

ABCT 2007 Strategic Planning Retreat

Ray DiGiuseppe, *Past President*, Anne Marie Albano, *President*, and Mary Jane Eimer, *Executive Director*

ABCT is a vibrant organization. The energy driving our organization is unending partly because our governing body changes to some degree each year. Presidents, treasurers, representatives, coordinators, and committee members rotate on and off the Board of Directors, providing a steady stream of new energy and new ideas. At the same time, our past presidents serve as the “senior statesmen and stateswomen,” reminding us of our history and traditions, and keeping us focused on the mission of ABCT. Still, rotating the sitting Board members provides a structure that can be a sword that cuts both ways. Whereas yearly changes in the governance stimulate new energy and ideas, these changes could also result in the organization going off in different directions and into novel initiatives each year without continuing any one project long enough to reach its goals. To guard against a waffling Board, the leadership of ABCT holds a planning retreat, usually once every 3 years, to examine and update a strategic plan to guide the work of the organization. These strategic planning retreats began in the early 1980s. Newly elected and appointed members to the governance structure review the strategic plan when they take office to ensure that the organization follows a reasoned course and achieves its stated objectives.

The ABCT Board met for its 3-year planning retreat the weekend of May 31 to June 2, 2007, in Philadelphia (see text box on p. 2 for participants). In this article, we provide the highlights of this retreat and present the new strategic plan for the association. During the retreat, the Board reviewed our association’s mission and purposes, and added values and a vision statement. These revised documents appear in Table 1.

The following six topics of paramount importance drew the attention of the Board during the 2007 retreat:

1. What are we doing to maintain and serve our present members?
2. In what ways do we want ABCT to grow?
3. How should we accommodate the growth in the attendance at our annual convention?
4. What role should ABCT play in the dissemination of evidence-based treatments to other therapists and consumers?
5. How can we expand and improve our Web site to represent the public face of CBT and ABCT to various constituencies?
6. Should ABCT get into the business of offering credentialing to practitioners of CBT?

After 3 full days of discussion and planning, the Board set priorities to guide the presidents, representatives, coordinators, committees, and ABCT central office staff over the next 4 years. We decided that the Board would not have a strategic planning retreat in 3 years, the summer of 2010, so as not to conflict with the planned World Congress in Boston. Therefore, this current strategic plan will be in effect for 4 years.

The first priority for the Board was the completion of the ABCT Policies and Procedures manual that Jackie Persons initiated during her presidency and developed through the terms of Patti Resick, Gayle Beck, and Michael Otto. This policy manual outlines our governance structure, mission, and goals, and clearly states the responsibilities of the Board, the committees, and the professional staff.

The bulk of our time together was then spent in setting the course for evaluating and planning our priorities and initiatives. Initially, rank ordering the priorities of the association proved a bit daunting. For example, we came to realize that the amount of attention that any priority receives can vary greatly within any given month or year, due to various competing priorities, and due to tasks and deadlines associated with set and standard activities of the association (e.g., holding elections, producing our publications, and bringing to fruition our convention program). Hence, progress in reaching a goal for any one priority may run an uneven course, as we recognized that committee chairs and our professional staff might experience some conflicts trying to achieve the outcomes of two priorities at the same time. Hence, in putting into practice what we preach, we decided as a Board to set a new policy whereby the Executive Committee will identify and define specific priorities, their associated tasks and sub-goals, and specific time frames for completion when a conflict arises. We are confident that this approach will allow us to identify potential conflicts in advance and/or manage any stall in progress in a reasonable and expedient manner.

The strategic priorities set for the association at the retreat included the following:

1. Continue to develop our Web site.
2. Facilitate a successful World Congress in July 2010 in collaboration with Boston University's Center for Anxiety and Related Disorders and the Boston University School of Social Work.
3. Serve and retain our current members and institute new member recruitment initiatives.
4. Disseminate evidence-based treatments.
5. Provide clinicians with desired continuing education events.

