keeping student and postbaccalaureate dues unchanged. The FC also reviewed the job descriptions of two new staff positions for the Central Office—(a) Outreach and Continuing Education Manager and (b) Membership and Marketing Manager—and recommended the Board accept them as written.

The Association's total cash assets as of 9/30/19 were $6,640,019.43. The revised 2019 fiscal year budget is currently projected to show income over expense of $509,243.

The Annual Convention projections are that income over expense for the convention will be $501,471. Membership income for 2018 was $686,331. Publications income over expense was $360,278 for 2018.

Dr. Larimer noted that all three sources of income were steady and successful this year, and that the investment portfolio had an unusually high return of 14%, which allows us to invest in strategic initiatives. She also said that last year we approved funds for the IT consultant, and this year a decision has been made to move to I4A for the database and we have a tentative plan for the website transition, and thanked David Teisler, our Director of Communications, for his hard work on this.

Currently, the budget for FY 2020 is projected to yield income over expense of $30,867.

ABCT continues to enjoy good financial health, and in the past year has continued to take steps to increase member benefits (i.e., providing childcare at the meetings) and improve ABCT compliance with GDPR regulations to further protect privacy and security of online transactions. A separate Audit Committee, composed of our Immediate Past President Sabine Wilhelm and Representatives-at-Large Simon Rego and Risa Weisburg, reviewed our annual audit with Kelli Long, ABCT Bookkeeper, Mary Jane Eimer, Executive Director, and our auditor from Luongo Accounting, LLC. We are in compliance with all federal and state regulations and abide by GAP.

Development Committee

Gail Steketee, who serves as chair of the Development Committee, noted that it is comprised of eight past presidents, current president, and our executive director. She reported that there is now a new named award for the Sobells and another award, for Michael Kozak, is in development. She also said that the committee members are working to have our priorities meet the Association's strategic goals. Our website, under donations, lists all the donation opportunities available. She thanked the ABCT members who have donated over the past year and the coming fiscal year's supporting ABCT's named awards, Student Travel fund, Student Research Grant, and our Strategic Impact Fund.

Coordinators Reports

Academic and Professional Issues

Katherine Baucom, Coordinator of Academic and Professional Issues, reported that the Academic Training and Education Standards Committee, under Chair Lee Cooper, has 6 subcommittees all working hard on activities, including Spotlight on Mentors, the Mentorship Directory, and syllabi and other academic offerings. Of special note are two endeavors: one seeking to create a survey of Training Directors; and a group that is developing a framework for Master's Degree Competencies to complement the work that APA has recently initiated with an eye to accrediting

master-level programs as a terminal degree.

She reported that the 2020 Call for Awards nominations is now up on the website, encouraging members to submit the names of colleagues or to self-nominate. Lata McGinn will serve a second term as Chair of the International Associates Committee; and she and Keith Dobson will serve as co-chairs as ABCT's representatives on the newly created World Confederation of Cognitive and Behavioral Therapies. ABCT will host the 2025 World Congress.

The Research Facilitation Committee continues to add to our Featured Researchers on the web, oversee the Student Research Grant Award, and monitor legislation that is important to work of our membership. The Self-Help Book Recommendation Committee added 28 new titles to the directory this year. Coordinator Baucom noted that the listing is one of the most highly used pages on the website, so we're really helping the lay public find evidence-based material. Books can be found at http://www.abct.org/SHBooks/.

Convention and Continuing Education

Katharina Kircanski, Coordinator of Convention and Education Issues, reported that we have 3,334 attendees at this year's convention. She noted that there were 16 children using the new child care offering, and that feedback has been positive. She hopes people are enjoying the new program app and the PDF readers in the exhibition area, which together are intended to replace the old program book. She complimented Alyssa Ward and Cameo Stanick and 343 reviewers for their hard work in reviewing and selecting such a strong program this year. She thanked the AMASS chair, Brian Baucom; Volunteer Committee Chair, Gaby Liverant; Courtney Benjamin Wolk, Chair of Master Clinician Seminars; Workshop Chair Lauren Weinstock; Institute Chair Christian Boisseau, and Research and Professional Development Chair Cole Hooley. She also welcomed our incoming 2020 Program Chair, Shannon Wiltsey Stirman, and the 2020 Associate Program Chair, Daniel M. Cheron. The portal for ticketed sessions submissions at the 54th Annual Convention in Philadelphia will open January 2 and the General Call for papers will open Friday, February 14.

