ABCT
ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES

ISSN 0278-8403
VOLUME 33, NO. 6 • SEPTEMBER 2010

the Behavior Therapist

Contents

Attention, Conventioneers!

ABCT's 44th Annual Convention program book will only be mailed to those who preregister by October 1. Programs will be distributed on-site to all other registrants. For a general overview of ticketed and general sessions, we have provided a convention program brochure within the very pages of this issue of *tBT*; for more information, please visit our convention pages at **www.abct.org/conv2010**

President's Message

Two Meetings and a Move

Frank Andrasik, *University of Memphis*

As your President, it was my pleasure to represent ABCT at two major professional meetings over the past 2 months. In this column, I provide selective highlights.

The first was the 163rd annual meeting of the American Psychiatric Association, convened in New Orleans, May 22–26 (theme: "Pride and Promise: Toward a New Psychiatry"). Our upcoming meeting in San Francisco will be our 44th, so this APA obviously has much more experience with annual meetings and there are things we can learn from them. I was most impressed by their efforts at outreach and dissemination, topics near and dear to our hearts, which I summarize in brief here. First, I was among the nearly 200 Presidents of U.S. and International Allied Organizations offered a complimentary registration to attend the conference, the opening ceremony, and a special reception that followed. Second, I was impressed by the sessions that featured prominent individuals who had struggled with significant mental health problems and been aided by treatment. Carrie Fisher, a well-known actress and leading mental health advocate, gave a talk that captivated the audience, as did Terry Bradshaw, NFL Hall of Famer and four-time Super Bowl champ and TV sports analyst, who was featured in a "Conversations" spot. Third, "Daily Bulletins" were printed and widely distributed at the conference site and hotels, highlighting key events of prior day. Fourth, APA made a donation to a local mission.

An interesting innovation was a company (iPosters) that printed and delivered posters on-site for a fee. These electronic copies were posted online for later browsing.

{continued on p. 111}

the Behavior Therapist

Published by the Association for
Behavioral and Cognitive Therapies
305 Seventh Avenue - 16th Floor
New York, NY 10001-6008
(212) 647-1890/Fax: (212) 647-1865
www.abct.org

Subscription information: *the Behavior Therapist* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at $40.00 per year (+$32.00 airmail postage outside North America).

Change of address: 6 to 8 weeks are required for address changes. Send both old and new addresses to the ABCT office.

Call *for* Editors

Cognitive and Behavioral Practice

Candidates are sought for Editor-Elect of *Cognitive and Behavioral Practice*, Volumes 20–23. The official term for the Editor is January 1, 2013 to December 31, 2016, but the Editor-Elect should be prepared to begin handling manuscripts approximately 12 to 18 months prior.

Candidates should send a letter of intent and a copy of their CV to David A. F. Haaga, Ph.D., Publications Coordinator, ABCT, 305 Seventh Avenue, 16th Floor, New York, NY 10001-6008 or via email to teisler@abct.org

Candidates will be asked to prepare a vision letter in support of their candidacy. David Teisler, ABCT's Director of Publications, will provide you with more details on the selection process as well duties and responsibilities of the Editor. Letters of support or recommendation are discouraged. However, candidates should have secured the support of their institution.

Questions about the responsibilities and duties of the Editor or about the selection process can be directed to David Teisler at the above email address or, by phone, at (212) 647.1890.

Letters of intent MUST BE RECEIVED BY October 15, 2010.
Vision letters will be required by November 1, 2010.

ABCT

INSTRUCTIONS *for* AUTHORS

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

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

Submissions must be accompanied by a Copyright Transfer Form (a form is printed on p. 24 of the January 2008 issue of *tBT*, or contact the ABCT central office): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Submissions via e-mail are preferred and should be sent to the editor at **drewa@albany.edu**. Please include the phrase ***tBT submission*** in the subject line of your e-mail. Include the first author's e-mail address on the cover page of the manuscript attachment. By conventional mail, please send manuscripts to:

Drew A. Anderson, Ph.D.
SUNY–Albany
Dept. of Psychology/SS369
1400 Washington Ave.
Albany, NY 12222

{continued from p. 109}

All of the above requires deep pockets, pockets far deeper than ours, but they illustrate possibilities for the future should our coffers grow substantially. At Schatzberg's Presidential Address I learned that APA's current annual revenues are about 55 million, down about 10 million from a few years earlier due to loss of ad revenues. I learned from a recent issue of *Psychiatric News* that, despite their own financial struggles, APA ended a recent budget year with a surplus of 1.4 million, an amount close to our total yearly operating expenses! I mention all of this to emphasize the importance of ABCT remaining financially viable and to show that we will have to grow our budget and/or find creative lower-cost ways to have the impacts we seek.

The second meeting, the 6th World Congress of Behavioral and Cognitive Therapies, June 2–5, in Boston, focused on "Translating Science Into Practice." This conference was one that ABCT cosponsored with the Boston University School of Social Work, the Boston University College of Arts and Sciences, Department of Psychology, and Center for Anxiety and Related Disorders. I cannot begin to tell you how many hours of staff and member time were devoted to help make this congress the success it was. I am certain that the 2,280 attendees, from 16 countries, share my view that this was an exciting, stimulating, and vibrant meeting. At the closing ceremony, well-deserved kudos were expressed to ABCT members most heavily involved in making this congress the huge success it was: Drs. Gail Steketee and Michael Otto, Congress Organizers; Sabine Wilhelm, Scientific Program Chair; and Stefan Hofmann, Local Arrangements Chair. The following ABCT central office staff were singled out for recognition as well: Mary Ellen Brown, Tonya Childers, and Lisa Yarde. Our Executive Director, Mary Jane Eimer, as always, pitched in silently but actively behind the scenes. Drs. Kristene Doyle and Hilary Vidair were ever present at a welcoming booth, spreading the word about ABCT and encouraging membership. Once again, I express my deep appreciation to all!

In addition to the many cutting-edge presentations, personal highlights for me were the chance to see Drs. Steketee and Otto fully decked out in colonial garb at the opening ceremony (along with Michael's son, who was a member of the Fife and Drum Corps). I am sure pictures will surface on the web and elsewhere, but they will not do justice to seeing them in person! Professor and Past President of ABCT David Barlow recounted the beginnings of CBT, focusing in particular on the contributions of Bostonians. David presented a wealth of information about founders that few had heard before, including myself. Thank you, David, for this engaging, entertaining, and informative talk.

Finally, by the time this arrives on your computer screen or in your postal box, I will have departed the oil-soaked beaches of the Greater Gulf Coast for the banks of the Mississippi River. There I will become the Chair of the Psychology Department at the University of Memphis, where I will be in the good company of a number of our members, one of whom preceded me in the presidency of ABCT, Dr. Gayle Beck.

. . .

Correspondence to Frank Andrasik, Ph.D., The University of Memphis, Department of Psychology, Room 202, Psychology Building, Memphis, TN 38152
fandrasik@mail.psyc.memphis.edu

Clinical Forum

Toward Increased Tolerability of Exposure Treatment for Obsessive-Compulsive Disorder

Stephen A. Kichuk and Carol Shaw Austad, *Central Connecticut State University*

Obsessive-compulsive disorder (OCD) is a serious condition. Numerous studies (Bystritsky et al., 2001; Koran, Thienemann, & Davenport, 1996; Stengler-Wenzke, Kroll, Matschinger, & Angermeyer, 2006) attest to the poor quality of life among those affected, and demonstrate the imperative for proper treatment. Current treatment involving exposure and response prevention (ERP) has been found highly efficacious. Examinations of randomized controlled trials (Foa & Kozak, 1996; Foa et al., 2005) and clinic outpatient research (Franklin, Abramowitz, Kozak, Levitt, & Foa, 2000) demonstrate similar rates of efficacy, with over 80% of patients demonstrating clinically significant improvement. Reduction in symptoms has been found to be around 60% (Franklin et al., 2000).

In spite of this success, there are a number of issues that need to be addressed. Notably, treatment refusal (Foa et al., 2005; Kozak, 1999) and dropout rates (Foa et al.; Kozak, Liebowitz, & Foa, 2000; Whittal, Thordarson, & McLean, 2005) have been reported to be in the range of about 20% to 30%. Even with patients who remain in treatment, it can still be difficult for therapists to obtain full compliance (e.g., patients' self-exposure outside of session, maintaining complete ritual prevention, ending subtle use of avoidance strategies; Abramowitz, Franklin, & Cahill, 2003; Tolin & Hannan, 2005). Reasons for this likely lie within the nature of treatment, which involves exposure of the patient to triggers of obsessions, followed by their abstention from using compulsive behaviors to reduce resultant distress. As the patient seeks to avoid such distress, compliance is therefore difficult to attain (Tolin & Hannan). The fear of undergoing exposure may be the most salient factor preventing full compliance from patients (Maltby & Tolin, 2005), but exposure is necessary for greatest efficacy (Abramowitz, Franklin, & Foa, 2002). Thus, tolerability of treatment (referred to here as the level of treatment acceptability, willingness, and capacity to be handled by the patient) and compliance may remain problematic without the use of adaptive emotion regulation methods to address this. Indeed, it has been suggested that OCD treatments be made easier for patients to tolerate (Whittal, Robichaud, Thordarson, & McLean, 2008) and that a primary aim of exposure therapy be to develop within pa-

tients an ability to better handle distress (Craske et al., 2008). Acceptance-based strategies of emotion regulation may meet these needs by increasing the tolerability of exposure treatment and perhaps improve compliance.

Acceptance-Based Emotion Regulation Strategies

Emotional disorders are characterized by maladaptive attempts to control, reduce, and avoid unwanted emotional experience (Barlow, Allen, & Choate, 2004). Indeed, beliefs about the need to control intrusive thoughts appear to play a role in the etiology of OCD (Abramowitz, Khandler, Nelson, Deacon, & Rygwall, 2006), and attempts to control obsessions are an identifying feature of the condition (American Psychiatric Association, 2000). Unfortu nately, such response patterns maintain rather than reduce symptoms (Hannan & Tolin, 2005). However, a very promising alternative has been indicated by recent research on acceptance-based strategies of emotion regulation.

Emotion regulation strategies can be classed as primarily antecedent-focused strategies, which occur prior to the generation of emotion, or they can primarily be response-focused strategies, which occur after the generation of emotion (Gross, 1998). Standard CBT primarily emphasizes the use of antecedent-focused strategies (Hofmann & Asmundson, 2008), with one of the most common being cognitive reappraisal. This strategy involves cognitively changing the meaning of a stimulus so as to change the emotional impact (Gross & Thompson, 2007). In contrast, an acceptance strategy is primarily response-focused (Hofmann & Asmundson). It refers to an allowance and embrace of emotional and cognitive states as they naturally occur, without struggle, without attempting to change, control, or avoid them. Patients are taught that this can permit them to focus on behaving in more personally meaningful ways than they otherwise might in the presence of difficult emotions and thoughts (Levitt, Brown, Orsillo, & Barlow, 2004). Acceptance entails exposure to emotion, and thus naturally fits with exposure-based treatment procedures (Hayes, 2004). Within OCD treatment, an explicit goal would be to teach patients to be willing to be exposed to obsessions and to end efforts to avoid them (Twohig, 2009).

It should be clarified that, although conventional exposure procedures do teach patients to stop trying to control obsessions, acceptance-based approaches emphasize this much more explicitly and to a greater degree (Tolin, 2009). This is also true of teaching patients the critical need to end any use of avoidance strategies (Hannan & Tolin, 2005; Orsillo, Roemer, & Holowka, 2005), a need that is not always clear to patients in ERP (Abramowitz et al., 2003). However, despite these differences, acceptance-based strategies can be used in treatment in addition to other CBT techniques (e.g., reappraisal), with the potential to enhance treatment approaches (Berking et al., 2008; Hofmann & Asmundson, 2008).

Treatment Implications

Although exposure treatment is efficacious, this becomes moot if the patient either cannot or is unwilling to tolerate it (Abramowitz, Taylor, & McKay, 2005), which is the case with many people with OCD (Maltby & Tolin, 2005). There further remains the problem of patients who remain in treatment, yet have difficulty maintaining full compliance. Research has indicated the potential for acceptance-based emotion regulation strategies to address tolerability issues within treatment, such as patients' willingness to undergo exposure, their tolerance of exposure tasks, and their capacity to handle anxiety.

It must first be mentioned, however, that for these strategies to be integrated within standard exposure treatments, the rationale for exposure would have to be altered. Treatment methodologies tend to be focused more on long-term, as opposed to short-term, improvement, but tolerability and compliance problems are likely often rooted in the short-term. Patients may understand that treatment is efficacious, but in order for improvement to occur, they must first endure distressing exposure procedures. As anxiety narrows attention (Barlow, 2002) and increases short-term focus (Zimbardo & Boyd, 2008), any treatment rationales focused on long-term gains are likely overpowered by present distress. Thus, the manner in which exposure is presented to patients is important.

Standard exposure rationales are focused on the reduction of anxiety, noting that repeated exposure to obsessions without ritualizing can ultimately result in diminished experience of anxiety (Kozak & Coles, 2005). However, the use of acceptance strategies would entail a shift in the rationale away from the long-term reduction of anxiety and toward an acceptance of difficult emotions (e.g. the anxiety from exposure). Within this context, the focus would be on behavior consistent with personal values and the enhancement of quality of life, which may make the purpose of exposure more apparent to the patient (Hannan & Tolin, 2005; Levitt et al., 2004; Orsillo et al., 2005). Shifting away from the standard exposure rationale has indeed been associated with more manageable levels of anxiety and urges to ritualize (Fisher & Wells, 2005).