Web Site Development

In today's world, most people seek information through the Internet. The public face of every professional organization is its Web site. Our ability to serve our members, communicate our values, and promote CBT starts and often ends with our Web site. Although we have made extensive renovations and improvements to our Web site in the past year, we recognize that continued and ongoing refinements are needed. To keep on top of the ever-evolving science and practice of CBT, the Board asks every committee to think about how they can contribute material to the Web site on a regular basis. In this way, the entire work of the association becomes available to our members and to the public via the Web. Our current Web Editor, Mitch Prinstein, is charged with finding novel and appealing ways to meet our mission, through new Web features such as creating a "Tip of the Week" column and similar pages to promote professional practice and training. A subgoal of the Web initiative is to become a vehicle for outreach and dissemination to immigrant populations in the U.S. and abroad, and to underserved countries with a strong interest in CBT. This will obviously require our Web material to be culturally sensitive and translated into languages other than English. To facilitate all of this work, the Web Editor has appointed Associate Editors Drs. Esteban Cardemil (Clark University), Kristina Gordon (University of Tennessee),

and Bunmi Olatunji (Vanderbilt University) to develop content for the Web. Podcasting has become a common vehicle for receiving information. The Board is determined to make available educational materials, clinical demonstrations, research information, and other relevant information concerning CBT through podcasts. The Board instructed the Web Editor and the Director of Communications to investigate the software and technology needed for podcasting, to develop an editorial process to select programs for podcasting, and to understand the copyright and any other legal issues in using this form of media.

Facilitate a Successful World Congress With Boston University

Our association has entered into a cost-sharing partnership with Boston University's Center for Anxiety and Related Disorders and the School of Social Work to host the 2010 World Congress of Behavioral and Cognitive Therapies. Organizing our annual conference is a major task. Our experience hosting the 2001 World Congress in Vancouver taught us that running two conferences in one year puts substantial strain on our small central office staff. To make the 2010 World Congress as successful as possible while ensuring that it does not interfere with other ABCT staff activities, the Board has partnered with our BU colleagues to share the efforts necessary to make a successful and brilliant World Congress event.

Serve and Retain Our Current Members and Institute New Recruitment Initiatives

ABCT exists to serve its members. The Board is committed to the membership and to finding new ways to improve our member services. To help achieve this goal, Membership Issues Coordinator Mitchell Schare, Membership Services Manager Lisa Yarde, and Executive Director Mary Jane Eimer will devise and conduct several surveys of people who failed to renew their memberships. Other surveys will assess

ABCT's 2007 Strategic Planning Retreat Participants

Ray DiGiuseppe, President; Michael W. Otto, Immediate Past President; Anne Marie Albano, 2006–2007 President-Elect; Bob Leahy, 2007–2008 President-Elect; Frank Andrasik, Secretary-Treasurer; George Ronan, Secretary-Treasurer Elect; Deb Hope, Jonathan Abramowitz, and Bob Klepac, Representatives-at-Large; Joann Wright, Academic and Professional Issues Coordinator Designate; Cheryl Carmin, Convention and Education Issues Coordinator; Mitchell Schare, Membership Issues Coordinator; Phil Kendall, Publications Committee Coordinator; David Barlow, Representative from the Past Presidents; Kevin Arnold, Ad Hoc Chair of the Committee on Specialization in Behavioral and Cognitive Therapies Within Various Professions; Mary Jane Eimer, Executive Director; Mary Ellen Brown, Director of Education and Meeting Services; and David Teisler, Director of Communications.

TABLE 1. ABCT's Mission Statement, Nondiscrimination Policy, Purposes, Vision Statement, and Values

A. Mission Statement

The Association for Behavioral and Cognitive Therapies is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

B. Nondiscrimination Policy (adopted in November 2006)

The Association for Behavioral and Cognitive Therapies is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate based on race, color, creed, religion, national, or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

In addition, the Board requires that ABCT leaders and staff implement the ABCT policy on nondiscrimination as follows:

- ABCT will display our Statement of Nondiscrimination prominently on materials produced by the organization, including on our Web site, in correspondence, in our journals, and in other appropriate venues.
- ABCT will follow APA ethics. (This is in regard to how to handle the situation when scientific data at our conference or in our journals are misused to promote discrimination. The Board decided we did not need a separate policy because it is handled by the APA ethics statement.)
- ABCT will provide advertisers with information on our nondiscrimination policy and require statements from them on how they differ from our policy if they differ from our policy.
- The ABCT Awards and Recognition Committee will be asked to respond to the Ad Hoc Committee's request requiring that an individual's or entity's efforts in promoting equal opportunity, as appropriate within the mission of the organization, be considered as one of the criteria for all awards and honors bestowed by the organization. This criterion need not be the deciding factor, and it should be weighted as appropriate given the purpose of the award or honor.

Implementation of the policy is carried out variously, depending on medium.

C. Purposes

ABCT's proposed purposes are to:

- Encourage the development, study, and dissemination of scientific approaches to behavioral health.
- Promote the utilization, expansion, and dissemination of behavioral, cognitive, and other empirically derived practices.
- Facilitate professional development, interaction, and networking among members.