The Coordinator reported that the CE Committee completed 6 webinars this year, and 3 more are in the works. She complimented Anu Asnaani and her Committee for their great work in providing this useful format to increase professional development skills and earn continuing education credits.

Membership Issues

Kate Gunthert, Membership Issues Coordinator, reported that ABCT ended the 2018 membership year with 5,010 members, an increase of 115 from 4,895 members last year. She noted that Thomas Rodebaugh, Membership Chair, conducted outreach to past members, writing or calling all of them to see if they'd merely overlooked renewal or if there was something that ABCT could do to make their membership more useful. Our Ambassador program, under the able leadership of Amie Grills, is growing and serving as an on-the-ground PR arm of the Association. She noted, with sincere appreciation to Shannon Blakey and her talented Student Membership Committee, that there have been some wonderful Student Webisodes on how to apply to graduate school as part of the developing resources to help students.

Lance Rapport, our SIG Committee Chair, oversees our 40 SIGs, and they recently began collaborating on a series in the list serve where each a SIG member talks about some of the important research or clinical developments being discussed within the SIG. The list serve, under Jamie Micco, has been doing more to generate content and spark conversations. The Clinical Directory and Referral Issues Committee, under Chair Daniella Cavanaugh, has added a number of exciting interviews to our Pioneers video series that highlights contributions of members who have developed treatments or approaches that now have wide acceptance within our field. They are also looking hard at ways to make the Find a CBT Therapist directory more useful and user-friendly for lay people. This year they added two important updates to the directory: chronic medical condition and telehealth.

Patricia DiBartolo, Leadership and Elections Committee Chair, with her committee members, will be evaluating the change from April to November elections, with the hope that we increase voter turnout. Shari Steinman and the members of our Social Media and Networking Committee has been everywhere at this convention, posting real-time Twitter updates on many of our sessions, occasionally having dueling posts among multiple attendees at the same session. Facebook "likes" are up by 12% compared with last year (9,878 vs 11,080). Twitter followers increased to 5,839, a gain of 1,516 from last year. The new Instagram handle has started to be active, with 117 followers. Coordinator Gunthert encouraged all members who teach undergraduates to have their students follow ABCT on Facebook. Lots of good information is available to undergrads on our Facebook page and website. They have embraced the motto: "Engage." The Fellows Committee, under the able leadership of Linda C. Sobell, is in the process of making changes to the application and criteria used to become an ABCT Fellow.

Publications Committee

David Teisler, Director of Communications, gave the report for Michelle Newman, Publications Coordinator, noting that Richard LeBeau is succeeding Kate Wolitzky-Taylor as *tBT* Editor; Nikolaos Kazantzis will taking over as editor of *Cognitive & Behavioral Practice* for Brian Chu, whose term ends next year; and Jonathan Comer was just appointed as the next editor of *Behavior Therapy*, although his term won't start for a couple of years yet. Both journals continue to enjoy very impressive impact factors, with *Behavior Therapy* at 3.243 (4.221 5-year IF) and *Cognitive and Behavioral Practice* at 1.923 (2.627 5-year). The Public Education and Media Dissemination Committee, under Chair Emily Bilek, is developing videos for media training with the goal of distilling CBT into bite-size and delicious nuggets. Our book series in partnership with Oxford University Press, under the Series Editor Susan White, already has four books published and an amazing nine in the various stages. Josh Magee has been spearheading an effort to move all videos to a single online facility, all accessible via YouTube; eventually we'll try to brand them and standardize them. David DiLillo has been working with other committees to revise existing fact sheets and to translate some of the most popular ones into Spanish. Mitchell Schare is exploring opportunities for user-friendly assessment books.