Research points to other intriguing potential benefits regarding the use of acceptance strategies, as it has been found that they increase a person's willingness to engage in aversive tasks (Eifert & Heffner, 2003; Levitt et al., 2004), including tasks involving cognitive intrusions analogous to those in OCD (Marcks & Woods, 2007). They have also been found to increase a person's tolerance of aversive tasks (Gutiérrez, Luciano, Rodríguez, & Fink, 2004; Hayes, Bissett, et al., 1999). Even further, while not an explicit aim of acceptance strategies, research has found that they may reduce anxiety (Eifert & Heffner, 2003; Levitt et al.) and enhance recovery (Campbell-Sills, Barlow, Brown, & Hofmann, 2006) from emotionally evocative tasks, including tasks involving intrusive thoughts in both nonclinical samples (Marcks & Woods, 2005) and those diagnosed with OCD (Najmi, Riemann, & Wegner, 2009).

Collectively, these results hold important implications for exposure treatments. In that exposures can be anxiety provoking and emotionally difficult, patients may naturally be hesitant to undertake them. However, these studies indicate that training patients in the use of acceptance strategies could potentially translate into an increased willingness to fully engage in exposure (possibly leading to increased compliance), as well as provide both an increased tolerance of exposure tasks and an increased capacity to handle anxiety (without the patient avoiding the anxiety).

There is some evidence that standard cognitive techniques (e.g., cognitive restructuring) enhance treatment compliance (Abramowitz et al., 2005), which may be at least partially due to the emotion regulation methods that standard CBT encourages (although this wasn't assessed). To date, however, little research has applied acceptance strategies in OCD treatment. Acceptance forms a key component of Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and two published studies have applied ACT to OCD (Twohig, 2007; Twohig, Hayes, & Masuda, 2006). However, while patients in each study rated ACT as highly acceptable, the

contribution of acceptance strategies to such perceptions cannot be definitively stated, as other components of ACT may have contributed. Further, neither study contained therapist-directed exposure sessions (in favor of patients' self-administered exposure through "behavioral commitment exercises"). Nonetheless, treatment did involve deliberate exposure to anxiety-provoking situations, and the very high ratings of treatment acceptability indicate that patients were able to tolerate these sessions well. Given the aforementioned experimental results, it seems plausible that the use of acceptance strategies played a significant role in this. This intriguing possibility calls for investigation into whether acceptance strategies have any effect on treatment tolerability or compliance.

Component analyses could be conducted to address such questions. A package of instruction in acceptance skills could be integrated within ERP and be tested against both ERP and CBT as usual. Testing against standard ERP could reveal any absolute effects on tolerability and compliance, and testing against CBT could reveal whether there are any effects to be seen beyond that already found of standard cognitive techniques (Abramowitz et al., 2005). Previous research (Berking et al., 2008) has examined the integration of a full package of emotion regulation (including acceptance) skills training within CBT, and found positive results. A similar approach, concentrating solely on the integration of an acceptance-based skills training package, may likewise find beneficial effects within exposure treatment for OCD.

Conclusions

Due to the emotional difficulties for patients posed by exposure as well as the high rates of noncompliance, it is becoming increasingly clear that OCD treatments need to be made more tolerable, patient compliance needs to be increased (Whittal, Robichaud, Thordarson, & McLean, 2008), and skills for distress toleration should be taught to patients in exposure therapy (Craske et al., 2008). Incorporating the teaching of acceptance-based emotion regulation strategies within exposure treatment may be a key step in meeting these needs. As the above cited research shows, acceptance strategies have been shown to increase a person's willingness to engage in aversive tasks, increase tolerance of aversive tasks, and enhance a person's capacity to manage anxiety. Much of this work has been experimental in nature and has involved nonclinical samples, but studies involving clinical samples have been conducted and yielded similarly encouraging results.

The teaching of acceptance strategies (and other emotion regulation skills) to patients appears to improve results of CBT, and is readily incorporated within existing treatment protocols (Berking et al., 2008; Hofmann & Asmundson, 2008). Clinicians have expounded on using acceptance strategies in exposure treatment for OCD (Hannan & Tolin, 2005; Twohig, 2009), but treatment research has been limited, and the relative contribution of acceptance strategies to improved treatment tolerability remains speculative. Nevertheless, while the literature is indeed young, the potential utility of acceptance-based strategies within exposure treatment for OCD has been collectively indicated by both research and clinician reports. The positive findings thus far indicate the potential for patient use of acceptance strategies to increase the tolerability of exposure and perhaps increase compliance. Empirical investigation of this possibility, however, remains to be done.

References

Abramowitz, J. S., Franklin, M. E., & Cahill, S. P. (2003). Approaches to common obstacles in the exposure-based treatment of obsessive-compulsive disorder. *Cognitive and Behavioral Practice, 10*, 14-22.

Abramowitz, J. S., Franklin, M. E., & Foa, E. B. (2002). Empirical status of cognitive-behavioral therapy for obsessive-compulsive disorder: A meta-analytic review. Romanian *Journal of Cognitive and Behavioral Psychotherapies, 2*, 89-104.

Abramowitz, J. S., Khandler, M., Nelson, C. A., Deacon, B. J., & Rygwall, R. (2006). The role of cognitive factors in the pathogenesis of obsessive-compulsive symptoms: A prospective study. *Behaviour Research and Therapy, 44*, 1361-1374.

Abramowitz, J. S., Taylor, S., & McKay, D. (2005). Potentials and limitations of cognitive treatments for obsessive-compulsive disorder. *Cognitive Behaviour Therapy, 34*, 140-147.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Barlow, D. H. (2002). The nature of anxious apprehension. In D. H. Barlow (Ed.), *Anxiety and its disorders: The nature and treatment of anxiety and panic* (pp. 64-104). New York: The Guilford Press.

Barlow, D. H., Allen, L. B., & Choate, M. L. (2004). Toward a unified treatment for emotional disorders. *Behavior Therapy, 35*, 205-230.

Berking, M., Wupperman, P., Reichardt, A., Pejic, T., Dippel, A., & Znoj, H. (2008). Emotion-regulation skills as a treatment target in psychotherapy. *Behaviour Research and Therapy, 46*, 1230-1237.

Bystritsky, A., Liberman, R. P., Hwang, S., Wallace, C. J., Vapnik, T., Maindment, K., & Saxena, S. (2001). Social functioning and quality of life comparisons between obsessive-compulsive and schizophrenic disorders. *Depression and Anxiety, 14*, 214-218.

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. *Behaviour Research and Therapy, 44*, 1251-1263.

Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy, 46*, 5-27.

Eifert, G. H., & Heffner, M. (2003). The effects of acceptance versus control contexts on avoidance of panic-related symptoms. *Journal of Behavior Therapy and Experimental Psychiatry, 34*, 293-312.

Fisher, P. L., & Wells, A. (2005). Experimental modification of beliefs in obsessive–compulsive disorder: A test of the metacognitive model. *Behaviour Research and Therapy, 43*, 821-829.

Foa, E. B., & Kozak, M. J. (1996). Psychological treatment for obsessive-compulsive disorder. In M. R. Mavissakalian & R. F. Prien (Eds.), *Long-term treatments of anxiety disorders* (pp. 285-309). Washington, DC: American Psychiatric Press.

Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E., Huppert, J. D., Kjernisted, K., Rowan, V., Schmidt, A. B., Simpson, H. B., & Tu, X. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. *American Journal of Psychiatry, 162*, 151-161.

Franklin, M. E., Abramowitz, J. S., Kozak, M. J., Levitt, J. T., & Foa, E. B. (2000). Effectiveness of exposure and ritual prevention for obsessive-compulsive disorder: Randomized versus non-randomized samples. *Journal of Consulting and Clinical Psychology, 68*, 594-602

Gutiérrez, O., Luciano, C., Rodríguez, M., & Fink, B. C. (2004). Comparison between an acceptance-based and a cognitive-control-based protocol for coping with pain. *Behavior Therapy, 35*, 767-783.

Gross, J. J. (1998). Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and

physiology. *Journal of Personality and Social Psychology, 74,* 224-237.

Gross, J. J., & Thompson, R. A. (2007). Emotion regulation: Conceptual foundations. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3-24). New York: Guilford Press.

Hannan, S. E., & Tolin, D. F. (2005). Mindfulness and acceptance-based behavior therapy for obsessive-compulsive disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (pp. 271-298). New York: Springer.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35*, 639-665.

Hayes, S. C., Bissett, R. T., Korn, Z., Zettle, R. D., Rosenfarb, I. S., Cooper, L. D., & Grundt, A. M. (1999). The impact of acceptance versus control rationales on pain tolerance. *The Psychological Record, 49*, 33-47.

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* New York: Guilford Press.

Hofmann, S. G., & Asmundson, G. J. G. (2008). Acceptance and mindfulness-based therapy: New wave or old hat? *Clinical Psychology Review, 28*, 1-16.

Koran, L. M., Thienemann, M. L., & Davenport, R. (1996). Quality of life for patients with obsessive-compulsive disorder. *American Journal of Psychiatry, 153*, 783-788.

Kozak, M. J. (1999). Evaluating treatment efficacy for obsessive-compulsive disorder: Caveat practitioner. *Cognitive and Behavioral Practice, 6*, 422-426.

Kozak, M. J., & Coles, M. E. (2005). Treatment for OCD: Unleashing the power of exposure. In J. S. Abramowitz & A. C. Houts (Eds.), *Concepts and controversies in obsessive-compulsive disorder* (pp. 283-304). New York: Springer.

Kozak, M. J., Liebowitz, M. R., & Foa, E. B. (2000). Cognitive-behavior therapy and pharmacotherapy for OCD: The NIMH-sponsored collaborative study. In W. Goodman, M. Rudorfer, & J. Maser (Eds.), *Obsessive-compulsive disorder: Contemporary issues in treatment* (pp. 501-530). Mahwah, NJ: Erlbaum.

Levitt, J. T., Brown, T. A., Orsillo, S. M., & Barlow, D. H. (2004). The effects of acceptance versus suppression of emotion on subjective and psychophysiological response to carbon dioxide challenge in patients with panic disorder. *Behavior Therapy, 35*, 747-766.

Maltby, N., & Tolin, D. F. (2005). A brief motivational intervention for treatment-refusing OCD patients. *Cognitive Behaviour Therapy, 34*, 176-184.

Marcks, B. A., & Woods, D. W. (2005). A comparison of thought suppression to an acceptance-based technique in the management of personal intrusive thoughts: A controlled evaluation. *Behaviour Research and Therapy, 43*, 433-445.

Marcks, B. A., & Woods, D. W. (2007). Role of thought-related beliefs and coping strategies in the escalation of intrusive thoughts: An analog to obsessive–compulsive disorder. *Behaviour Research and Therapy, 45*, 2640–2651.

Najmi, S., Riemann, B. C., & Wegner, D. M. (2009). Managing unwanted intrusive thoughts in obsessive-compulsive disorder: Relative effectiveness of suppression, focused distraction, and acceptance. *Behaviour Research and Therapy, 47*, 494-503.

Orsillo, S. M., Roemer, L., & Holowka, D. W. (2005). Acceptance-based behavioral therapies for anxiety: Using acceptance and mindfulness to enhance traditional CBT. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (pp. 271-298). New York: Springer.

(continued on p. 116)

Behavioral Assessment of an Elimination Diet to Treat Purported Food Sensitivity and Problem Behaviors in Autism: A Clinical Case Report

William A. Flood, Catherine Lynn, John Mortensen III, and James K. Luiselli,
May Institute

It has been proposed that some children and adults with autism have global and specific food sensitivities that compromise their digestive and immune systems (Horvath & Perman, 2002; Jyonouchi, Geng, Ruby, & Zimmerman-Bier, 2005; Vojdani et al., 2004). Having an allergic reaction to food is thought to cause headaches and stomachaches, producing physical discomfort and associated problem behaviors. Accordingly, various elimination diets have been popularized as effective interventions for food sensitivity. For example, the Gluten-Free/Casein-Free (GF/CF) diet eliminates gluten (wheat, rye, barley) and dairy (milk, yogurt, cheese, ice cream) products from meals. Similar elimination diets prohibit consumption of soy, corn, peanuts, yeast, eggs, and foods containing artificial colors and preservatives (Baker & Pangborn, 2005).

The research data concerning autism, food sensitivity, and dietary manipulation is equivocal. A study by Cade et al. (1999) reported that among 70 children who had autism and followed a GF/CF diet for 1 to 8 years, 81% "improved significantly" by virtue of having fewer problem behaviors and increased social skills. Conversely, Elder et al. (2006) conducted a randomized, double-blind comparison of 15 children with autism, half receiving a GF/CF diet and half receiving a GF/CF placebo diet, and found no difference in problem behaviors between groups.

On a clinical level, our experiences have been that various elimination diets are routinely prescribed for children and adults diagnosed with autism. Unfortunately, these interventions are rarely evaluated objectively to determine whether changes in diet are beneficial. Data-based outcome assessment should be a priority because (a) maintaining a rigid elimination diet is usually difficult for parents and other care-providers, and (b) food restrictions can pose health risks (e.g., malnutrition).

In the present case report, we describe how direct observation and measurement contributed to the evaluation of an elimination diet as purported treatment for reducing problem behaviors in an adult with autism. Our report also discusses a methodology for studying "high visibility" treatments that lack evidence-based support.

Method

Participant and Setting

Steve (a pseudonym) was a 21-year-old man diagnosed as having autistic disorder. He did not speak, his communication ability limited to a few gestures and one-word sign language such as "eat" and "drink." Steve had a history of problem behaviors that included aggression, self-injury, and property destruction. He was physically imposing (his weight fluctuated between 200 to 300 lbs), rarely interacted with peers, and required near-continuous adult supervision for him to complete daily living and self-care routines.

Steve lived in a community-based group home with 5 other adults who had intellectual disabilities. During waking hours, 2 to 3 direct-care staff conducted activities with Steve and the other residents. In the overnight hours, 1 to 2 staff were present in the group home.