D. Vision

The application of science to the prevention and treatment of behavioral and emotional problems.

E. Values

- We value inquiry based on the scientific method to understand and ameliorate human suffering.
- We encourage life-long professional learning and investigation.
- We promote clinical practice that is based on empirically supported assessments and interventions.
- We support the highest ethical standards in training, research, and practice.
- We seek collegial discourse and respectful debate from a range of diverse opinions within the field.
- We seek and respect diversity in our members and the communities we serve.
- We welcome the opinions and contributions of all disciplines and professions who seek to alleviate human suffering.
- We encourage members to serve as behavioral health resources to the community at large.

your satisfaction with the association and what you want your governance to do for you as members. One such member-driven request will explore whether and how we may provide on-line access to professional/scientific journals (other than our own journals) to members who are in full-time clinical practice (a benefit that accompanies university faculty positions). Publications Coordinator Phil Kendall and Director of Communications David Teisler will investigate the potential of bundling more and diverse journals with our memberships.

The Membership Committee is also seeking ways to create incentives for members, such as membership cards and certificates. A new initiative stemming from the retreat is the ABCT Ambassador Program. In organizations or universities where more than one employee is a member of ABCT, one person will serve as our Ambassador to the organization. The Ambassador can answer basic questions about ABCT, recruit new members, and provide feedback to the governance of ABCT on our projects and initiatives.

Our Annual Convention represents a major benefit to our members, and the attendance has grown steadily in the last decade. Given the present size of the convention, we can choose from only a select number of hotels in the U.S. and Canada that are large enough to accommodate us in one space. The Convention and Education Issues Committee and our Director of Education and Meeting Services, Mary Ellen Brown, work diligently throughout the year on all aspects of arranging and managing the Annual Convention. Venues for the Annual Convention must be booked several years in advance, and we already have our convention hotels booked through 2010. Looking toward 2011 and forward, our staff is investigating convention settings that offer the best space in either two adjacent hotels, a convention center, or a hotel that is adjacent to a convention center, such as the venue for this past convention in Philadelphia. Cost, accessibility, and space concerns are all given careful consideration when choosing a venue, and we take very seriously our members' feedback in this planning process.

Delivering to Clinicians What They Need and Want in Continuing Education Activities

A core tenet of cognitive behavioral therapy is the scientific study of our principles and procedures, and the translation of scientific findings into clinical practice. As a large percentage of our members are practicing clinicians, the Board of Directors wants to ensure that science-based practice remains alive by providing for the needs of practitioners. This is especially important as studies continue to demonstrate the efficacy of cognitive behavioral therapy for the range of mental health problems. From the treatment of psychosis in adults to the alleviation of anxiety in children and adolescents, to novel iterations of CBT principles found in Acceptance and Commitment Therapy and approaches utilizing mindfulness and affect-regulation strategies, CBT continues to be advanced and meet the organization's mission of alleviating human suffering. It is critical to meet the needs of our members through ongoing continuing education efforts offered through our publications, Web site, and Annual Convention. The Board is also actively pursuing a needs and feasibility assessment for identifying other avenues of training, such as through regionally based workshops and distance learning methods.

Disseminate Evidence-Based Treatments

ABCT now represents the best in empirically supported psychological treatments (ESTs). Many of the scientists who have developed and tested interventions come from the ranks of our members. Since we are now a mature field, we are interested in disseminating these scientifically tested treatments to all health care providers. Dissemination of ESTs has been a strategic priority of the association for a number of years. Most of our attempts at dissemination have involved efforts to train mental health service providers through our CE activities. However, these efforts have not achieved the impact that we desire. Although the Board reaffirmed the priority of dissemination of ESTs, we identified several major tasks that we hope will have a greater impact on the number of therapists offering ESTs and the number of consumers receiving them.

At the same time that our treatments evolve and our CE activities expand, the priorities of outreach and training intersect with dissemination through our active efforts to recruit master's- and doctoral-level

clinicians trained outside of traditional CBT programs and from the range of the mental health professions. To meet these converging priorities, we plan to conduct needs assessments that jointly assess what today's practicing clinician needs to know while also identifying key topic areas for our CE activities. With the Boston University School of Social Work as a cosponsor of the 2010 World Congress, we will actively conduct outreach to social workers to bring them to the World Congress. Social workers comprise one of the largest groups of clinicians serving the needs of individuals in the community, and traditionally, these practitioners are not trained in CBT. Hence, extending a welcome and expanding our training agenda to social workers will greatly enhance our dissemination efforts. In addition, the association will continue the initiative of offering specialized, targeted programming to psychiatrists during our Annual Conventions. Our overall goal is to engage other professional groups for all of our presentations and activities, with the ultimate goal of having CBT reach individuals in need.