Central Office is working with an IT consultant to evaluate the existing Association Management Software (our database) and website, with the idea of improving both. We've supplied an initial proposal to the Board and Finance Committee and will return with some refinements to the finances.

Executive Director's Report

Mary Jane Eimer, the Executive Director, reported that the Association is well run, using Carver as its governance model. She noted that she and the sitting and incoming presidents (Marty Antony and David Tolin) attended, earlier this month, the American Society of Association Executives' CEO Symposium for refresher courses in how to report and think strategically. The sessions help new Board members get a better understanding of governance in general, and ABCT's approach specifically.

She reported on the eight strategic initiatives found in the strategic plan, and the new approach, using Key Performance Indicators (KPIs) that the Board will use to measure progress.

The Executive Director noted we have a small but mighty staff. We will be adding two new staff positions next year: an Outreach and Continuing Education Manager and a Membership and Marketing Manager, which will allow us to use the data we have to better effect and to have staff take a more proactive role in giving members what they want before they even know they want it.

The Executive Director said she appreciates working for an organization of innovators, noting our incorporation of Amazon Smile and Giving Tuesday as two means to improve our ability to give back to the field.

She reported that we determined that we are really good at communicating things to the Board, but not so much our membership. To correct that, the Executive Director began writing columns in each issue of *the Behavior Therapist*; hopefully you are feeling on top of things, armed as you now are with this influx of information. She counts our Think Tanks as productive and exciting; giving us opportunities to address thorny issues, involve our senior members, and hopefully advance the field. Our first Think Tank, on technology for underrepresented populations, generated a paper, a partnership between ABCT's journal *Cognitive and Behavioral Practice* and PsyberGuide, and is still generating ideas and more conversations; our second Think Tank, on Neuroscience, had a second session at this convention. Among other creative problem-solving, ABCT has fielded a task force on Equity, Access, and Equality, that is also meeting here, and has two more meetings on the calendar already. She noted that we followed President Chorpita's suggestion to tie elections to the convention, and, well, we hope you've voted.

The Executive Director believes that the organization is in good hands; and she noted the Association wouldn't be in the position it is in without our staff. Stephen Crane, our Convention Manager, manages the enormous elements that make up the convention. Also present here are Tonya Childers, our Convention Registrar and Exhibits Manager; Dakota McPherson, our Membership Services Manager; and Amanda Marmol, our Administrative Secretary, who are all down in registration, making things happen. Stephanie Schwartz, our Managing Editor, and Kelli Long, our Bookkeeper, are holding the fort back in New York. You all heard David Teisler, our Director of Communications and Deputy Executive Director, giving an update on the many Publications' initiatives. She invited the members to come visit the office any time they're in New York; consider it your auxiliary office or your home away from home.

The Executive Director thanked the Board of Directors for their hard work and dedication to the science and the clients that science serves. She also thanked the Coordinators, Committee Chairs, and Editors who do the heavy-lifting ensuring ABCT remains a professional home to its members.

President's Report

President Chorpita asked, "Why run for president?" He replied that ABCT "gave me many things over the years; it's where I come to see my heroes and my friends. It's time to give back." He reported that there is a lot that goes on to make us great. President Chorpita noted that his experience as President has so exceeded his expectations, and it's been a fabulous experience to this point.

He noted that the DIS SIG is looking to recommendations to move us forward in one of our strategic initiatives; voting is already better than last year; and our Strategic Impact Fund is showing promise. He hopes that people have seen, and maybe contributed to, the Mission Wall in the Exhibit Hall. He is looking forward to seeing how the KPIs impact the organization. He thinks we're poised for another 53 years of success.

