September • 2012 101

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Clinical Training Update
Psychologists’ and Trainees’ Perceptions of the Future of Clinical Psychology
Mitchell J. Prinstein, Kathryn R. Fox, Karen Guan, Michael S. Arthur, and Shahar Gur, University of North Carolina, Chapel Hill

Today’s undergraduate first-year students could be licensed clinical psychologists in the year 2025. Within 20 years, these same students could be tenured professors, ABPP (i.e., American Board of Professional Psychologists)—certified specialists, and seasoned clinicians. In other words, for those of us in academe, we are training the future of the field—right now.

Are we training students for the field they will enter 15 to 20 years from now, or the field as it exists today (or in yesteryear)? Some evidence suggests that our current training emphases already are mismatched with the skills needed to succeed in the contemporary field of clinical psychology. Our research training focuses largely on clinical psychology from a unidisciplinary perspective. Yet, research suggests that the most impactful contributions to the scientific literature are yielded from multidisciplinary and transdisciplinary "team science" collaborations (Guimerà, Uzzi, Spiro, & Amaral, 2005; Stokols, Hall, Taylor, & Moser, 2008, as cited in Spring, 2012). NIMH’s recent strategic plan emphasizes an integration of neuroscience and behavioral genetics in the study of psychopathology and its treatment (NIMH, 2008). NIMH’s upcoming RDoc initiative (Insel et al., 2010; Sanislow et al., 2010) offers an organization of research themes characterized by neuro-

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Meet ABCT’s

Featured Clinicians of the Month

Alan Berkowitz
Doreen M. DiDomenico
Carol J. Dorfman
Anitra Fay
Steven T. Fishman
James Gray
Joel Guarna
Jonathan Kaplan
Cedar Koons
Harry Lesieur
Katherine Martinez
Charles Melville
Sharon Morgillo-Freeman
Paul R. Munford
Gerald M. Stein
Stephen R. Swallow
Gerald Tarlow
George Wing
Rabin Yeganeh

Don’t miss these in-depth interviews at www.abct.org/Public/?m=mPublic&fa=ClinicianMonth

INSTRUCTIONS for AUTHORS

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

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

Submissions must be accompanied by a Copyright Transfer Form (a form is printed on p. 35 of the February 2011 issue of tBT, or download a form from our website): submissions will not be reviewed without a copyright transfer form. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to tBT do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor at gunthert@american.edu. Please include the phrase tBT submission and the author’s last name (e.g., tBT Submission - Smith et al.) in the subject line of your e-mail. Include the corresponding author’s e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.
logically mediated skills/competencies rather than traditional diagnostic labels. Even a casual review of top journals in clinical psychological science suggests that research questions frequently are addressed with advanced quantitative methods far more sophisticated than those included in most doctoral program curricula.

Current evidence suggests marked changes in the world of clinical practice as well. At the doctoral level, an emphasis of current clinical training is based on the expectation that students predominantly will work with clients one at a time, in a face-to-face setting, perhaps as part of a free-standing psychological practice, or in a psychiatric department that operates autonomously from other health care services. Clinical psychologists are defined as doctoral-level mental health care providers, and most training does not explicitly address how collaborations with master's-level therapists can or should occur. Preliminary signs suggest that the world of clinical practice is changing, however. Telehealth grows increasingly common (Richardson, Frueh, Grubaugh, Egede, & Elhai, 2009). Master's-level clinicians (in psychology, social work, marital/family health, etc.) far outnumber doctoral-level psychologists, and may deliver evidence-based treatments. Health care legislation suggests that primary care providers soon may address health from a more holistic perspective, with mental health practice more fully integrated within broader health care.

Of course, many educators already are familiar with aspects of clinical psychology training that are beginning to seem outdated, and are highly motivated to revise curricula. The Board of Educational Affairs of the American Psychological Association (APA) has offered updated principles guiding undergraduate education in psychology (APA, 2011). The Commission on Accreditation in Psychology frequently offers clarifying interpretations of the current Guidelines and Principles for Training in Professional Psychology to foster more flexibility in doctoral-level training.

Most suggestions to change the training curricula in psychology are based on observations of clinical psychologists’ current activities, an assessment of current professional and societal trends, and an estimation of how these trends will impact future professional activities of clinical psychologists. We were interested in more systematically examining psychologists’ predictions of the future. In addition to an examination of clinical psychologists’ professional activities that may increase, decrease, or remain the same, respondents were asked to suggest the areas of expertise that psychologists will need to function competently in the workplace 20 years from now.