Measurement

Staff at the group home recorded two problem behaviors during Steve's waking hours. *Self-injury* was defined as Steve attempting to bite or successfully biting his hands or arms. *Aggression* was defined as Steve attempting to or successfully hitting, kicking, scratching, biting, grabbing, or throwing objects at staff or peers. As a result of self-injury, Steve had visible tissue damage on his hands and arms. His aggres-

(continuted from p. 115)

Stengler-Wenzke, K., Kroll, M., Matschinger, H., & Angermeyer, M. C. (2006). Subjective quality of life of patients with obsessive-compulsive disorder. *Social Psychiatry and Psychiatric Epidemiology, 41*, 662-668.

Tolin, D. F. (2009). Alphabet soup: ERP, CT, and ACT for OCD. *Cognitive and Behavioral Practice, 16*, 40-48.

Tolin, D. F., & Hannan, S. (2005). The role of the therapist in behavior therapy for OCD. In J. S. Abramowitz & A. C. Houts (Eds.), *Concepts and controversies in obsessive-compulsive disorder* (pp. 283-304). New York: Springer.

Twohig, M. P. (2007). A randomized clinical trial of acceptance and commitment therapy versus progressive relaxation training in the treatment of obsessive compulsive disorder. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 68* (7-B), 4850.

Twohig, M. P. (2009). The application of acceptance and commitment therapy to obsessive-compulsive disorder. *Cognitive and Behavioral Practice, 16*, 18-28.

Twohig, M. P., Hayes, S. C., & Masuda, A. (2006). Increasing willingness to experience obsessions: Acceptance and commitment therapy as a treatment for obsessive-compulsive disorder. *Behavior Therapy, 37*, 3-13.

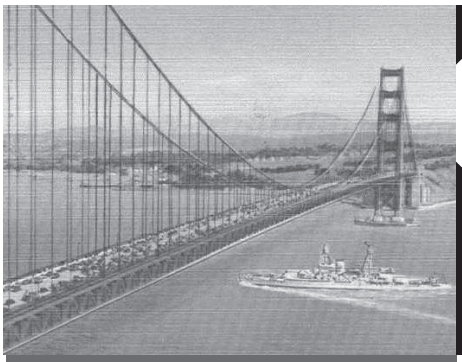
Whittal, M. L., Robichaud, M., Thordarson, D. S., & McLean, P. D. (2008). Group and individual treatment of obsessive-compulsive disorder using cognitive therapy and exposure plus response prevention: A two-year follow-up of two randomized trials. *Journal of Consulting and Clinical Psychology, 76,* 1003-1014.

Whittal, M. L., Thordarson, D. S., & McLean, P. D. (2005). Treatment of obsessive-compulsive disorder: Cognitive-behavior therapy vs. exposure and response prevention. *Behaviour Research and Therapy, 43*, 1559-1576.

Zimbardo, P., & Boyd, J. (2008). *The time paradox: The new psychology of time that will change your life*. New York: Free Press.

. . .

Correspondence to Stephen A. Kichuk, Department of Psychology, Central Connecticut State University, 1615 Stanley Street, New Britain, CT 06050
kichuksta@ccsu.edu



44th Annual Convention

San Francisco

Unifying Diverse Disciplines With a Common Thread

Association for Behavioral and Cognitive Therapies

November 18–21, 2010 | Hilton San Francisco Union Square

ABCT

Welcome

John D. Otis, ABCT Program Chair
VA Boston Healthcare System
and Boston University

I would like to express my appreciation to ABCT President Dr. Frank Andrasik and the ABCT Board for giving me the opportunity to serve as the 2010 ABCT Program Chair.

The theme of the 44th annual meeting, "Cognitive Behavioral Therapy: Unifying Diverse Disciplines With a Common Thread," is intended to emphasize the relevance of cognitive-behavioral theories across varied topics and disorders and across diverse health- and mental-health related professions and disciplines. While there are many specialties within the fields of physical and mental health, our shared understanding of the importance of applying evidence-based cognitive behavioral practices is a common thread that joins us together.

Clearly, this is a message that resonated strongly with ABCT members. We received over 1,965 submissions this year, many of which were in areas that had been underrepresented in the past. The ABCT program schedule is packed with diverse offerings in every time slot, so it is recommended that members use the ABCT Itinerary Planner—located on the ABCT website—to plan their daily schedule online and in advance of the conference so that they can take full advantage of this year's exciting and innovative presentations and addresses.

This year, our Invited Addresses include presentations by Drs. Edna Foa, Albert Bandura, James Prochaska, and Helen Mayberg (see p. iii for titles of invited addresses). In addition, the conference features new presentations in the areas of behavioral medicine/health psychology, severe mental illness, couples treatment, and presentations on the NIH Loan Repayment Program as well as on advice from experts on recent changes in the NIH grant application process.

What an incredible location for our 44th Annual Conference—San Francisco! We are excited to have the Hilton San Francisco Union Square as our conference site. The hotel is located in the heart of the city, within walking distance of many of San Francisco's famous neighborhoods, such as Chinatown and Nob Hill, in addition to the cable cars, shopping, dining, theatre, and nightlife. The hotel even has a spa and an outdoor pool for between-presentation rejuvenation.

On behalf of Dr. Andrasik and the entire ABCT Board, we invite all members to make your travel arrangements now to join us for the 2010 San Francisco conference!

ABCT's Online Convention Itinerary Planner

Search | Plan | Find

- ***SEARCH*** *by topic, presenter, session type, day/time*
- ***BROWSE*** *by day and view the entire program in time/day order*

About the Itinerary Planner

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2010 convention in San Francisco. In order to learn more details about the sessions, including full descriptions and times, skill levels, and learning goals, please utilize the Itinerary Planner.

The purpose of ABCT's Itinerary Planner is to help you locate presenters, sessions, and topics quickly and easily. The Itinerary Planner is accessible on ABCT's website at www.abct.org/conv2010. To view the entire convention program—including SIG meetings, poster sessions, invited addresses—you can ***search*** by session type, or you can ***browse*** by day. (Keep in mind, the ABCT convention program book will only be mailed to those who preregister by October 1. Programs will be distributed on-site to all other registrants.) After reviewing this special Convention 2010 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!

www.abct.org/conv2010

Clinical Intervention Training

ticketed session

CLINICAL INTERVENTION TRAINING 1

Updates in Emotion Regulation and Crisis Survival Skills: Integrating DBT Skills Into Clinical Practice
Marsha M. Linehan and Kathryn E. Korsland, *University of Pennsylvania School of Medicine*

Invited Addresses

PRESIDENTIAL ADDRESS

Behavioral Medicine: Expanding our Reach
Frank Andrasik, *University of Memphis*

INVITED ADDRESS

On Alleviating Urgent Global Problems by Psychosocial Means
Albert Bandura, *Stanford University*

INVITED ADDRESS

Disseminating Evidence-Based Treatments Within Systems and Across Countries: Lessons Learned From Prolonged Exposure Therapy for PTSD
Edna B. Foa, *University of Pennsylvania*

INVITED ADDRESS

Paths to Recovery: Targeting Dysfunctional Limbic-Cortical Circuits in Depression
Helen S. Mayberg, *Emory University School of Medicine*

INVITED ADDRESS

Alternative Strategies for Changing Multiple Behaviors
James O. Prochaska, *University of Rhode Island*

"People who regard themselves as highly efficacious act, think, and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it."

—Albert Bandura, *Social Foundations of Thought and Action* (1986)

Workshops

ticketed sessions

ABCT's workshops provide participants with up-to-date integration of theoretical, empirical, and clinical knowledge about specific issues or themes.

Friday

WORKSHOP 1

Core Strategies in the Assessment and Treatment of Health Anxiety
Heather Hadjistavropoulos, *University of Regina*, Patricia Furer and John Walker, *University of Manitoba*, and Theo Bouman, *University of Groningen*

WORKSHOP 2

Schematic Mismatch in the Therapeutic Relationship: Using Roadblocks as Opportunities for Change
Robert L. Leahy, *American Institute for Cognitive Therapy*

WORKSHOP 3

Group Treatment for SAD
Stefan G. Hofmann, *Boston University*

WORKSHOP 4

DBT and CBT for Emotion Dysregulation and Nonsuicidal Self-Injury in Adolescents
W. Edward Craighead, *Emory University School of Medicine* and *Emory University*, and Lorie A. Ritschel, *Emory University School of Medicine*

WORKSHOP 5

Natural Setting Therapeutic Management: A Multiple Model Approach to Maintain Individuals with Developmental Disabilities and Severe Behaviors in Community Settings
Michael R. Petronko, Russell J. Kormann, and Doreen DiDomenico, *Rutgers University*

WORKSHOP 6

Hands-on Training in CBT for Insomnia in Those With Anxiety Disorders, Depression, and Other Comorbid Conditions
Rachel Manber, *Stanford University Medical Center*, and Colleen E. Carney, *Ryerson University*

WORKSHOP 7

Comprehensive Behavioral Intervention for Tics
Douglas W. Woods, *University of Wisconsin-Milwaukee*, and Christine A. Conelea, *University of Wisconsin-Milwaukee* and *Brown University School of Medicine*

WORKSHOP 8

ACT in Practice: Case Conceptualization in Acceptance and Commitment Therapy
Daniel J. Moran, *Pickslyde Consulting*, and Patricia Bach, *Illinois Institute of Technology*

WORKSHOP 9

The Marriage Checkup: Using the Brief Checkup Model to Promote Marital Health and Prevent Relationship Deterioration
James V. Cordova, *Clark University*

WORKSHOP 10

Cognitive Behavioral Therapy for ADHD in Adults
Steven A. Safren, Susan Sprich, and Laura Knouse, *Harvard Medical School* and *Massachusetts General Hospital*

Saturday

WORKSHOP 11

Problem-Solving Therapy for Depression Among Medical Patient Populations
Arthur M. Nezu and Christine Maguth Nezu, *Drexel University*

WORKSHOP 12

Advanced Workshop on Cognitive Processing Therapy
Patricia A. Resick, *VA National Center for PTSD, Women's Health Sciences Division, National Center for PTSD,* and *Boston University*

WORKSHOP 13

CBT for Couples Experiencing Economic Stress
Norman B. Epstein and Mariana K. Falconier, *Virginia Polytechnic Institute and State University*

WORKSHOP 14

Assessment and Treatment of Bipolar Disorder in Children
Mary A. Fristad, *Ohio State University*, and Jill S. Goldberg Arnold, *Private Practice*

WORKSHOP 15

Acceptance-Based Behavioral Therapy for GAD and Comorbid Disorders
Susan M. Orsillo and Lizabeth Roemer, *University of Massachusetts, Boston*

WORKSHOP 16

Cognitive Behavioral Treatment for Depression in Primary Care Medicine
Barbara A. Golden and Bruce S. Zahn, *PCOM*

WORKSHOP 17

Individual and Family-Based CBT for Treatment of First-Episode Psychosis
Jennifer Gottlieb and Corinne Cather, *Massachusetts General Hospital* and *Harvard Medical School*, Shirley Glynn, *UCLA*, and Kim Mueser, *Dartmouth Medical School*

WORKSHOP 18

Concurrent Treatment for Alcohol Dependence and PTSD
Edna B. Foa and David A. Yusko, *University of Pennsylvania*

WORKSHOP 19

Selective Mutism in Children: Characteristics, Assessment, and Treatment
Christopher A. Kearney, Harpreet Kaur, and Rachel Schafer, *University of Nevada, Las Vegas*

WORKSHOP 20

CBT for OCD: A Symptom Dimension Approach
Jonathan S. Abramowitz, *University of North Carolina at Chapel Hill*

Sunday

WORKSHOP 21

Personal Finance Solutions for Busy Mental Health Professionals
Barbara A. Friedberg, *Lebanon Valley College*

WORKSHOP 22

The Art and Science of Mindfulness: Integrating Mindfulness in Psychology
Shauna L. Shapiro, *Santa Clara University*

WORKSHOP 23

Integrating Spirituality into CBT
Harold B. Robb, III, and David H. Rosmarin, *McLean Hospital/Harvard Medical School*

WORKSHOP 24

Individual Dialectical Behavior Therapy Treatment Strategies Applied to Eating Disorders
Lucene Wisniewski and Denise D. Ben-Porath, *John Carroll University*

WORKSHOP 25

Introduction to Motivational Interviewing
Daniel W. McNeil, *West Virginia University*

"... Because we accept the role of reducing needless suffering and enhancing joyful living, we are right to direct our consultees on how to attempt steps to secure these ends. We are right, even if doing so means changing their supernatural beliefs..."

—Hank Robb, 2001 ("Facilitating REBT by Including Religious Beliefs" *C&BP* Vol 8, p. 33)

Master Clinician Seminars

ticketed sessions

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

Friday

MASTER CLINICIAN SEMINAR 1

Implementing Prolonged Exposure for PTSD: Optimizing Outcomes
Edna B. Foa, *University of Pennsylvania School of Medicine*

MASTER CLINICIAN SEMINAR 2

Behavioral Activation Principles in Practice in the Treatment of Depression
Christopher R. Martell, *Associates in Behavioral Health* and *University of Washington*

MASTER CLINICIAN SEMINAR 3

Problem-Solving Therapy (PST) to Enhance Resilience and Improve Psychological and Emotional Immunity
Christine Maguth Nezu and Arthur M. Nezu, *Drexel University*

MASTER CLINICIAN SEMINAR 4

Artistic Adherence: Maximizing "Flex" While Minimizing "Drift" in Conducting Competent Cognitive-Behavioral Therapies
Cory F. Newman, *University of Pennsylvania School of Medicine*

Saturday

MASTER CLINICIAN SEMINAR 5

Conducting Therapeutic Exposures With Anxious Adolescents: Practicalities, Pitfalls, and Ultimately, Progress
Anne Marie Albano and Sandra Pimentel, *Columbia University* and *New York State Psychiatric Institute*

MASTER CLINICIAN SEMINAR 6

What to Do When You Don't Know What to Do: Practical Guidelines for Keeping CBT With Youth Fresh
Robert D. Friedberg, *Pennsylvania Psychiatric Institute* and *Penn State Milton Hershey Medical Center*

MASTER CLINICIAN SEMINAR 7

Beginning and Ending Psychotherapy: Mindful, Ethical Practice in an Era of Manuals and Managed Care
Denise D. Davis, *Vanderbilt University* and *Independent Practice*

MASTER CLINICIAN SEMINAR 8

Exposure Therapy for Anxiety Disorders
Michelle G. Craske, *UCLA*

AMASS

ticketed sessions

Advanced Methodology and Statistics Seminars (AMASS) are for applied researchers, presented by renowned research scientsts

Thursday

AMASS 1

Applied Structural Equation Modeling
James M. Henson, *Old Dominion University*

AMASS 2

Applied Longitudinal Data Analysis with HLM
David C. Atkins, *University of Washington*

Institutes

ticketed sessions

Designed for clinical practitioners, discussions and display of specific intervention techniques.