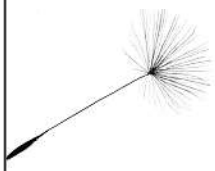
Transition of Officers

President Chorpita introduced the new officers for the coming year: Amie Grills, Representative-at-Large and liaison to Academic and Professional Issues; Sandy Pimentel, Secretary-Treasurer; David Tolin, 2019-2020 President-Elect, and Marty Antony, President, to whom he handed over the gavel and from whom he cut the "Elect" from his ribbon.

There being no questions or comments, President Antony adjourned the meeting at 1:20 p.m. PST.

ABCT PIONEERS SERIES

www.abct.org ABCT > FOR MEMBERS > CBT PIONEERS



Explore

ABCT's growing CBT Pioneers series: Interviews with CBT's influential thinkers, researchers, and practitioners—

David Barlow
David Burns
Andrew Christensen
Phil Kendall
Judith Beck
Esther Deblinger
Steven C. Hayes
Steve Hollon
Alan Kazdin
Art Nezu
Christine Maguth Nezu
Steven Safren
Patricia Resick
Russell Barkley
Tom Ollendick
Gail Steketee

CBT Medical Educator Directory

Another indispensable resource from ABCT—an online directory of CBT educators who have agreed to be listed as potential resources to others involved in training physicians and allied health providers. In particular, the educators on this list have been involved in providing education in CBT and/or the theories underlying such interventions to medical and other allied health trainees at various levels. The listing is meant to connect teachers across institutions and allow for the sharing of resources.

Inclusion Criteria

1. Must teach or have recently taught CBT and/or CB interventions in a medical setting. This may include psychiatric residents, medical students, nursing, pharmacy, dentistry, or other allied health professionals, such as PT, OT, or RD. Teachers who exclusively train psychology graduate students, social workers, or master's level therapists do not qualify and are not listed in this directory.

2. "Teaching" may include direct training or supervision, curriculum development, competency evaluation, and/or curriculum administration. Many professionals on the list have had a central role in designing and delivering the educational interventions, but all educational aspects are important.

3. Training should take place or be affiliated with an academic training facility (e.g. medical school, nursing school, residency program) and not occur exclusively in private consultations or paid supervision.

Please note that this list is offered as a service to all who teach CBT to the medical community and is not exhaustive.

To Submit Your Name for Inclusion in the Medical Educator Directory

If you meet the above inclusion criteria and wish to be included on this list, please send the contact information that you would like included, along with a few sentences describing your experience with training physicians and/or allied health providers in CBT to Shona Vas at svas@yoda.bsd.vchicago.edu and include "Medical Educator Directory" in the subject line.

Disclaimer

Time and availability to participate in such efforts may vary widely among the educators listed. It is up to the individuals seeking guidance to pick who they wish to contact and to evaluate the quality of the advice/guidance they receive. ABCT has not evaluated the quality of potential teaching materials and inclusion on this list does not imply endorsement by ABCT of any particular training program or professional. The individuals in this directory serve strictly in a volunteer capacity.

ABCT's Medical Educator Directory

http://www.abct.org
Resources for Professionals
Teaching Resources
CBT Medical Educator Directory

Find a CBT Therapist

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

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

To sign up for the Expanded Find a CBT Therapist, click MEMBER LOGIN *on the upper left-hand of the home page and proceed to the ABCT online store, where you will click on "Find CBT Therapist."*

For further questions, call the ABCT central office at 212-647-1890.

2020

Call *for* Award Nominations

to be presented at the 54th Annual Convention in Philadelphia

The ABCT Awards and Recognition Committee, chaired by Cassidy Gutner, Ph.D., of Boston University School of Medicine, is pleased to announce the 2020 awards program. Nominations are requested in all categories listed below. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.