We sent an online request to participate in a brief survey regarding the future of clinical psychology to a variety of listservs that targeted scientists (e.g., ABCT, Society for a Science of Clinical Psychology), educators (Council of University Directors of Clinical Psychology), practitioners (all state psychological associations, APA Division 42, Independent Practice), as well as listservs with broad constituencies (e.g., APA Division 53, Society of Clinical Child and Adolescent Psychology, APA Division 54, Society of Pediatric Psychology; APA Division 12, Society of Clinical Psychology). A total of 619 psychologists and psychology trainees responded. The majority of respondents had obtained (or soon would obtain) a

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Ph.D. degree (82.2%; 12.4% Psy.D.; 1.6% master’s degree; 1.1% Ed.D., and 2.6% missing data). The majority of respondents reported their specialty as either clinical adult (38.0%) or clinical child (30.0%); other specialties included clinical health (9.5%), neuropsychology (5.2%), forensic (3.9%), and geropsychology (2.4%; 11.0% missing data). Respondents were asked to report their primary professional activity (46.0% practitioner; 17.3% student; 14.5% investigator; 12.3% teacher; 9.9% missing data). Respondents also indicated a range of workplace settings (28.4% independent practice; 22.9% research-oriented university; 11.5% hospital/VA; 7.6% teaching-oriented university; 6.0% medical school; 23.6% missing data).

Each respondent was asked to provide up to five open-ended responses for each of the following four items:

1. As compared to now, clinical psychologists will be engaged in much more ________ in 2032.
2. As compared to now, clinical psychologists will be engaged in much less ________ in 2032.
3. The following activities of clinical psychologists are unlikely to change 20 years from now.
4. In 2032, clinical psychologists will need to be much more competent in ________.

A total of 3,095 responses were provided across all four items, and each was coded to capture the main themes of responses within each item.

Figure 1 offers a graphical depiction of the types of professional activities that respondents reported would be especially more common among psychologists in 20 years. Figure 2 displays data for professional activities that are projected to reduce over time, and Figure 3 offers a summary of data on activities that are likely to remain unchanged. Together, the data from these three items offer a vision of the future that involves substantially different activities for clinical psychologists in practice, research, and education.

Clinical Practice in 2032

According to respondents, clinical psychological practice is likely to experience substantial rapid change. Respondents predicted that individual, face-to-face therapy, particularly in independent private practice settings, will wane in popularity. In its place, psychologists may be increasingly involved in technology-assisted modes of therapy, with a stronger focus on evidence-based practice in psychology (EBPP). Respondents additionally indicated that non-EBPP, including psychoanalysis, were likely to become increasingly scarce over time. Respondents suggested that clinical practice likely will involve more group-based, multiculturally informed, and brief approaches to therapy, with a greater focus on the treatment of the elderly and veterans. Some disagreed with this view, suggesting that individual therapy would likely remain unchanged over time, particularly CBT-oriented treatment as well as treatment with families and couples.

In addition to changes in the provision of therapeutic services, substantial changes in clinical assessment also were predicted. On the one hand, respondents predicted that clinical psychologists may be involved in progressively less assessment (conceived broadly) over the next 20 years. In particular, it was predicted that clinical psychologists would conduct far fewer broad assessment batteries, would be less involved in the administration and scoring, and perhaps most significantly, would be less likely to utilize projective modes of assessment. On the
other hand, it was predicted that other areas of assessment may increase, especially in the area of neuropsychology. Still others suggested that diagnostic and educational assessment activities were likely to remain as common in 2032 as compared to now.

In addition to predicted changes in the types of clinical services offered, and the clinical populations most likely to seek therapy, many respondents predicted changes in clinical practice contexts. Most notably, respondents predicted greater integration of psychological services within primary care settings. Consultation models and greater interdisciplinary collaboration was emphasized, particularly incorporating behavioral medicine and health psychology practices.

Clinical Psychological Science and Education in 2032

As compared to the substantial changes expected in clinical practice over the next two decades, respondents predicted relatively less change to research and education activities. Both psychological research and traditional educational activities, such as teaching and supervision, were expected to remain popular activities among clinical psychologists. Within the research domain, a greater emphasis on treatment-outcome work was predicted as well as research informed by neuroscience, biological psychiatry, and genetics. Increasing emphases in interdisciplinary research, work on multicultural issues and health psychology science also were predicted. Some reported that research on basic science questions or efficacy trials may be less common in 2032 as compared to the popularity of this type of work today.