Thursday

INSTITUTE 1

Incorporating Motivational Interviewing and Cognitive Behavioral Techniques in Group and Individual Therapy
Linda C. Sobell, *Nova Southeastern University*

INSTITUTE 2

Cognitive Processing Therapy Basics: The How's and Why's of Implementing PTSD Treatment in Clinical Practice
Debra Kaysen, *University of Washington*, and Tara Galovski, *University of Missouri-St. Louis*

INSTITUTE 3

Cognitive-Behavioral Case Formulation and Progress Monitoring
Jacqueline B. Persons, *San Francisco Bay Area Center for Cognitive Therapy* and *UC–Berkeley*

INSTITUTE 4

Collaborative Case Conceptualization: Incorporate Strengths to Build Resilience
Christine A. Padesky and Kathleen A. Mooney, *Center for Cognitive Therapy*

INSTITUTE 5

Enhancing Treatment Outcome for OCD
David Yusko, Monica T. Williams, and Edna Foa, *University of Pennsylvania*

INSTITUTE 6

Functional Analytic Psychotherapy: Maximizing Therapeutic Impact by Using the Client-Therapist Relationship
Mavis Tsai, *Independent Practice* and *University of Washington*, and Robert J. Kohlenberg, *University of Washington*

INSTITUTE 7

Using ACT Principles and Strategies in the Treatment of Substance Use Disorders
Angela L. Stotts, *University of Texas–Houston Medical School*, William D. Norwood, *University of Housto, Clear Lake*, and Akihiko Masuda, *Georgia State University*

INSTITUTE 8

Using the Case Formulation Approach to Guide Treatment of Complicated PTSD in Clinical Practice
Claudia Zayfert, *Dartmouth Medical School*, Jason DeViva, *Connecticut VA Health System*, and Carolyn B. Becker, *Trinity University*

"...Clinical improvements, healing, or psychotherapeutic change, all of which are acts *of the client, also involve* contingencies *of reinforcement that occur in the relationship between client and therapist..."*

—Kohlenberg & Tsai, 2000
("Radical Behavioral Help for Katrina" *C&BP* Vol. 7, p. 500)

General Sessions

Clinical Round Tables and **Panel Discussions** feature discussion by experts on a current important topic. **Membership Panel Discussions** emphasize training or career development. **Symposia** are presentation of data, usually investigating efficacy of treatment protocol or particular research.

Clinical Round Tables

CLINICAL ROUND TABLE 1

Managing Treatment-Resistant OCD Spectrum Conditions in Adults and Children
Panelists: Jonathan Abramowitz, Gail Steketee, Bradley Riemann, C. Alec Pollard, Randy Frost, Martin Franklin
Chair: Cheryl Carmin

CLINICAL ROUND TABLE 2

Can We Get an Encore, Do You Want More (Lessons Learned From Treatment Failures)?
Panelists: David Barlow, Dennis Greenberger, Michelle Craske
Chair: Simon Rego

CLINICAL ROUND TABLE 3

Therapist Self-Disclosure: Collective Wisdom
Panelists: Linda Filetti, Rosemary Mennuti, Stephanie Mattei
Chair: Andrea Bloomgarden

CLINICAL ROUND TABLE 4

Transdisciplinary Training for Evidence-Based Behavioral Practice: Best Practices From Psychology, Medicine, and Practice Networks
Panelists: Beverly Lehr, Jason Satterfield, Lynn Martin
Chair: Bonnie Spring

CLINICAL ROUND TABLE 5

Testing Case Formulation Hypotheses in Clinical Practice
Panelists: Victoria Beckner, Michael Tompkins, Janie Hong
Chair: Jacqueline Persons

CLINICAL ROUND TABLE 6

Barriers to Engaging Couples in Therapy for Relationship Problems
Panelists: Donald Baucom, Mark Whisman, Barbara McCrady, Kristina Gordon
Chair: Norman Epstein

CLINICAL ROUND TABLE 7

Novel Approaches to Changing Beliefs in CBT
Panelists: Robert Friedberg, Donna Sudak
Chair: Irismar de-Oliveira

CLINICAL ROUND TABLE 8

Treatment of OCD During the CBT Renaissance
Panelists: Jonathan Abramowitz, Michael Twohig, Jeff Szymanski, Denise Moquin, Jason Elias
Chairs: Jason Elias, Nate Gruner

CLINICAL ROUND TABLE 9

Expanding Evidence-Based Psychological Services: From Traditional Therapy to Self-Help Books to Internet Interventions
Panelists: William Miller, Ricardo Muñoz
Chair: Andrew Christensen

CLINICAL ROUND TABLE 10

Social Coping and Autism Spectrum Disorders: The Power Combination of Psychology and Speech Language Interventions
Panelists: Valerie Gaus, Samara Pulver Tetenbaum, Stacey Kanin
Chair: Shana Nichols

CLINICAL ROUND TABLE 11

Providing CBT Behavioral Sleep Medicine in Primary Care Settings: Relevance to Clinical Necessity
Panelists: Anne Bartolucci, Shannon Sullivan, Kathy Sexton-Radek, Jason Ong, Christina Nash, Brett Kuhn, Jacqueline Kloss, Shelby Freedman Harris • *Chair*: Rachel Manber

CLINICAL ROUND TABLE 12

Empirically Based CBT Supervision: Making Supervision More Effective
Panelists: Derek Milne, Donna Sudak, Leslie Sokol
Chair: Robert Reiser

CLINICAL ROUND TABLE 13

Broadening Our Conceptualizations and Clinical Approaches for the Treatment of Chronic Anorexia Nervosa
Panelists: Anita Federici, Jennifer Wildes, Thomas Lynch
Chair: Lucene Wisniewski

Membership Panels

MEMBER PANEL DISCUSSION 1

What Professionals Look for When They Hire New Employees
Presenter: Hilary Vidair

MEMBER PANEL DISCUSSION 2

What Every Student and Young Professional Needs to Know About Loan Repayment Programs Offered Through the National Institutes of Health
Presenter: Todd Smitherman

Panel Discussions

PANEL DISCUSSION 1

The Burgeoning Science of Integrating Spirituality Into CBT
Panelists: Doug Oman, Melinda Stanley, Diane Spangler, David Rosmarin
Chairs: Hank Robb, David Rosmarin Fugen Neziroglu
Chair: Jonathan Hoffman

PANEL DISCUSSION 2

Using Technology in CBT Treatment of OCD
Panelists: E. Katia Moritz, Eric Storch, Fugen Neziroglu
Chair: Jonathan Hoffman

PANEL DISCUSSION 3

Enhancing Dissemination of Treatments Through Evidence-Based Training
Panelists: Shawn Cahill, Mark Whisman, Michael Otto, Marsha Linehan, Michael Kozak, Jonathan Kanter, Greg Hajcak, Cheryl Carmin
Chair: Douglas Woods

PANEL DISCUSSION 4

Implementing and Studying CBT Across Disciplines: Practical and Methodological Considerations
Panelists: Katherine Comtois, Amy Naugle, Sara Landes, David Kolko, Matthew Jameson, Matthew Jameson, Matthew Jameson, Suzanne Decker
Chair: Shannon Wiltsey Stirman

PANEL DISCUSSION 5

Trauma-Informed Services in the Treatment of Serious Mental Illness: Current Knowledge, Complications, and Future Directions
Panelists: Amanda Collins, Sophia Vinogradov, Kim Mueser, Maria Monroe-DeVita
Chairs: Melissa Tarasenko, Ashley Wynne

PANEL DISCUSSION 6

Dissemination of Empirically Supported Treatments to Rural and Underserved Populations
Panelists: Tami DeCoteau, Thresa Yancey, Jacob Warren, Bryant Smalley
Chair: Thresa Yancey

PANEL DISCUSSION 7

Getting Published as a Student and Early Career Psychologist
Panelists: Joaquin Borrego, Erin Poindexter, David Pantalone, Holly Morrell, Shannon Couture
Chair: Joy Pemberton

PANEL DISCUSSION 8

Engaging Service Providers in Dissemination and Implementation: Effective Strategies Across Disciplines and Settings
Panelists: Kimberly Becker, Bradley Steinfeld, Amy Herschell, Rinad Beidas
Chair: Suzanne Decker

PANEL DISCUSSION 9

The Elusive Search: Finding Work-Life Balance Across Stages of Life and Stages of Career
Panelists: Elissa J. Brown, Alison McLeish, Amy House, Amie Grills-Taquechel
Chair: Bethany Teachman

PANEL DISCUSSION 10

The Contribution of Mindfulness to Psychotherapy
Panelists: Philippe Goldin, Kevin Ochsner, Alan Marlatt, Marsha Linehan, Hedy Kober
Chairs: Eunice Chen, Karla Fettich

PANEL DISCUSSION 11

Measuring Treatment Integrity in Clinic- and School-Based Treatments for Children
Panelists: Marc Atkins, Michael Southam-Gerow, Sonja Schoenwald, Julie Owens, Stacy Frazier, Steven Evans
Chair: Yuko Watabe

PANEL DISCUSSION 12

How to Develop and Sustain a Child and Adolescent Mood Program in a Medical School Setting
Panelists: Kiki Chang, Lorie Ritschel, David Miklowitz, John Curry
Chair: W. Edward Craighead

PANEL DISCUSSION 13

Leading the Way toward LGBT-Affirmative CBT: Clinician, Supervisor, and Trainee Perspectives
Panelists: Gina Cortesi, Jillian Shipherd, Christopher Martell, Trevor Hart
Chairs: Rebecca Cameron, Sarah Hayes-Skelton

PANEL DISCUSSION 14

Beyond Therapy: Brief Interventions for Couples and Families
Panelists: James Cordova, Lisa Uebelacker, Scott Stanley, Ronald Rogge
Chair: Caroline Eubanks

PANEL DISCUSSION 15

What Might Be the Mechanisms of Change within CBT for Social Anxiety?
Panelists: Richard Heimberg, Jasper Smits, Stefan Hofmann, James Herbert
Chairs: Timothy Emge, Debra Hope

PANEL DISCUSSION 16

Incorporating Cultural Factors Into Empirically Supported Treatments: Research and Clinical Considerations
Panelists: Joyce Chu, Nolan Zane, Gordon Nagayama Hall
Chairs: Janie Hong, Jin Kim

PANEL DISCUSSION 17

Defining, Assessing, and Fostering Therapist Competence
Panelists: Christopher Martell, Christine Nezu, Cory Newman
Chair: Arthur Nezu

PANEL DISCUSSION 18

What New Tricks Do Old (and New) Dogs Need to Know?: A Panel Discussion on the Recent Grant Application-Related Changes at the NIH
Panelists: Michael Kozak, Tracy Waldeck, Paul Stasiewicz, Stephen Maisto, Carl Lejuez
Chairs: Scott Coffey, Michael Twohig

PANEL DISCUSSION 19

Interventions to Reduce Alcohol-related Risks Among College Students: Where Do We Go From Here?
Panelists: Kate Carey, Clayton Neighbors, James Murphy, Mary Larimer
Chair: Matthew Martens

PANEL DISCUSSION 20

Needed: A Two-Way Bridge Between Research and Practice
Panelists: Steven Hollon, Linda Sobell, Michelle Newman, David Klonsky
Chair: Marvin Goldfried

PANEL DISCUSSION 21

Training in Evidence-Based Practice
Panelists: Judith Beck, Rachel Hershenberg, Deborah Drabick
Chair: Joanne Davila

PANEL DISCUSSION 22

Preparing for Research Careers in Canada
Panelists: Kathleen Corcoran, Sheila Woody, Anne Wagner, Sherry Stewart, Andrew Ekblad, Keith Dobson
Chair: Trevor Hart

Symposia

SYMPOSIUM 1

Stress Processes in Depression
Chairs: Josephine Shih and Randy Auerbach
Discussant: Constance Hammen

SYMPOSIUM 2

Social Anxiety and Interpersonal Functioning: A Closer Look at Friendships and Romantic Relationships
Chair: Katya Fernandez
Discussant: J. Beck

SYMPOSIUM 3

The Role of Anxiety Sensitivity in Chronic Health Conditions
Chair: Alison McLeish
Discussant: Michael Zvolensky

SYMPOSIUM 4

The Treatment of Anxiety Among Older Adults
Chair: Amber Paukert
Discussant: Patricia Arean

SYMPOSIUM 5

Pushing the Envelope in ADHD Treatment: Testing Promising Psychosocial Interventions for Organizational Skills and Social Behavior
Chair: Richard Gallagher

SYMPOSIUM 6

Borderline Personality Disorder and the Effects of Emotion Vulnerability in the Laboratory: From Basic Science to Clinical Practice
Chairs: Thomas Lynch, Katherine Dixon-Gordon
Discussant: Scott Coffey

SYMPOSIUM 7

Using the Internet for Smoking Cessation: A Fully Automated Spanish/English Smoking Cessation Website
Chairs: Ricardo Muñoz, Yan Leykin
Discussant: Jodi Prochaska