Career/Lifetime Achievement Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell and Mark B. Sobell, and Philip C. Kendall. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Career/Lifetime Achievement" in the subject line. ***Nomination deadline***: March 2, 2020

Sobell Innovative Addictions Research Award The Sobell Innovative Addictions Research Award is awarded in alternate years. If no suitable candidate emerges in a given year, the call for applications will be repeated until an acceptable submission is received. The recipient receives $1,500 and a plaque. *Nature of the Award*: The award is given to an individual who, through the performance of one or more research studies, has developed a novel and very innovative (1) program of research or (2) assessment or analytic tool or method that advances the understanding and/or treatment of addictions. The emphasis is on behavioral and/or cognitive research or research methods that have yielded exceptional breakthroughs in knowledge. *Eligibility Criteria*: All career stages—the emphasis is on innovation that advances the field regardless of career stage; Candidates must be current members of ABCT; Self-nomination or nomination by others who need not be members of ABCT; Submissions should include the nominee's curriculum vitae, a statement describing the addictions research contribution and why it is novel and advances the field (maximum 3 pages), two letters of support, and copies of publications, web materials, or other documents supporting the innovation and impact described in the nomination. *Evaluation Process*: The awardee will be chosen by a committee of three senior researchers with distinguished research records who are members of the ABCT Addictions Special Interest Group. Committee members will forward their recommendation and justification for selecting the awardee to the Awards and Recognition Committee Chair at least 2 weeks prior to the Awards and Recognition Committee April meeting. The Awards Chair will verify that all materials are completed and that the committee agrees with the recommendation. The Awards Chair will forward the materials to the ABCT Board for their approval. Applications should include a nomination form (available at www.abct.org/awards), two letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Sobell Research Award" in the subject line. ***Nomination deadline***: March 2, 2020

Outstanding Mentor Eligible candidates for this award are members of ABCT in good standing who have encouraged the clinical and/or academic and professional excellence of psychology graduate students, interns, postdocs, and/or residents. Outstanding mentors are considered those who have provided exceptional guidance to students through leadership, advisement, and activities aimed at providing opportunities for professional development, networking, and future growth. Appropriate nominators are current or past students of the mentor. Previous recipients of this award are Richard Heimberg, G. Terence Wilson, Richard J. McNally, Mitchell J. Prinstein, Bethany Teachman, Evan Forman, and Ricardo Munoz. Please complete the nomination form found online at www.abct.org. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Mentor" in your subject heading. ***Nomination deadline***: March 2, 2020

Outstanding Contribution by an Individual for Education/Training Awarded to members of ABCT in good standing who have provided significant contributions toward educating and training cognitive and behavioral practitioners. Past recipients of this award include Gerald Davison, Leo Reyna, Harold Leitenberg, Marvin Goldfried, Philip Kendall, Patricia Resick, and Christine Maguth Nezu. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Educator/Trainer" in your subject heading. ***Nomination deadline***: March 2, 2020

Distinguished Friend to Behavior Therapy Eligible candidates for this award should NOT be members of ABCT but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Recent recipients of this award include, Vikram Patel, Benedict Carey, Patrick J. Kennedy, Joel Sherrill, Rod Holland, and Philip Tata. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2020ABCTAwards@abct.org. Include "Distinguished Friend to BT" in the subject line.
Nomination deadline: March 2, 2020

Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. This award includes a cash prize of $1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 5 years of receiving his or her doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applicants should submit: nominating cover letter, CV, personal statement up to three pages (statements exceeding 3 pages will not be reviewed), and 2 to 3 supporting letters. Application materials should be emailed as one pdf document to 2020ABCTAwards@abct.org. Include candidate's last name and "Albano Award" in the subject line. ***Nomination deadline***: March 2, 2020

Student Dissertation Awards

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

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2018. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted, or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to 2020ABCTAwards@abct.org. Include candidate's last name and "Student Dissertation Award" in the subject line.
Nomination deadline: March 2, 2020

President's New Researcher Award ABCT's 2019-20 President, Martin M. Antony, Ph.D., invites submissions for the 42nd Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of $500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field. *Requirements*: must have had terminal degree (Ph.D., M.D., etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2015); must submit an article for which they are the first author (in press, or published during or after 2018); 2 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line.
Nomination deadline: March 2, 2020