Clinical Psychology Competencies Required in 2032

Based on the numerous changes perceived to occur in the field over the next 20 years, respondents believed that training in clinical psychology would require some modification to allow for the development of more relevant areas of competency. Figure 4 offers a summary of the proportion of responses that suggested new competencies that will require greater emphasis in ongoing training efforts. Given the substantial predicted changes in clinical practice, it is not surprising that respondents believed that future trainees will need greater competence in the areas of evidence-based practice, technology-assisted practice, short-term therapies, treatment of PTSD, geropsychology, and culturally informed treatments. A notable proportion of respondents reported that clinicians in 2032 likely will require greater competence in flexibility treatments to meet individual needs and unique clinical presentations. Facility with multiple theoretical orientations also was noted as important for success in the clinical practice world of 2032. In addition to specific clinical competencies, respondents emphasized the importance of trainees’ knowledge of business practices (including marketing, administration, finance, management) as particularly important for successful entry into the workforce of the future.

The insular nature of psychology training also was noted as a potential area ripe for change. Respondents indicated that clinical psychologists likely will need to be much more competent working within medical settings, knowledgeable about psychopharmacology, and experienced with interdisciplinary collaboration, particularly within primary care and health psychology settings. Integration of psychological research and practice with the fields of biology and neuroscience also was noted as important to function competently in the future.
Conclusions and Implications

The data presented here offer a glimpse of psychologists’ perceptions regarding the future and how it may change given current societal, scientific, and political forces. Of course, it is impossible to know whether these perceptions will have any predictive value. Prior predictions have failed to come true. For example, clinical psychologists have long discussed a shifting emphasis from the provision of therapy to the provision of supervision of master’s-level therapists. Yet, clinical psychologists remain quite actively involved in providing direct therapeutic services to the public.

Nevertheless, it may be useful to consider whether these predicted changes to activities of clinical psychologists in the next 20 years may have implications for how we train today’s students of clinical psychology. Do current training requirements reflect an antiquated conceptualization of the field? Training in biology and neuroscience, experience within primary care settings and technology-mediated client interactions, and competence in interdisciplinary collaboration may be required to ensure that the next generation of psychologists remains a viable and necessary contributor to health care practice. Interestingly, clinical psychology is one of the few health care disciplines that does not have a standard curriculum requirement for entry into the profession. Most anybody can apply to clinical psychology programs (without strict prerequisites) and all training to become competent clinical psychologists must occur at the doctorate and postdoctorate levels. Data such as these suggest that either the training requirements required at the graduate level in clinical psychology are ready for substantial revision/updating and/or the development of more comprehensive prerequisites for entry into the field is needed.

References


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Student Forum

Students: Ten Benefits Offered to You From ABCT

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Chelsea Klinkebiel and Simone B. Sherman, Texas Tech University

A sk any seasoned or early-career professional about their first experiences in a local or national professional organization, and they will more than likely refer to a time period when they were a student. Student participation in a professional association is typically on a continuum, but involvement in a professional association constantly provides an avenue for students to meet their future professional goals. Indeed, there are many reasons for students to be involved in professional associations. Opportunities to network and to collaborate with like-minded colleagues, to receive mentorship from advanced students or faculty, to develop a professional identity, to seek leadership roles, and to learn about current, novel research and clinical work are specific reasons and benefits students receive when they participate in professional organizations (Gardner & Barnes, 2007; Smitherman, 2005).

ABCT is dedicated to fostering the professional growth and identity of students and, therefore, provides numerous benefits to students. Indeed, ABCT’s purpose is to enable professional development among its members, and the ABCT Board has noted that professional development is a priority of ABCT (ABCT, 2012; DiGiuseppe, Albano, & Eimer, 2008). As many students are aware, joining ABCT as a student member is much more affordable than joining as a full member. Students in bachelor’s, master’s, and doctoral degree programs or in postdoctoral positions are eligible to become student members for $59 per year as compared to the $250 annual fee (includes a $30 initiation fee) for new full members ($220 for renewing full members). Depending where students are in their studies, they can be a student member up to 6 years with proof of student ID. Individuals in postdoctoral positions benefit from the student membership level for a total of 2 years; after this time period, they are elevated to the new professional membership level.