SYMPOSIUM 8

Extending Evidence-Based Assessment and Interventions to Military Couples and Families
Chair: Douglas Snyder
Discussant: Donald Baucom

SYMPOSIUM 9

Conceptualizing, Developing, and Testing a Transdiagnostic Approach: The View From the Unified Protocol
Chair: Kristen Ellard
Discussant: David Barlow

SYMPOSIUM 10

New Directions and Reflections in the Conceptualization of Readiness to Change
Chairs: Clayton Neighbors, Susan Collins
Discussant: Kate Carey

SYMPOSIUM 11

Cognitive Mediators of Distress, Impairment, and Outcome in Depression
Chair: Michael Young
Discussant: Robert DeRubeis

SYMPOSIUM 12

From University to Community Settings: Training Community Mental Health Practitioners in Evidence-Based Practice
Chairs: Amy Herschell, Amanda Costello
Discussant: Kimberly Hoagwood

SYMPOSIUM 13

Personalizing Patient Care: Data from Two Large-Scale PTSD Effectiveness Trials
Chair: Norah Feeny
Discussant: Daniel Weiss

SYMPOSIUM 14

Getting Unstuck: Alternatives to Ruminative Self-Focus
Chairs: Blair Wisco, Lori Hilt
Discussant: David M. Fresco

SYMPOSIUM 15

Using Technology to Develop and Adapt CBT Interventions: Challenges and Potential
Chairs: Ricardo Muñoz, Alinne Barrera
Discussant: Ken Weingardt

SYMPOSIUM 16

Examining the Impact of Therapists' Use of Evidence-based Therapeutic Strategies in Usual Care Youth Psychotherapy
Chair: Ann Garland
Discussant: Bruce Chorpita

SYMPOSIUM 17

HIV and Depression: A Multidisciplinary Approach to HIV Prevention and Care
Chair: Angela Wendorf
Discussant: Conall O'Cleirigh

SYMPOSIUM 18

An Innovative Application of Evidence-Based Practices to Unite Cognitive Behavioral Therapists and Teachers: Teacher-Child Interaction Training
Chairs: Christopher Campbell, David Hansen
Discussant: Sheila Eyberg

SYMPOSIUM 19

Cognitive Behavioral Assessment and Treatment of Criminal Justice Populations: Implications for Cross-Discipline Dissemination and Collaboration
Chair: Zella Moore
Discussant: Christopher Eckhardt

SYMPOSIUM 20

Modifications of CBT for a Diverse Spectrum of Older Adults with Comorbid Conditions
Chairs: Patricia Haynes, Jennifer Martin
Discussant: Richard Bootzin

SYMPOSIUM 21

Neuroeconomics and Psychopathology: Implications for Treatment
Chair: Carla Sharp
Discussant: Amy Roy

SYMPOSIUM 22

The Mindful Brain
Chairs: Hedy Kober, Judson Brewer

SYMPOSIUM 23

Recent Advances in the Treatment of Social Phobia
Chair: Meredith Coles

SYMPOSIUM 24

Experimental Manipulations of Emotion Regulation Strategies Across The Diagnostic Spectrum
Chairs: Amelia Aldao, Katherine Dixon-Gordon
Discussant: M. Zachary Rosenthal

SYMPOSIUM 25

Sexual Health and Functioning: Using Data to Inform CBT
Chair: Ty Lostutter
Discussant: David Atkins

SYMPOSIUM 26

Expanding the Use of Prolonged Exposure Therapy for PTSD to Diverse Patient Populations and Clinical Settings
Chair: Melanie Harned
Discussant: Elizabeth Hembree

SYMPOSIUM 27

OCD in Youth and Its Comorbidities: Implications for Treatment
Chairs: Kristin Canavera, Thomas Ollendick
Discussant: John Piacentini

SYMPOSIUM 28

Innovative Acceptance-Based Approaches to the Assessment, Conceptualization, and Treatment of Complex Medical and Mental Health Problems
Chairs: Maria Karekla, Linda Brown
Discussant: Shelley Johns

SYMPOSIUM 29

The Impact of Parental Depression on Child Behavior: Timing Effects, Mechanisms, and Moderators of Risk
Chairs: Jeremy Pettit, Daniel Bagner
Discussant: Constance Hammen

SYMPOSIUM 30

First Comes Love, Then Comes the Revolution: How Mobile Technology Is Changing the Way We Intervene
Chairs: Linda Dimeff, Shireen Rizvi
Discussant: Cecelia Spitznas

SYMPOSIUM 31

Gender as a Risk Factor: Examining the Impact of Gender-Related Risk Factors on Comorbid Affective Symposiumptoms and Health Behaviors and Processes
Chair: Alison McLeish
Discussant: Judith Beck

SYMPOSIUM 32

Substance Use and Intimate Partner Violence: Risks, Expectancies, and Gender Symposiummetry
Chair: Alan Rosenbaum
Discussant: Kathryn Bell

SYMPOSIUM 33

An Introduction to Behavioral Sleep Medicine
Chair: Robert Meyers
Discussants: Christina McCrae, Daniel Taylor, Michael Smith, Michael Perlis, Michael Perlis, Robert Meyers

SYMPOSIUM 34

Acceptance-Based Therapies for Anxiety Disorders and Obesity
Chair: Michelle Craske
Discussant: Steven Hayes

SYMPOSIUM 35

The Neural Mechanisms Underlying Emotion Regulation and Psychopathology: Bridging Cognitive Affective Neuroscience and Clinical Research
Chairs: Jessica Richards, Stacey Daughters
Discussant: Monique Ernst

SYMPOSIUM 36

Using and Quitting Marijuana: Implications for Advancing Treatment
Chair: Melissa Norberg
Discussant: Robert Stephens

SYMPOSIUM 37

New Directions in Research on Disgust in Specific Anxiety Disorders
Chair: Bunmi Olatunji
Discussant: Dean McKay

SYMPOSIUM 38

Treatments for Depression in Children and Adolescents: What are the Developmental Prerequisites for Skills Acquisition and Implementation?
Chair: Judy Garber
Discussant: Robin Weersing

SYMPOSIUM 39

New Directions in the Study of Attentional Biases to Threat in Anxious Youth and Adults
Chair: Kristy Benoit
Discussant: Richard McNally

SYMPOSIUM 40

Adaptations of DBT: Novel Modes of Delivery and New Populations Served
Chair: Andrew Ekblad
Discussant: Linda Dimeff

SYMPOSIUM 41

Treatment of Returning Service Members From Afghanistan and Iraq: Efforts to Enhance Treatment Delivery and Outcomes
Chair: Sonya Norman
Discussant: David Riggs

SYMPOSIUM 42

Individual Differences in Disgust and Risk for Anxiety Pathology
Chair: Jessica Bomyea
Chair: Nader Amir
Discussant: Jeffrey Lohr

SYMPOSIUM 43

From the Laboratory to the Therapy Room: National Dissemination and Implementation of Evidence-Based Psychotherapies in the Department of Veterans Affairs Health Care System
Chair: Bradley Karlin
Discussant: Antonette Zeiss

SYMPOSIUM 44

Sleep Across Axis I Disorders
Chair: Lisa Talbot
Discussant: Allison Harvey

SYMPOSIUM 45

New Directions in Brief Alcohol Interventions: Identifying Mechanisms of Change and Increasing Efficacy
Chair: James Murphy
Discussant: Clayton Neighbors

SYMPOSIUM 46

Self-Regulation Processes in Social Anxiety Disorder
Chair: Justin Weeks
Discussant: Stefan Hofmann

SYMPOSIUM 47

Evidence-Based Assessment in Research and Practice: What's a Clinician to Do about Diagnostic Interviews?
Chair: Scott Anderson
Chair: Thomas Ollendick
Discussant: Peter Jensen

SYMPOSIUM 48

Exploring Emotional and Cognitive Mechanisms in Bipolar Disorder
Chair: June Gruber
Discussant: David Miklowitz

SYMPOSIUM 49

Teaching CBT for Psychosis Across Mental Health Disciplines
Chair: Eric Granholm
Discussant: Kim Mueser

SYMPOSIUM 50

Disseminating EBPs in a Statewide System of Care: Results of a 3-Year Trauma Focused CBT Learning Collaborative
Chairs: Robert Franks, Jan Markiewicz
Discussant: Jan Markiewicz

SYMPOSIUM 51

Expanding the Reach of CBT: Evaluating Alternative Delivery Methods Across Various Populations
Chair: Tiara Dillworth
Discussant: Linda Dimeff

SYMPOSIUM 52

A Component Analysis of DBT for Suicidal Women With Borderline Personality Disorder
Chair: Melanie Harned
Discussant: Steven Hollon

SYMPOSIUM 53

Trauma Exposure: Transdiagnostic Risk and Resilience Factors
Chairs: Erin Marshall, Anka Vujanovic
Discussant: Patricia Resick

SYMPOSIUM 54

Detection and Early Intervention of Child Anxiety Disorders: Exploring CBT Treatment Modalities
Chair: Christine Yu
Discussant: Lynn Miller

SYMPOSIUM 55

Recent Advances in Pediatric OCD Research
Chair: Nicole Caporino
Discussant: Dean McKay

SYMPOSIUM 56

Response Patterns in Eating Disorders: Measures, Monitoring, and Mechanisms
Chair: Diane Spangler
Discussant: Terence Wilson

SYMPOSIUM 57

Addressing Commonalities Across Mental Health Disorders With Transdiagnostic Treatments
Chair: Matthias Berking
Discussant: Robert Leahy

SYMPOSIUM 58

OCD Research Collaborative Association: Evaluating the Effectiveness of Residential and Intensive Outpatient Treatment Programs in Adolescents and Adults
Chair: Chad Wetterneck
Discussant: Throstur Bjorgvinsson

SYMPOSIUM 59

Post-Event Processing in Social Phobia: Experimental and Clinical Treatment Studies
Chair: Neil Rector
Discussant: Lynn Alden

SYMPOSIUM 60

Going Beyond Self-Report to Understand the Anxiety Disorders
Chair: Thomas Rodebaugh
Discussant: Thomas Oltmanns

SYMPOSIUM 61

Sleep and Internalizing Disorders in Children and Adolescents
Chairs: Courtney Weiner, Donna Pincus
Discussant: Ron Dahl

SYMPOSIUM 62

Improving the Impact of Training: Strategies for Increasing Clinician Motivation to Learn and Use Empirically Supported Treatments
Chair: Linda Dimeff
Discussant: David Barlow

SYMPOSIUM 63

Exploring the Etiology and Correlates of Risky and Addictive Behavior
Chair: Bradley Conner
Discussant: Roisin O'Connor

SYMPOSIUM 64

Expanding the Treatment of Behavioral Problems: New Applications of ACT
Chairs: Amie Langer, Ethan Moitra
Discussant: Kelly Wilson

SYMPOSIUM 65

Integrating Cognitive and Genetic Models of Depression and Anxiety
Chairs: Christopher Beevers, Brandon Gibb
Discussant: John McGeary

SYMPOSIUM 66

New Developments in Remote and Internet-Based Treatment
Chair: James Herbert
Discussant: Scott Coffey

SYMPOSIUM 67

Innovations in CBT for Adolescent Depression
Chair: Stephen Shirk
Discussant: Joel Sherrill

SYMPOSIUM 68

Understanding the Role of Couple Functioning in Depression
Chair: Mark Whisman
Discussant: Daniel O'Leary

SYMPOSIUM 69

Evidence-Based Practice and Practice-Based Evidence in Hospital Settings: Methods, Challenges and Findings
Chair: Carla Sharp
Discussant: Melinda Stanley

SYMPOSIUM 70

The Effects of Biological Versus Psychological Models of Depression on Stigma and Treatment Attitudes
Chair: Brett Deacon
Discussant: Jason Luoma

SYMPOSIUM 71

Understanding Behavioral Health Services as Usual for Children and Adolescents: Diverse Practitioner and Treatment Characteristics
Chair: Charmaine Higa McMillan
Discussant: Ann Garland

SYMPOSIUM 72

Neuroimaging of Social Anxiety Disorder: fMRI as a Bridge between Cognitive Therapy and Cognitive Neuroscience
Chair: John Richey
Discussant: Stefan Hofmann

SYMPOSIUM 73

Anxiety Disorders and Quality of Life: Functioning and Well-Being Across a Broad Array of Naturalistic and Treatment Samples of Adults and Children With Anxiety Disorders
Chair: Risa Weisberg
Discussant: Jonathan Abramowitz

SYMPOSIUM 74

The Empirically Supported Therapist: The Trickiest, Most Threatening, or Most Useful EST?
Chair: Dianne Nielsen
Discussant: G. Terence Wilson

SYMPOSIUM 75

Emotion in Couples: Spinning a Common Thread Across Diverse Domains
Chair: Keith Sanford
Discussant: Douglas Snyder

SYMPOSIUM 76

Inhibition Across Anxiety and Depression
Chair: Aileen Echiverri
Discussant: Lori Zoellner

SYMPOSIUM 77

Scientific Exploration of Emotional Functioning in GAD: Emphasis on the Nature and Pathogenic Mechanisms
Chairs: Sandra Llera, Michelle Newman
Discussant: Thane Erickson

SYMPOSIUM 78

Risk Factors for Mood Disorders in Children and Adolescents: Integrating Psychological and Biological Perspectives
Chairs: Ian Gotlib, Jutta Joormann
Discussant: Ian Gotlib

SYMPOSIUM 79

Distress Tolerance: Emerging Research and Clinical Applications Across Therapeutic Contexts
Chairs: Amit Bernstein, Anka Vujanovic
Discussant: Michael Otto

SYMPOSIUM 80

Treatment and Assessment Applications for Virtual-Reality Technology
Chair: Laura Spiller
Discussant: Loretta Malta

SYMPOSIUM 81

Dissemination of Evidence-Based Treatment for Child Trauma Survivors: Studying the Barriers
Chair: Elissa Brown
Discussant: David Kolko