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

Outstanding Service to ABCT Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to 2020ABCTAwards@abct.org. Include "Outstanding Service" in the subject line. ***Nomination deadline***: March 2, 2020

ABCT's 2020 Champions of Evidence-Based Interventions

This award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based psychological interventions, and who have thereby advanced the mission of ABCT. Importantly, the goal of the award is to identify individuals who translate the impact of research into community health and well-being outside of the scope of their job requirements. Individuals who perform this function as part of their normal job (clinical or research) will not be considered for the award. Champions may not be members of ABCT at the time of their nomination.

▶ Potential Candidates

Nominees should demonstrate the characteristics of champions, broadly construed, as recognized in the implementation science literature (see Knudsen, Gutner, & Chorpita, 2019, for examples relevant to ABCT: http://www.abct.org/docs/PastIssue/42n1.pdf). Champions are those individuals who support, facilitate, diffuse or implement the core assets of evidence-based interventions. Champions' efforts expand the scope and impact of evidence-based interventions beyond the reach of researchers alone. They differentiate themselves from others by their visionary quality, enthusiasm, and willingness to risk their reputation for change. Ideal candidates should have demonstrated the following: (1) How the individual has recognized the potential application and impact of evidence-based psychological interventions; (2) How the individual has gone beyond their formal job requirements within an organization to relentlessly promote innovation; and (3) How they actively lead positive social change.

▶ Recognition

Nominees will be reviewed in March, June, and October by the ABCT Awards Committee, and those meeting criteria will be forwarded to the ABCT Board of Directors for approval. Recipients will be notified by the ABCT President, and their names and photographs will be posted on the ABCT website, along with the rationale for their recognition. Each year's champions will also be acknowledged at our annual awards ceremony at the ABCT Convention.

▶ How to Nominate

Email your nomination to **2020ABCTAwards@abct.org** (link to nomination form is on the Champions web page). Be sure to include "Champions Nomination" in the subject line. Once a nomination is received, an email will be sent from staff, copying the Awards and Recognition Committee Chair. The nomination will be reviewed by the Awards and Recognition Committee, and if deemed appropriate for our program, will be forwarded to the ABCT Board of Directors for final approval. Once reviewed and approved by the Board of Directors, the nominee will be contacted directly by the President, followed up with an ABCT staff member for a final review of the copy to be posted on the ABCT website.

Visit our Champions page to see the full listings and descriptions of ABCT's 2018 and 2019 Champions.

abct.org > For Members > Champions

ABCT's 54th Annual Convention

November 19–22, 2020 • Philadelphia

Preparing to Submit an Abstract

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

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

• **Presentation type**: For descriptions of the various presentation types, please visit http://www.abct.org/Conventions/?fa=Understanding_The_ABCT_Convention

• **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 total number of speakers may not exceed 6. Symposia are either 60 or 90 minutes in length. The chair may present a paper, but the discussant may not. Symposia are presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols. 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 degree, ABCT category (if they are ABCT members), and their email address. (Possibilities for "ABCT category" are current member; lapsed member or nonmember; postbaccalaureate; student member; student nonmember; new professional; emeritus.)

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

• **Key Words:** Please read carefully through the pull-down menu of defined keywords and use one of the keywords on the list. Keywords help ABCT have adequate programming representation across all topic areas.