Our first goal is to educate policymakers in local, state, and federal governments about our organization and CBT, to encourage evidence-based practice in government-supported community clinics and programs. We want to "create the pull" for dissemination, not just encourage the push. One avenue we are pursuing is to establish contact with State Commissioners of Mental Health. These individuals set the priorities for their state mental health initiatives while also controlling funding allocations for clinical services and continuing education for the service providers. Several of our members have already been approached by such people and/or work at that level. Future columns in *iBT* will focus on these activities.

Next, we believe it is time for ABCT to develop its own task force to identify the core and active treatment principles involved in ESTs. Task forces of the Society of Clinical Psychology (APA Divisions 12) and the Society of Clinical Child and Adolescent Psychology (APA Divisions 53) have devised criteria and established lists of ESTs. Our Board recognizes that these organizations have done ground-breaking work in this area, and we are proud that many of our members are involved in these efforts. At this time, ABCT would like to take a different focus. Instead of evaluating a specific therapy manual or treatment, our task force would look at the principles of interventions from a broader level and examine what are

the key components of effective treatment. To accomplish this, Michael Otto (ABCT President 2006–2007), will chair the Task Force on Empirically Supported Principles of Treatment. Representative-at-Large Bob Klepac will serve as liaison with APA Division 12 Task Force; President Anne Marie Albano will serve as liaison with APA Division 53 Task Force; and immediate Past President Ray DiGiuseppe will serve as liaison with SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). You will be hearing more about this task force in the future.

Another means of creating a pull to evidence-based practice is to offer certification in CBT. Several states and insurance companies have recognized the utility of evidence-based interventions for chronic mental health problems. Before they approve spending large sums of money on a treatment, they want assurance that the provider can deliver the treatment. Marsha Linehan has begun the creation of beta-tests to certify that practitioners have the knowledge and skills required to deliver DBT at the request of third-party payers. Presently, she has constructed two levels of certification. The first level assesses a practitioner's basic knowledge in behavioral and cognitive therapies. The second level involves the actual demonstration of clinical competency for all mental health professionals. Many areas of medicine already have such competence certifications that are required by third-party payers, and the mental health field seems behind other areas of health care in this model of provider certification.

Dr. Linehan approached our Board concerning ABCT becoming the home of such certification examinations. The Board does wish to explore developing a structure to conduct a beta-test of a basic knowledge credentialing test. The Board continued the discussion of this topic at our November meeting. Debate was intense on this topic and a final decision on how ABCT should proceed is still being examined. Two of the questions being considered by the Board are: Should we offer the clinical competency exam only in DBT? Once this exam is established, do we want to develop similar exams for other varieties of CBT? We are presently developing a plan and a structure to conduct a beta-test of credentialing for DBT/CBT and deciding how to proceed on the competency exams.

Another mechanism to disseminate ESTs would involve increasing the number of candidates to APA offices who share our values. To accomplish this, Sue Orsillo,

TABLE 2. ABCT Priorities, Subpriorities, Strategies or Questions, People Responsible to Reach the Priority, and Measurable Outcome Adopted From the June 2007 Strategic Planning Retreat