SYMPOSIUM 82

Family Processes and Depression in Youth: Predictors and Mechanisms
Chair: Martha Tompson
Discussant: Joan Asarnow

SYMPOSIUM 83

All in the Family: Exploration of Parenting Practices and Their Relation to Internalizing Symtoms in Children and Adolescents Across Cultures
Chairs: Krystal Lewis, Thomas Ollendick
Discussant: Deborah Beidel

SYMPOSIUM 84

The Relationship Between Physical Activity and Anxiety Processes: Basic and Clinical Findings
Chairs: Evan Forman, Candyce Tart
Discussant: Steven Hayes

SYMPOSIUM 85

Dissemination and Implementation of Computerized CBT
Chairs: R. Kathryn McHugh, Lauren Santucci
Discussant: David Barlow

SYMPOSIUM 86

New Advances in the Treatment of Anxiety Disorders in Young Children: Adapting Parent-Child Interaction Therapy for an Overlooked Population
Chair: Jonathan Comer
Discussant: Sheila Eyberg

SYMPOSIUM 87

Innovative Ways of Enhancing the Effectiveness of Evidence-Based Treatments for Children
Chair: Erika Coles
Discussant: Greta Massetti

SYMPOSIUM 88

Behavioral Activation for Teenagers With Mood or Anxiety Disorders
Chairs: W. Craighead, Elizabeth McCauley
Discussant: Sona Dimidjian

SYMPOSIUM 89

Innovative Treatments for Comorbid Mood and Alcohol Use Disorders
Chairs: Katie Witkiewitz, Sarah Bowen
Discussant: Alan Marlatt

SYMPOSIUM 90

Revisiting Evidence-Based Practices: Enhancing the Relevance of Treatment Criteria and Treatment Design in Community Mental Health Settings for Children and Adolescents
Chair: Charmaine Higa McMillan
Discussant: Bruce Chorpita

SYMPOSIUM 90

Broadening Our Focus: Innovative Applications of CBT with Child Welfare Populations
Chair: Ana Ugueto
Discussant: David Kolko

SYMPOSIUM 91

Interpersonal Vulnerabilities to Depression From Late Childhood Through Emerging Adulthood
Chair: Jeremy Pettit
Discussant: Ben Hankin

SYMPOSIUM 92

Psychological and Neural Mechanisms of Mindfulness-Based Stress Reduction Training
Chair: Philippe Goldin
Discussant: Greg Siegle

SYMPOSIUM 93

The Use of CBT for the Treatment of Depression in Older Adults With Physical and Cognitive Impairments
Chairs: Patricia Marino, Victoria Wilkins
Discussant: Dolores Gallagher-Thompson

SYMPOSIUM 94

Internet-Facilitated Delivery of Empirically Supported Interventions
Chair: Lisa Sheeber
Discussant: Sonja Schoenwald

SYMPOSIUM 95

Building a Strong Foundation: Engaging Families in Outpatient Psychotherapy
Chair: Erin Warnick
Discussant: William Bannon

SYMPOSIUM 96

Dietary Restraint: Questions Arising rom 40 years of Research
Chair: C. Alix Timko
Discussant: Drew Anderson

SYMPOSIUM 97

Innovative Formats of CBT for Child Anxiety: Efficacy, Feasibility, and Acceptability
Chairs: Kaitlin Gallo, Donna Pincus
Discussant: Brian Chu

SYMPOSIUM 98

Clinical Trials: Core Concepts and New Methods
Chairs: David Atkins, Scott Comptom
Discussant: Steven Hollon

SYMPOSIUM 99

Contemporary Conceptualizations of Criticism in Psychopathology and Close Relationships
Chairs: Kristina Peterson, David Smith
Discussant: Dianne Chambless

SYMPOSIUM 100

Innovative Psychosocial Approaches for Treating Bipolar Disorder in Children and Adolescents
Chair: Amy West
Discussant: Eric Youngstrom

SYMPOSIUM 101

Mediators, Moderators, and Treatments, Oh My! Traumatic Experiences and Their Relationship to Distress in Chronic Illness Prevention and Treatment
Chairs: Conall O'Cleirigh, David Pantalone
Discussant: Jillian Shipherd

SYMPOSIUM 102

Investing in the Future of Psychotherapy Research: Statistical Best Practices and Seven Methodological Considerations for Studying Mechanisms of Action
Chair: Bradley Smith
Discussant: Matthew Sanders

SYMPOSIUM 103

Attentional Bias in Anxious Youth: Bridging Neurocognitive Theory and Clinical Practice
Chair: Adam Weissman
Discussant: Richard McNally

SYMPOSIUM 104

Transdiagnostic Prevention: Emerging Research and New Directions in CBT
Chair: Amit Bernstein
Discussant: Allison Harvey

SYMPOSIUM 105

New Empirical Tests of the Interpersonal Theory of Suicide
Chairs: Tracy Witte, Thomas Joiner
Discussant: Thomas Joiner

SYMPOSIUM 106

Extending Research on Associations between Individual and Relational Distress in Couples
Chairs: Katherine Baucom, Caroline Eubanks
Discussant: Lorelei Simpson

SYMPOSIUM 107

Elucidating the Cognitive Mechanisms Mediating Contamination-Related OCD
Chair: Josh Cisler
Discussant: Bunmi Olatunji

SYMPOSIUM 108

Novel Approaches to the Identification and Assessment of Non-suicidal Self-Injury Functions
Chair: Michael Armey
Discussant: Matthew Nock

SYMPOSIUM 109

Long-Term Strategies for the Treatment of Anxiety Disorders
Chair: Laura Allen
Discussant: David Barlow

SYMPOSIUM 110

Recent Advances in Understanding the Phenomenology of Hoarding: Implications for the Conceptualization of this Syndrome
Chair: Kiara Timpano
Discussant: Gail Steketee

SYMPOSIUM 111

Providing Evidence-Based Interventions in Secondary Schools
Chair: Steven Evans

SYMPOSIUM 112

Child/Adolescent Sexual Abuse, Alcohol and Revictimization: Understanding Associations, Mechanisms and Treatment Outcomes
Chair: Dennis McChargue
Discussant: Dean Kilpatrick

SYMPOSIUM 113

Changing the Underlying Working Mechanisms of Depression: Unifying Neurobiological, Cognitive and Information Processing Perspectives
Chair: Rudi De Raedt
Discussant: Paula Hertel

SYMPOSIUM 114

From Clinics to Classrooms: Innovative Clinician-Teacher-Parent Collaborations to Deliver CBT Treatments in School Settings
Chairs: Heather Taylor, Angela Chiu
Discussant: Ann Garland

SYMPOSIUM 115

Functions and Thresholds: Issues Related to the Dimensional Assessment of the Mood Disorders
Chair: Michael Moore
Discussant: David M. Fresco

SYMPOSIUM 116

Innovative Applications of CBT to Diverse Traumatized Youth and Young Adult Populations
Chairs: Carla Danielson, Michael McCart
Discussant: David Kolko

SYMPOSIUM 117

Current Issues Across Disciplines in Assessment and Treatment for Individuals With an Autism Spectrum Disorder
Chair: Jennifer Gillis

SYMPOSIUM 118

Does My Brain Look Fat in This? Neurocognition, Neuroimaging and Cognitive Remediation Therapy in Eating Disorders
Chair: Kathleen Kara Fitzpatrick

SYMPOSIUM 119

Innovative Approaches to the Investigation of Interpersonal Dysfunction in Borderline Personality Disorder
Chairs: Kim Gratz, Alexander Chapman
Discussant: Alan Fruzzetti

SYMPOSIUM 120

Scientific Advances in Understanding Male Sexual Victimization: Implications for Prevention and Intervention
Chair: Emily Voller
Discussant: Patricia Long

SYMPOSIUM 121

Positive Psychology–Based Interventions for Increasing Well-Being: Theoretical, Statistical, and Practical Considerations
Chair: Acacia Parks-Sheiner
Discussant: Robert Emmons

SYMPOSIUM 122

Behavioral and Psychosocial Correlates of Trauma Exposure and Substance Abuse in Women
Chair: Carolyn Greene
Discussant: Travis Osborne

SYMPOSIUM 123

Developments in BIS/BAS Research: Advancing Our Understanding of the Unique Role of BIS/BAS and Its Underlying Mechanisms
Chair: Danielle Maack
Discussant: Bunmi Olatunji

SYMPOSIUM 125

It's Written All Over Your Face: The Relationship of Facial Emotion Recognition and Processing to Interpersonal Functioning, Psychopathology, and Life Adversity
Chairs: Eftihia Linardatos, David M. Fresco
Discussant: Paul Ekman

SYMPOSIUM 126

Individual Differences in Fear Learning: From the Laboratory to the Real World
Chairs: Jason Prenoveau, Dirk Hermans

SYMPOSIUM 127

Experimental Analyses of Processes of Change in ACT
Chair: Jennifer Boulanger
Discussant: Daniel Moran

SYMPOSIUM 128

Stages On the Way to Implementing Empirically Validated Practice at a Large Outpatient Treatment Facility
Chair: Jane Lawson
Discussant: Raymond DiGiuseppe

SYMPOSIUM 129

Twenty Years of Theory and Research on Multidimensional Perfectionism and Psychopathology: Current Research on the Antecedents and Consequences of Perfectionism
Chairs: Gordon Flett, Paul Hewitt
Discussant: Randy Frost

SYMPOSIUM 130

Predictors of Treatment Outcome in Trials of CBT for Internalizing Disorders
Chair: Jedidiah Siev
Discussant: Maureen Whittal

SYMPOSIUM 131

Meta-analytic Investigations of ACT, Meditation, and Mindfulness
Chair: William O'Brien

SYMPOSIUM 132

Examining Trauma in Emerging Adults from Multiple Perspectives
Chairs: Andrea Bergman, Elissa Brown
Discussant: Carole Campbell

SYMPOSIUM 133

Emotion and Psychopathology: Conceptual Foundations and Clinical Applications
Chair: Cynthia Suveg
Discussant: Marvin Goldfried

SYMPOSIUM 134

Women's Stay-Leave Decisions in Abusive Relationships: Implications for Cognitive-Behavioral Interventions
Chairs: Christine Gidycz, Katie Edwards
Discussant: Christine Gidycz

SYMPOSIUM 135

Assessment and Evaluation of Fusion and Defusion as a Universal Process in Psychopathology and Behavior Change
Chairs: Kristin Herzberg, John Forsyth
Discussant: Kelly Wilson

SYMPOSIUM 136

Adolescent Health Risk Behaviors in Peer and Romantic Relationship Contexts
Chairs: Whitney Brechwal, Mitchell Prinstein

SYMPOSIUM 137

Common Challenges and Potential Solutions in Effectiveness and Implementation Research: Lessons Learned From Trials With Maltreated Youth
Chair: Shannon Dorsey
Discussant: Joel Sherrill

SYMPOSIUM 138

The Road Less Traveled: Current Research Efforts in Suicide Prevention
Chair: Daniel Cox
Discussant: Marjan Holloway

SYMPOSIUM 139

Specificity of CBT: Evidence From Experimental Analyses of Behavioral and Cognitive Content
Chair: Jeffrey Lohr
Discussant: Jasper Smits

SYMPOSIUM 140

Innovative Ways of Enhancing Cognitive Behavioral Treatment for Youth Depression: Using What We Know to Guide What We Do
Chair: Dikla Eckshtain
Discussant: Paul Rohde

SYMPOSIUM 141

Patterns and Mechanisms of Change in Panic Disorder
Chair: Shari Steinman
Discussant: Michelle Craske

Registration

Preregister on-line at www.abct.org. Or, to pay by check, download the PDF registration form.

Participants are strongly urged to register by the preregistration deadline of Friday, October 15, 2010.

- Only those registrations received by midnight, Friday, October 1, will receive the program book by mail. All other registrants will receive their program book on-site.
- To receive discounted member registration fees, renew for 2011 before completing the registration process.
- The general registration fee entitles the registrant to attend all general events on November 19–21.
- Admission to the Clinical Intervention Training, AMASS, Institutes, Workshops, and Master Clinician Seminars is by ticket only. Preregistration is strongly advised as tickets are sold on a first-come, first-served basis.

For further registration information please consult the Convention page of the ABCT website: **http://www.abct.org/conv2010**

Hotel Information

Hilton San Francisco Union Square Hotel

- Go to **http://www.abct.org/conv2010/**, ABCT's convention page, and click on HOTEL RESERVATIONS to reserve your room at the convention discounted rate of $189 single or $209 double occupancy.
- Remember to pack your bathing suit so that after a day of learning you can relax at the outdoor swimming pool, which is open nightly to 9:00 P.M. and will be open in November.
- There is also a complete Fitness Center, open daily from 5:00 a.m. to 10:00 P.M.
- You may want to check out Nourish by Spa Chakra, a luxurious option at the Hilton. Look on-line for the list of services and to reserve your appointment.

sion posed a risk to other people, and on several occasions, Steve had injured staff. Furthermore, both problem behaviors interfered with habilitation activities and were socially stigmatizing.

The measurement procedure for self-injury and aggression was a 15-minute, partial-interval recording that started when Steve was awake in the morning and concluded when he went to bed in the evening (approximately 15 hours of the day). At the end of each 15-minute interval, staff recorded on a data sheet whether Steve had or had not exhibited self-injury and aggression during the interval. At the end of the day, the recorded data were summarized by dividing the intervals scored for self-injury and aggression by the total intervals recorded to yield a percentage measure for each behavior.