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

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

For an in-depth explanation of ABCT's convention program, including the differences among ticketed, general, and special programming, visit us at:

www.abct.org > Conventions & CE > Understanding the ABCT Convention

Questions? FAQs are at http://www.abct.org/Conventions/ > Abstract Submission FAQs

Thinking about submitting an abstract for the ABCT 54th Annual Convention in Philadelphia? The submission portal will be opened from February 13–March 16. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 54th Annual Convention. The deadline for submissions will be 3:00 a.m. (EST), Monday, March 16, 2020.

ticketed sessions

call

54th Annual Convention

November 19–22, 2020 | Philadelphia

for Ticketed Sessions

Workshops & Mini Workshops

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

For more information or to answer any questions before you submit your abstract, email **Christina Boisseau, Workshop Committee Chair, workshops@abct.org**

Institutes

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

For more information or to answer any questions before you submit your abstract, email **Samantha G. Farris, Institutes Committee Chair, institutes@abct.org**

Master Clinician Seminars

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

For more information or to answer any questions before you submit your abstract, email **Courtney Benjamin Wolk, Master Clinician Seminars Committee Chair, mastercliniciansseminars@abct.org**

Research and Professional Development

Presentations focus on "how to" develop one's own career and/or conduct research, rather than on broad-based research issues (e.g., a methodological or design issue, grantsmanship, manuscript review) and/or professional development topics (e.g., evidence-based supervision approaches, establishing a private practice, academic productivity, publishing for the general public). Submissions will be of specific preferred length (60, 90, or 120 minutes) and format (panel discussion or more hands-on participation by the audience). Please limit to no more than 4 presenters, and be sure to indicate preferred presentation length and format.

For more information or to answer any questions before you submit your abstract, email **Cole Hooley, Research and Professional Development Committee Chair, researchanddevelopmentseminars@abct.org**

Conference Theme:

"Better Access, Better Outcomes: Enhancing the Impact of Behavioral and Cognitive Therapies"

For information about the convention and how to submit abstracts, visit www.abct.org,

Submission deadline: ***February 14, 2020, 3:00 A.M. EST***

ABCT 2020

Enhancing the Impact of Behavioral and Cognitive Therapies

BETTER ACCESS, BETTER OUTCOMES

54th Annual Convention ••• November 19–22, 2020 | Philadelphia, PA

CALL for PAPERS

Over the past few decades, significant advances have been made in the development of effective behavioral and cognitive interventions for a wide range of problems, and ABCT members have been at the forefront of these developments. Yet, many people have difficulty accessing evidence-based care, and many clients fail to engage in or fully respond to existing treatments. ABCT's 54th Annual Convention will highlight advances in research, clinical practice, and training that feature strategies for strengthening the impact of evidence-based psychological treatments through increasing their reach and improving their effectiveness.

We encourage submissions related to the 2020 convention theme, "**Better Access, Better Outcomes: Enhancing the Impact of Behavioral and Cognitive Therapies.**"

Examples of topics related to the theme include:

- Understanding failures to respond to standard behavioral and cognitive therapies
- Developing new methods for improving outcomes in CBT, and understanding when to use them
- Understanding and targeting mechanisms for better CBT outcomes
- Improving the acceptability of evidence-based interventions to promote engagement among consumers, clinicians, and organizations
- Optimizing CBT cost effectiveness while maintaining and improving quality and outcomes
- Using technology to facilitate the delivery of evidence-based psychological treatments
- Leveraging social media to educate consumers and clinicians about the use of evidence-based treatments and how to access them
- Identifying challenges and opportunities in the implementation of evidence-based practices in large institutions, where clinicians may not be well-versed in CBT
- Addressing system, policy, organizational, and individual-level barriers to implementing evidence-based treatments

Submissions may be in the form of symposia, clinical round tables, panel discussions, and posters. **Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2020.**

• • • PROGRAM CHAIR: **Shannon Wiltsey Stirman** • • •

general sessions

Portal opens
February 13, 2020

Deadline for submissions:
Monday, March 16, 2020
(3:00 A.M. EST)

the Behavior Therapist
Association for Behavioral
and Cognitive Therapies
305 Seventh Avenue, 16th floor
New York, NY 10001-6008
212-647-1890 | www.abct.org

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STAY CONNECTED

Moving? Changed institutions? Made a big change? Help ABCT stay connected by updating your record online!

- ✔ Visit www.abct.org
- ✔ Click "Member Log In"*
- ✔ Update your member profile