ABCT has recently introduced two new membership options for those individuals who are transitioning to new levels of training, both of which are considerably less ex-
pensive than full membership. These options are the postbaccalaureate and new professional memberships. The postbaccalaureate membership is intended for individuals who have graduated with a bachelor’s degree and are currently working or volunteering in a mental health or academic setting. This membership option is available for up to 3 years, and it offers the same benefits received by student members. At a much-reduced rate of $85 per year, this type of membership is more affordable for those transitioning from the undergraduate degree to the next point in their careers. The new professional membership is open for a 2-year period to individuals who have obtained a terminal degree within the past year. New professional membership is accorded all the privileges of full membership but with a savings of $80 per year off of the new full membership rate, as an effort to facilitate an easy transition from student to full member. These membership choices not only provide a less expensive way to join ABCT, they also offer many of the same benefits as the other membership options.

What are other benefits that student members and student nonmembers can expect to receive from ABCT? Members of the Student Membership Committee have chosen 10 ways students can take advantage of the opportunities offered by ABCT to advance their training and professional development. In the next section, the countdown begins (in the order of increasing importance); specific benefits allowed to student members are also noted.

### Ten ABCT Benefits for Students

#### 10. Graduate Mentorship Directory

Networking opportunities offered by ABCT to students are boundless, and one useful feature on the ABCT website is the Graduate Mentorship Directory, which is available to student members and nonmembers. This directory displays a list of ABCT members who are employed as faculty at various universities and who are willing to serve as a mentor for aspiring graduate students. Students in the process of applying for graduate school will find the Graduate Mentorship Directory an invaluable resource. Searching by faculty institution, model of training, areas of interest, and the like, students can find available mentors. Results display a list of faculty members willing to serve as mentors and relevant contact information (including website links) for the faculty and their graduate program.

#### 9. Facebook

Friend me! ABCT is one of the many organizations that recognizes the power and influence of social media, and the ABCT Facebook page provides an informal medium for networking and communication for student members and nonmembers. Need a fast answer to a question? Post to the ABCT wall! Students often use the Facebook page to view important ABCT dates, find a roommate for the conference, and discuss cutting-edge research. Some Special Interests Groups, such as the Student SIG, also have their own Facebook page.

#### 8. List Serve

So you’ve got a burning psychology question but don’t trust the Internet enough for a reliable answer? If you are an ABCT student member, check out the ABCT list serve and post your question there! The list serve is a great way to stay current on relevant issues, receive answers to clinical and academic questions, and network with student and professional peers. The list serve
also regularly distributes information about postdoctoral positions, job postings, grant funding, and workshops pertinent to students. In addition to the main ABCT list serve, many ABCT SIGs have their own list serve, which can provide members with networking opportunities and information within a specific subfield of behavioral and cognitive therapy.

7. Videos, Podcasts, and Webinars

Have you wanted to listen to a renowned psychologist from the privacy of your own computer? The ABCT website includes an entire section of videos, podcasts, and webinars, in which experts in the field demonstrate psychotherapy techniques and discuss the achievements and obstacles they encountered in their careers. For example, students can find conversations with Aaron Beck about the development of cognitive therapy or listen to a women’s panel discussion about the challenges they overcame in their careers. The videos, podcasts, and webinars are available to student members and nonmembers; the ABCT podcasts are free for members and nonmembers, and the videos and webinars can be purchased (webinars: $30 for members; DVDs: $55 for members).

6. ABCT website

The ABCT website is an excellent, easily accessible resource for student members and nonmembers. It contains a wealth of information for those wanting to learn more about behavioral and cognitive therapy. (If you don’t believe us, just ask the New York Society of Association Executives, which just awarded ABCT the prestigious Cyber Space Award for best member association website). ABCT’s website includes a student section with information on professional development for varying levels of training. Within this section are resources for undergraduate students (e.g., graduate programs and application and interview tips for applying to graduate school). For graduate students, this section provides information regarding research productivity, publishing, reviewing research, and applying for grants. Additionally, information is available about applying for internship and postdoctoral positions as well as how to be successful in these positions. Also included in the student section of the website is the ABCT Job Bank, which provides recent graduates with an avenue to search for jobs and post their resume. Employers can post job offerings and search keywords to locate an ABCT student who may be a good fit for their position. In addition to these professional development resources, the ABCT webpage includes resources for students wanting to learn more about psychological disorders and evidence-based treatments. One of these resources is an archive of fact sheets, which provide a brief overview of a variety of psychological problems and recommended treatment approaches.

Find-a-Therapist, our online directory, consistently receives the greatest number of hits. Once a new member professional or student receives his/her terminal degree and is licensed, they can participate in this directory if they see clients.