Procedures and Design

This case study included an initial elimination diet phase followed by a food evaluation phase in which 6 foods that comprised the diet were added, removed, added, and removed again in a reversal-type experimental design (Barlow, Nock, & Hersen, 2009). During the elimination diet and food evaluation phases, staff implemented identical behavioral support procedures for interacting with Steve when he demonstrated self-injury and aggression. Specifically, staff instructed Steve to "put your hands down" each time the behaviors occurred. If he did not immediately comply with the instruction, staff would then model the behavior for him, again repeating the instruction. Further noncompliance from Steve resulted in the staff applying an approved physical restraint (protective hold) to prevent him from injuring himself or another person (Luiselli, 2009). Staff routinely praised Steve and commented to him positively when he displayed behaviors that were incompatible with self-injury and aggression (e.g., "Great job washing your hands!").

Steve also was prescribed medication that remained constant throughout elimination diet and food evaluation phases. His medication regimen was: chlorpromazine (50 mg, tid), benztropine (.5 mg, bid), risperidone (4 mg, qhs), clonazepam (2 mg, tid), and quetiapine (300 mg, tid).

Phase I: Elimination diet. A physician advised Steve's grandmother (his legal guardian) that he had food allergies. Blood work was performed but the results were inconclusive. Subsequently, the physician concluded that Steve did not have food allergies but, instead, food "intolerances" that caused him physical discomfort and made him injure himself and aggress toward other people. The six purported intolerant food groups were wheat, beef, corn, tomato, nuts (cashews), and soy.

Steve's grandmother, in concert with the physician, proposed a diet that eliminated the six food groups. The administrative and clinical staff at the group home agreed to evaluate the elimination diet and its effects on Steve's problem behaviors. Toward this objective, a dietician designed menus that staff followed at breakfast, lunch, and dinner meals as well as an evening snack. The menus specified foods Steve could consume, including portion control, at the daily meals and snack. Steve was not permitted to consume any food products from the six restricted food groups. Staff consulted with the dietician to develop a food consumption log on which they recorded the foods Steve ate and any foods he refused. The elimination diet phase was in place approximately 7 months preceding the food evaluation phase.

Phase II: Food evaluation. During this phase, we conducted seven mini-evaluations that consisted of exposing Steve to

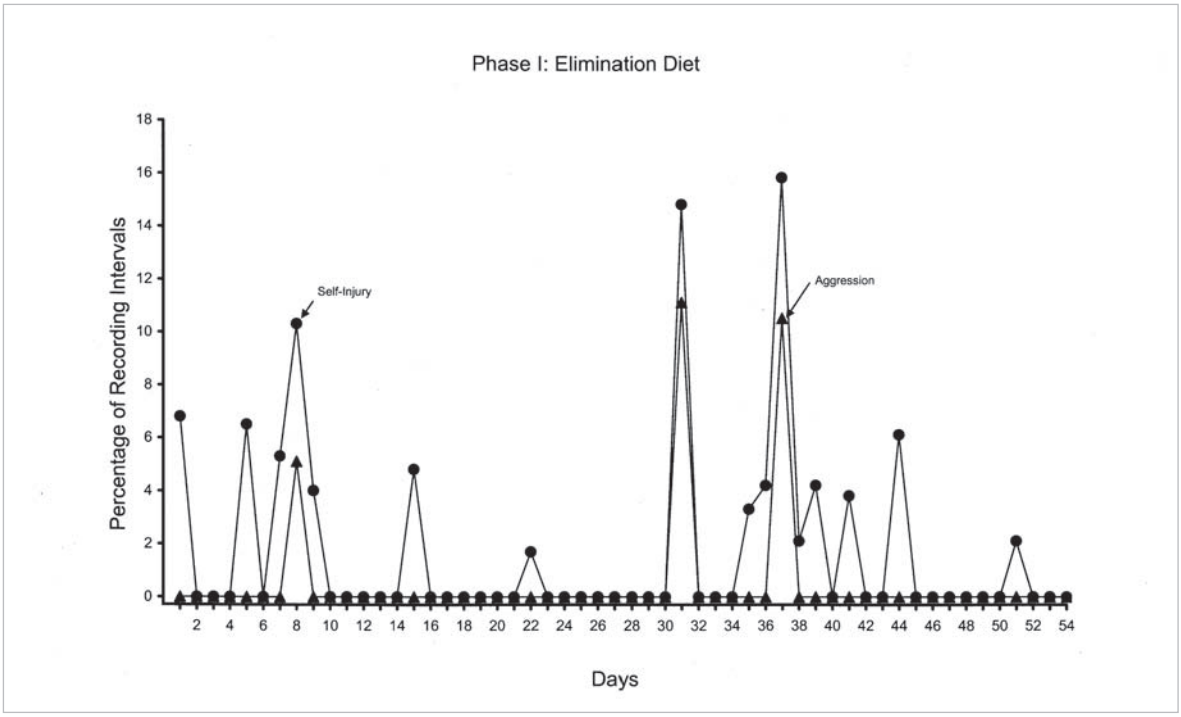


Figure 1. Percentage of recording intervals in which Steve exhibited self-injury and aggression during the diet elimination phase.

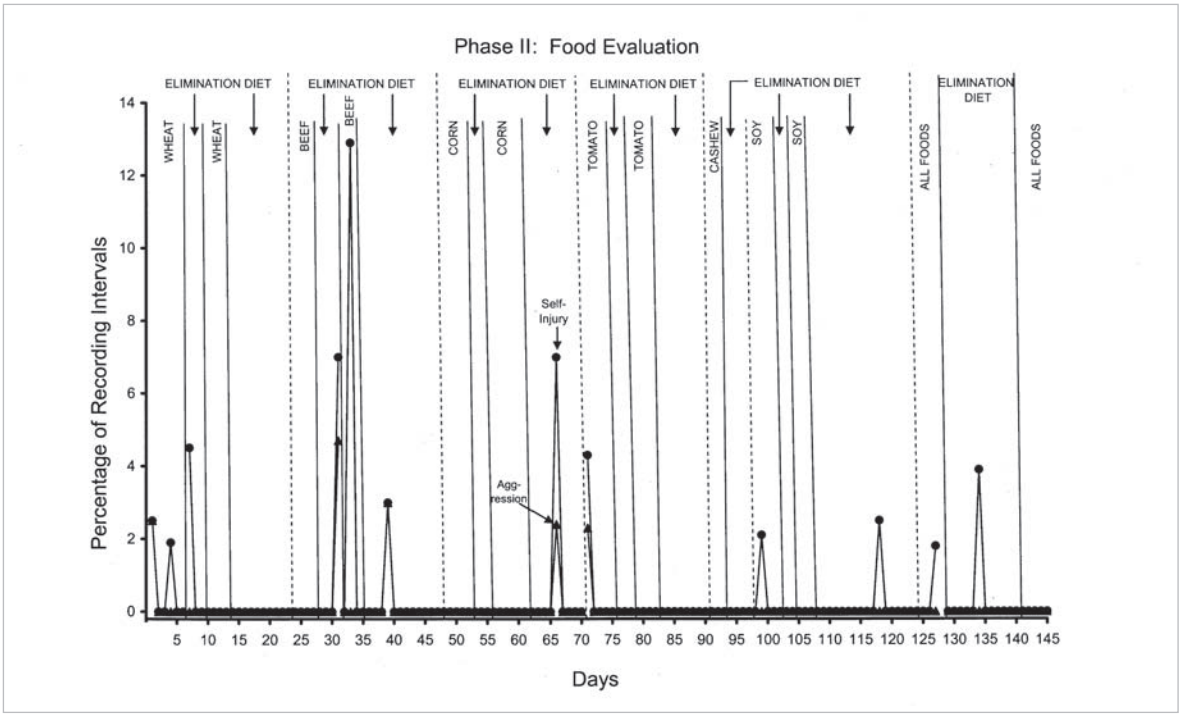


Figure 2. Percentage of recording intervals in which Steve exhibited self-injury and aggression during the food evaluation phase.

each of the restricted food groups individually and subsequently to a combination of all of the restricted food groups. Specifically, Steve was allowed to consume one of the restricted food groups for several consecutive days, followed by several days in which the restricted food group was removed (return to elimination diet menus), followed by several days in which the restricted food group was introduced again and then removed a second time. After each mini-evaluation, another restricted food group was presented in the same sequence until Steve had two exposures to each one (the only exception was a single exposure to and removal of cashews). The order of food presentation, determined randomly, was wheat, beef, corn, tomato, cashews, and soy. The final feature of the intervention evaluation phase was combining one serving from each of the restricted food groups during Steve's daily breakfast and dinner meals.

In summary, the purpose of the food evaluation phase was to assess whether having Steve consume food groups that were not permitted during the elimination diet phase was associated with increased self-injury and aggression. Food-change decisions were driven through measurement that targeted these behaviors relative to the type of food Steve consumed.

Results and Discussion

Figure 1 and Figure 2 show the percentage of recording intervals in which Steve exhibited self-injury and aggression during the diet elimination and food evaluation phases respectively. For clarity of presentation, we report data for the last 4 weeks of the elimination diet phase (these results were consistent with prior weeks not shown in the figure).

Self-injury and aggression during the elimination diet phase were variable, ranging from 0% to 15% each day. The food evaluation phase revealed that these problem behaviors did not increase and generally remained at a low percentage. The only exception was during one of the exposures to beef: for 1 day Steve demonstrated self-injury similar to his elimination diet percentage. Figure 2 also shows that self-injury and aggression did not increase when Steve consumed the combined restricted food groups at breakfast and lunch meals.

Whether purported food allergies and sensitivities cause children and adults with autism to behave inappropriately is an empirical question. Therefore, direct observation and measurement procedures as described in this case report should be implemented when an elimination diet is the recommended intervention. As revealed, we found that despite a physician's warning that Steve should not consume specific "intolerant" food groups, he was able to eat them without physical distress and by virtue of his problem behaviors occurring at a low percentage. Steve tolerated each food group when it was introduced one at a time and when the food groups were combined as an entire meal. Accordingly, we concluded that Steve did not suffer from food sensitivity and that what he ate was unrelated to his self-injury and aggression.

The assessment methodology in this case required that group home staff record self-injury and aggression continuously during Steve's waking hours. This kind of direct measurement is customary for evaluating the effects of behavioral interventions (Mayville & Mayville, 2004). It also can be applied to elimination diets by recording clinically relevant behaviors such as self-injury and aggression relative to a person's consumption or nonconsumption of one or more foods or food groups. In this model, foods are the independent variables that can be manipulated in the same way as adding and withdrawing a nondietary intervention procedure.

We did not perform formal intervention integrity assessment with staff. However, staff's adherence to the elimination diet and food evaluation guidelines was carefully monitored to ensure that they followed them accurately. Also, the food logs that staff maintained verified that Steve regularly consumed his meals and snacks during all phases. Thus, the percentages of self-injury and aggression reported in the study were not a function of Steve eating selectively (e.g., consuming some but not all of the restricted food groups) or eating different amounts of food. One factor limiting these results is that staff responsible for recording Steve's problem behaviors also prepared his meals during the elimination diet and food evaluation phases. Hence, they were not blind to the food conditions that were in effect with him.

Our recommendation is that behavior analysts should be actively involved in evaluating popularized treatments for autism such as elimination diets. The inclusion of direct measurement and single-case evaluation methodologies makes it possible to empirically validate the purported benefits from many interventions that lack evidence-based support. Such assessment will ensure that children and adults with autism are not subjected to ineffective treatments and, more alarmingly, procedures and lifestyle restrictions that could possibly harm them.

References

Baker, S., & Pangborn, J. (2005). *Autism: Effective biomedical treatments*. San Diego: Autism Research Institute.

Barlow, D. H., Nock, M. N., & Hersen, M. (2009). *Single-case experimental designs: Strategies for studying behavior change* (3rd ed.). Boston: Allyn & Bacon.

Cade, R., Privette, M., Fregley, M., Rowland, N., Sun, Z., Zele, V., et al. (1999). Autism and schizophrenia: Intestinal disorders. *Nutritional Neuroscience, 3*, 57-72.

Elder, J. H., Shankar, M., Shuster, J., Theriaque, D., Burns, S., & Sherrill, L. (2006). The gluten-free, casein-free diet in autism: Results of a preliminary double-blind clinical trial. *Journal of Autism and Developmental Disorders, 22*, 413-420.

Horvath, K., & Perman, J. A. (2002). Autistic disorder and gastrointestinal disease. *Current Opinion in Pediatrics, 14*, 583-587.

Jyonouch, H., Geng, L., Ruby, A., & Zimmerman-Bier, B. (2005). Dysregulated innate immune responses in young children with autism spectrum disorders: Their relationship to gastrointestinal symptoms and dietary intervention. *Neuropsychobiology, 51*, 77-85.

Luiselli, J. K. (2009). Physical restraint of people with intellectual disability: A review of implementation reduction and elimination procedures. *Journal of Applied Research in Intellectual Disability, 22*, 126-134.

Mayville, E. A., & Mayville, S. B. (2004). Data collection and observation systems. In J. L. Matson, R. B. Laud, & M. Matson (Eds.), *Behavior modification for persons with developmental disabilities: Treatments and supports* (pp. 131-159). Kingston, NY: NADD Press.

Vojdani, A., O'Bryan, T., Green, J. A., McCandless, J., Woeller, K. N., Vojdani, et al (2004). Immune response to dietary proteins, gliadin, and cerebellar peptides in children with autism. *Nutritional Neuroscience, 7*, 151-161.

. . .

Correspondence to James K. Luiselli, Ed.D., May Institute, 41 Pacella Park Dr., Randolph, MA 02368
jluiselli@mayinstitute.org

Edna Foa Named One of *TIME Magazine*'s 100 Most Influential People in the World

Nancy H. Liu and David DiLillo, *University of Nebraska-Lincoln*

Dr. Edna B. Foa, a long-time ABCT member, has made significant contributions to cognitive-behavioral therapy (CBT). Her work has been central to shaping the way we think about and address anxiety-related psychopathology. Thus, it is a truly well-deserved distinction that *TIME Magazine* has named Dr. Foa one of the 100 Most Influential People in the World for 2010. The *TIME* list appeared in the May 10 issue and is available online at www.time.com.