Priority	Subpriority	Strategies or Question to be Resolved	Committee Responsible	Measurable Outcome
Service our current members	1. Retain current members.	a) Provide an analysis of which members fail to renew their membership.	Membership Coordinator Mitch Schare, Lisa Yarde, Mary Jane Eimer	Retention of current membership
	2. Attract new members.	b) Ambassador Program. c) Development of surveys i) present member ii) members who have left d) Provide incentives for members i) membership cards ii) member certificates iii) provide more on-line professional journals to members e) Attempt to attract more members from Canada		
Dissemination of ESPs with long-term goal of educating policymakers to encourage evidence-based practice, "create the pull" for dissemination	1. Develop a list of ESPs (Empirically Supported Procedures)	a) Coordinate with lists developed by Divisions 12 and 53. b) Influence NREPP list. c) Create our own Task Force on Empirically Supported Principles of Treatment, to be chaired by Michael Otto.	Provide liaisons with other organizations listing evidence-based practices • Division 12 liaison: Bob Klepac • Division 53 liaison: Anne Marie Albano • NREPP: Ray DiGiuseppe	List of ESPs
	2. Consult with Marsha Linehan's group on developing a test of basic CBT knowledge.	Explore others who may have developed these tests such as ADPCT (Anne Marie Albano & Phil Kendall will share their measures)	Task Force	Development of a test of CBT professional knowledge.
	3. Develop a plan and structure to conduct beta-test of credentialing for DBT/CBT		Task Force Chair	Possible creation of an independent organization to administer the test.
	4. Increase the election to APA organizational and divisional offices by people who share our values.	Monitor APA elections and inform members of who is running for office. (Creation of an APA Division of CBT was discussed but not considered necessary)	Committee on Professional Affairs. Sue Orsillo	Election of more people with our values to APA office
	5. Attempt to influence state Commissioners of Mental Health /Mental Hygiene to train clinicians in evidence-based interventions.	a) Make presentations to State Commissioners' associations. b) Connect state agencies with members who can offer training on evidence-based interventions for specific problems.	Anne Marie Albano	Increase the number of therapists at state agencies receiving training in evidence-based interventions Increase the number of therapists at state agencies offering evidence-based interventions to consumers.

(continued on p. 6)

Table 2, continued

Priority	Subpriority	Strategies or Question to be Resolved	Committee Responsible	Measurable Outcome
<p>Deliver what clinicians want in CE Workshops.</p> <p>Conduct major outreach to master's- and doctoral-level clinicians across disciplines as consumers of CE activities.</p> <p>This will</p> <ul style="list-style-type: none"> • promote membership in ABCT as an organization and • encourage dissemination of evidence-based treatments. 		<p>a) Survey to find out what is wanted and needed.</p> <p>b) Outreach to MSWs at World Congress can fall under this, or under membership</p> <p>c) Continue initiative to reach out to psychiatrists at the convention.</p> <p>d) Reach out to other professional groups for all of our presentations and activities.</p> <p>Some strategies discussed to meet this goal:</p> <ul style="list-style-type: none"> • Advertise the fact that one can attend ticketed CE sessions without registering for entire convention • Develop and distribute a book/listing of most clinically relevant activities at convention 	<p>Convention Membership</p>	<p>Offer product and services that were deemed wanted and needed. Evaluate based on participation.</p> <p>Increase other professional groups' participation at Conventions, as practitioners of CBT, and members.</p>
<p>Continue Web site development</p>		<p>a) Every committee needs to look at the Web site and think about how they can contribute to it.</p> <p>b) Develop podcasting</p> <p>c) Tip of the week</p> <p>d) Promote training</p> <p>e) Translate information into Spanish</p>	<p>All Coordinators</p> <p>a) Academic and Professional issues</p> <p>b) Conventions and CE</p> <p>c) Publications</p> <p>d) Membership</p> <p>Web Editor, Director of Communications</p>	<p>Increase web content.</p> <p>Improve the public face of ABCT</p> <p>Increase the visits to the web site.</p>
<p>Facilitate a successful World Congress in 2010 without interfering with other staff activities.</p>		<p>Outsource as much of the work as possible.</p>	<p>Just do it.</p>	<p>Putting together a high-quality program that has multidisciplinary appeal.</p>
<p>Continue our policy of governance for the Board</p>	<p>Finish Policies and Procedures for Convention and Education Issues</p>		<p>Ray DiGiuseppe, Art Freeman, Mary Jane Eimer, Anne Marie Albano</p>	<p>Policies and Procedures manual was completed by November 2007 Board meeting.</p>

Coordinator of Academic and Professional Issues, together with members of the Committee on Professional Issues, will monitor the APA elections and inform members of who is running for office. Another strategy we considered to influence APA was to create a division of CBT within the APA. Several members have proposed this for a number of years, arguing that a division would provide us with political power to disseminate our values with APA. After

careful consideration and discussion, the Board decided against this strategy at the present time.

The Board will work on completing these priorities over the next 4 years. Remember, this is *your* association. Meeting these goals involves the collective efforts of our members who volunteer for positions and run for elected office, and our home office staff in New York City. We hope that some of you will join us in achieving these

goals and become a member of one of the committees, run for office, and vote in the elections of our Board members. Please become active and help us make your organization successful. Any member of the Board, from the president all the way through to our editors and committee chairs, welcome your input and efforts. Together, we can work together to advance the science and practice of cognitive and behavioral therapy. ■