Edna B. Foa, Ph.D., is Professor of Clinical Psychology in Psychiatry at the University of Pennsylvania. Among her many honors and awards, Dr. Foa has received ABCT's Outstanding Research Contribution Award, ABCT's Lifetime Achievement Award, the Distinguished Scientist Award from the Scientific section of the American Psychological Association, and the Lifetime Achievement Award from the International Society for Traumatic Stress Studies. She has been recognized for her contributions by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Philadelphia Society of Clinical Psychologists, and the organization Women Organized Against Rape. In addition to her many empirical articles, Dr. Foa has authored 20 books and received an Honorary Doctorate Degree of Philosophy from the University of Basel.

Dr. Foa has devoted her career to understanding and treating anxiety disorders. Her contributions have been fundamental to CBT-oriented treatments for PTSD, OCD, and social phobia, and she is recognized as a leading expert in each of these areas.

The *TIME* article highlights a modality for which she is well known, prolonged exposure (PE), a specific form of CBT for the treatment of PTSD. PE involves psychoeducation about common reactions to trauma; breathing retraining; prolonged imaginal exposure to traumatic memories; homework, which includes in vivo exposure; and discussions about thoughts and feelings related to exposure exercises (Foa & Rothbaum, 1998). The *TIME* article acknowledges that Dr. Foa's exposure techniques have been replicated and used to treat a range of anxiety disorders.

The techniques pioneered by Dr. Foa are widely disseminated. Her approach has been implemented across a variety of settings and has demonstrated effectiveness in different populations, including children and adolescents, women, and veterans. Her work has been translated into several languages and published in biomedical and psychological journals. Moreover, current practice guidelines recommend PE as a primary treatment for PTSD (American Psychiatric Association, 2004; VA/DOD Clinical Practice Guideline Working Group, 2003). The *TIME* article rightly acknowledges that the adoption of PE by the Department of Veterans Affairs is an extraordinary accomplishment. These efforts ensure the widespread implementation and training in PE protocols across various services. Such achievements are the fruits of Dr. Foa's tireless push for the greater utilization of these practice guidelines in everyday mental health care practice.

Dr. Foa is as much a gifted thinker as she is a skilled and prolific researcher, and this is evident in the quality of her work. The theoretical underpinnings of PE are drawn from a careful understanding of the physiology, learned associations, and emotional processing of fear structures and subsequent avoidance behavior. The mechanisms of PE have been clarified through finely honed research, including several randomized controlled trials, dismantling designs to parcel out cognitive restructuring (Foa et al., 2005), and delineations between imaginal versus in vivo exposure for the adequate reduction of anxiety (Foa & Kozak, 1986). Her ideas are remarkably refined and few approaches enjoy such breadth and depth.

The proliferation of PE is timely. Recent events have highlighted the need to treat individuals suffering from exposure to traumatic events, including the terrorist attacks of 9/11, ongoing wars in Iraq and Afghanistan, and natural disasters such as Hurricane Katrina and the recent earthquake in Haiti. PTSD currently affects approximately 7.7 million Americans (Kessler, Chiu, Demler, & Walters, 2005) and there is growing recognition of the high prevalence of PTSD among returning military personnel (Hoge, Auchterlonie, & Milliken, 2006). Fortunately, PE is a well-established treatment with proven efficacy and durability in treating individuals suffering from PTSD. It is fitting that *TIME* has recognized Dr. Foa's extraordinary achievements by selecting her as one of its 100 Most Influential People in the World.

References

American Psychiatric Association. (2004). Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder. *American Journal of Psychiatry, 161*, 3-31.

Foa, E.B., Hembree, E.A., Cahill, S.P., Rauch, S.A., Riggs, D.S., Feeny, N.C., & Yadin, E. (2005). Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics. *Journal of Consulting and Clinical Psychology, 73*, 953-964.

Foa, E.B., & Kozak, M.J. (1986). Emotional processing of fear: exposure to corrective information. *Psychological Bulletin, 99*, 20-35.

Foa, E.B., & Rothbaum, B.O. (1998). *Treating the trauma of rape: Cognitive-Behavioral Therapy for PTSD*. New York: Guilford Press.

Hoge, C.W., Auchterlonie, J.L., & Milliken, C.S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association, 295*, 1023-1032.

Kessler, R.C., Chiu, W.T., Demler, O., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry, 62*, 617-627.

. . .

Correspondence to David DiLillo, Ph.D., University of Nebraska, Dept. of Psychology, 238 Burnett Hall, Lincoln, NE 68588
ddilillo@unl.edu

David M. Clark, Recipient of Distinguished Scientific Award for Application of Psychology From the American Psychological Association

Robert L. Leahy, *Immediate Past President of ABCT, American Institute for Cognitive Therapy, New York*

David M. Clark, D. Phil., of the Institute of Psychiatry of London, received the Distinguished Scientific Award for the Application of Psychology from the American Psychological Association this past August at their annual conference in San Diego. Clark is Professor of Psychology, Institute of Psychiatry, Director of the Centre for Anxiety Disorders and Trauma, Maudsley Hospital in London. Clark's research contributions include classic studies and papers on panic disorder, social phobia, hypochondriasis, and posttraumatic stress disorder. Many members of ABCT are familiar with his cognitive model of panic, in which panic attacks are induced to disconfirm beliefs about the danger and uncontrollability of panic symptoms. Over the years his work has involved collaborators of such international renown as Paul Salkovskis, Adrian Wells, Anke Ehlers, and many others—both at Oxford University and the Institute of Psychiatry. As a member of ABCT, Clark has often participated in our conferences and his work has had a worldwide impact on cognitive models of psychopathology. His programmatic approach to research and clinical work is based on identifying dysfunctional cognitive processes underlying disorders, identifying the self-maintaining processes, developing interventions based on the model, testing the efficacy of these treatments in randomized controlled studies, and advancing the dissemination of these treatments. Clark has been honored many times as the recipient of the May Davidson Award (British Psychological Society); the Aaron T. Beck Award from the Academy of Cognitive Therapy; and an Honorary Doctor of Science from the London School of Economics (LSE). He was named a World Leader in Anxiety Disorders Research by members of the Anxiety Disorders of America Association (1998), and he has received the *Behaviour Research and Therapy* Award for the most outstanding article ("A Cognitive Approach to Panic"; Clark, 1986) published in that journal in the first 30 years since its founding in 1962.

Clark has been instrumental, along with colleagues from the British Association of Behavioral and Cognitive Psychotherapies, in promoting the largest program ever developed for the dissemination of psychological treatments. This program, which is primarily CBT, will provide greater access to structured CBT for consumers of services in the United Kingdom. Known as the Improving Access to Psychological Treatments, the health care initiative is intended to provide training of cognitive behavioral therapists who will provide empirically based treatments for a much larger number of citizens in the United Kingdom. The APA citation captures the impact of this initiative: "His approach has been so successful that the resulting treatments have become a major component the British government's £300 million pound Improving Access to Psychological Therapies initiative, the largest exercise in social engineering relevant to mental health in the history of the field. His work is pure genius with a real world application."

Clark received the APA award and gave a presentation at the APA conference in San Diego. I have known David for many years and I know that I join with the ABCT community in congratulating him on this distinction and expressing our gratitude for the excellent work he is doing—on all fronts—in advancing cognitive behavioral therapy and the general welfare of the people.

Reference

Clark, D.M. (1986). A cognitive approach to panic. *Behaviour Research and Therapy, 24*, 461-470.

. . .

Correspondence to Robert L. Leahy, Ph.D., American Institute for Cognitive Therapy, 136 E. 57th St., Suite 1101, New York, NY 10022
Leahy@CognitiveTherapyNYC.com

ABCT 2010

Awards & Recognition

G. Alan Marlatt

Lifetime Achievement

Steven D. Hollon

Outstanding Researcher

Richard J. McNally

Outstanding Mentor

Paul Ekman

Distinguished Friend to Behavior Therapy

Gail Steketee
Michael W. Otto
Sabine Wilhelm
Stefan G. Hofmann
Mary Ellen Brown

Outstanding Service to ABCT

Margaret Sibley

Virginia A. Roswell Dissertation Award

Shari Steinman

Leonard Krasner Dissertation Award

Chair: Shelley Robbins • *Committee*: Andy Berger, Alina Bonci, Barry Edelstein, John Guthman, David Haaga, Dana Holohan, Robert Hynes, Carl Lejuez, Wilson McDermut, Lily McNair, Jan Mohlman, Todd Moore, Simon Rego, Denis Sukhodolsky, Mark Terjesen, Cindy Turk, Elizabeth Wack, Shireen Rizvi

Self-Help Books *of* Merit

When Perfect Isn't Good Enough Antony & Swinson, 1998 | New Harbinger

The Anger Control Workbook McKay & Rogers, 2000 | New Harbinger

The Assertiveness Workbook Patterson, 2000 | New Harbinger

Overcoming Depression One Step at a Time
Addis & Martell, 2004 | New Harbinger

Freeing Your Child From OCD Chansky, 2000 | Three Rivers Press

Freedom From Obsessive-Compulsive Disorder Grayson, 2004 | Penguin

Interpersonal Solution to Depression Pettit & Joiner, 2005 | New Harbinger

It's Not All in Your Head: How Worrying About Your Health Could Be Making You Sick—and What You Can Do About It
Asmundson & Taylor, 2005 | Guilford

The Power of Positive Parenting Latham, 1994 | P & T Inc.

Responsible Drinking: A Moderation Management Approach for Problem Drinkers Rotgers et al., 2002 | New Harbinger

Sex, Drugs, Gambling and Chocolate: A Workbook for Overcoming Addictions (2nd ed.) Horvath, 2004 | Impact

When Once Is Not Enough: Help for Obsessive Compulsives
Steketee & White, 1990 | New Harbinger

The Relaxation and Stress Reduction Workbook
Davis et al., 2000 | New Harbinger

Getting Control Baer, 2000 | Plume

Get Out of Your Mind and Into Your Life Hayes, 2005 | New Harbinger

The BDD Workbook Claiborn & Pedrick, 2001 | New Harbinger

Buried in Treasures Tolin et al., 2007 | Oxford

Getting Over OCD: A 10-Step Workbook for Taking Back Your Life
Abramowitz, 2009 | Guilford

The Habit Change Workbook Claiborn & Pedrick, 2001 | New Harbinger

Help for Hair Pullers Keuthen et al., 2001 | New Harbinger

The Mindfulness and Acceptance Workbook for Depression
Strosahl & Robinson, 2008 | New Harbinger

Managing Tourette Syndrome–Adult Workbook Woods et al., 2008 | Oxford

Managing Tourette Syndrome–Parent Workbook Woods et al., 2008 | Oxford

Overcoming Compulsive Checking Munford, 2004 | New Harbinger

Helping Your Anxious Child Rapee et al., 2000 | New Harbinger

Rekindling Desire: A Step by Step Program to Help Low-Sex and No-Sex Marriages McCarthy, 2003 | Routledge

Drinking: A Moderation Management Approach for Problem Drinkers
Rotgers et al., 2002 | New Harbinger

Talking Back to OCD March & Benton, 2007 | Guilford

Think You're Crazy, Think Again Morrison et al., 2008 | Routledge

The Kazdin Method for Parenting the Defiant Child
Kazdin, 2008 | Mariner Books

Anger Management for Everyone
Tafrate & Kassinove, 2009 | Impact

Self-Help Books *of* Merit

As part of its commitment to educating the public about scientific approaches to the treatment of psychological problems, ABCT recognizes published self-help books that are consistent with CBT principles and that incorporate scientifically tested strategies for overcoming these difficulties.

The Self-Help Books of Merit will soon appear on our website as a service to the public, and information will also be posted explaining the review/submission process. For more information, contact Jonathan Abramowitz, Chair, at jabramowitz@unc.edu.

Self-Help Seal of Merit
Association for Behavioral and Cognitive Therapies

Call for

WORKSHOP SUBMISSIONS

46th Annual Convention | November 10–13, 2010
Toronto

Please send a 250-word abstract and a CV for each presenter to:

Jillian C. Shipherd, Ph.D.
National Center for PTSD, 116B-3
150 S. Huntington Avenue
Jamaica Plain, MA 02130-4817
email: Jillian.Shipherd@va.gov

For information on the workshop selection process, please see the Frequently Asked Questions section of the ABCT Convention page.

DEADLINE for submissions: February 1, 2011

Find-a-Therapist 24/7

Time spent on phone with caller seeking therapist in Dayton, Ohio:	**16 minutes**
Time spent on the internet to locate therapist in Dayton, Ohio:	**25 minutes**
Time spent corresponding with ABCT listserve members for additional referrals:	**22 minutes**
Time stuck in traffic after leaving late due to above activities:	**32 minutes**
Total time spent:	**1 hour, 35 minutes**
Time it would have taken had you used the Find-a-Therapist link:	**3 to 5 minutes**

BEING AN ABCT MEMBER entitles you to many privileges, including listing your contact information in the Find-a-Therapist Directory at no additional cost. There are over 3,300 members listed in the online directory whose contact information is readily accessible to other ABCT members and the public trying to locate cognitive-behavioral therapists nationwide. Why lose time posting referral requests on a listserve or contacting colleagues when you can locate an ABCT cognitive behavior therapist in a few minutes using the Find-a-Therapist service? Remember, the Find-a-Therapist service is fast and easy to navigate, making it the most effective way to find a cognitive behavior therapist in your area.

For just $50 more, list your practice particulars, such as insurance taken, practice philosophy. and website

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

Attending the 44th Annual ABCT Convention?

Members get the lowest convention rates.
We've made it easy to renew and register.

- ***Go to*** www.abct.org
- ***Click*** the MEMBER LOGIN link at the top left
- ***Log in*** with your primary email address (where you receive ABCT mail) and password.
- ***Click*** on the abct store link to get started

See you in San Francisco wearing your ABCT member badge!