5. Student Research on ABCT’s Social Media Sites

Did you know that ABCT supports student research on sponsored social media sites? Student members may post IRB-approved research surveys on the ABCT list serve and Facebook page. Members interested in recruiting for studies in this way should fax a stamped copy of an IRB approval letter to the ABCT Central Office (Attn: David Teisler, Director of Communications, email: Teisler@abct.org or call 212-647-1865). Students or their advisors listed on the IRB-approved letter must be ABCT members to post on both ABCT social media sites.

4. Access to ABCT’s Journals

Student membership in ABCT includes a paper subscription to the Behavior Therapist (tBT) and free online access to the organization’s two journals, Cognitive and Behavioral Practice and Behavior Therapy. tBT is ABCT’s print and online newsletter that is published 8 times a year; it is a great venue for presenting results of research studies and staying current on student issues. Behavior Therapy is the flagship journal of ABCT and publishes innovative empirical research related to applications of CBT, while Cognitive and Behavioral Practice is a clinically oriented journal that publishes articles directly relevant to clinical practice of CBT. These three publications provide students opportunities to learn about current practices and research in the cognitive and behavioral sciences.

3. Support for Student Research Through the Student Awards Program

Poor students need money…and a great idea just might do it! To foster professional development and to support student members in their research, each year ABCT offers several awards to student members. Three dissertation awards are offered to ABCT student members: the Leonard Krasner Student Dissertation Award ($1,000), the Virginia A. Roswell Student Dissertation Award ($1,000), and the John R. Z. Abela Student Dissertation Award ($500). Award applicants must be ABCT student members and have an approved dissertation proposal that is relevant to CBT. Funds may be used for expenses related to the student’s dissertation and for travel expenditures to ABCT’s Annual Convention.

In addition to the dissertation awards, student members may also apply for the President’s New Researcher Award ($500). This prestigious award is open to members with no more than 5 years of posttraining experience who authored a paper related to CBT. ABCT also offers the Elsie Ramos First Author Student Poster Award. All student award winners are acknowledged at the Awards Ceremony during our Annual Convention. Specific information for all student awards can be found at www.abct.org/Awards/. Besides these dissertation and poster awards, student members are also eligible for a number of SIG student awards (see below).

2. Special Interest Groups

You mean there are groups within the group? Absolutely! In addition to becoming a member of ABCT, student members can get involved in specialized areas of study within the organization. There are over 30 different Special Interest Groups (SIGs) dedicated to various issues and subfields of behavioral and cognitive therapy. Some examples of these SIGs include Behavior Analysis, Child Maltreatment and Interpersonal Violence, Mindfulness and Acceptance, Rehabilitation and Neuropsychology, and Suicide and Self-Injury. By joining a SIG, students have the opportunity to meet and network with other students and professionals who share similar interests. A great way for students to do this is by attending the meeting for the SIG they are interested in at the annual conference. Additionally, students are encouraged to attend the SIG Poster Exposition and Cocktail Party, an event in which poster presentations for each of the SIGs are often presented by student members. This event is also known for providing many opportunities to network, and many students come to the SIG Poster Exposition to do just that.

Joining a SIG allows students and professionals to learn about up-and-coming research within their field of interest. Members can share news of their accom-
plishments with colleagues as well as get feedback and advice about obstacles and limitations in research and clinical work. Often, joining a SIG can also lead to collaboration among students and professionals who otherwise may not have this opportunity. In addition to holding events at the annual ABCT conference, many SIGs also have their own email list serves through which members can be in communication year-round. Another advantage to students is that some SIGs offer opportunities for student members to apply for and receive student-specific awards.

A SIG that welcomes all ABCT members and offers many resources and benefits to students is the Student SIG, a group devoted to student issues such as training and professional development. This group is intended to serve a wide range of students, from undergraduate to postdoctoral. Like other SIGs, this group provides opportunities for networking and collaboration among students, both at the ABCT conference and year-round through an email list serve. Examples of discussion topics at the annual conference Student SIG meeting and via list serve include applying to graduate school, publishing, grant-writing, applying for internship, and self-care. Participation in the Student SIG not only helps students gain insight and knowledge into these issues, but it also provides built-in mentorship from networking with more “senior” ABCT students. By participating in this SIG, students can voice their preferences, questions, and concerns about the conference, the organization, and their training.

1. Annual ABCT Convention

You’ve never seen so many CBT folks in one place! The Annual ABCT Convention provides a variety of learning and networking opportunities for student members and attendees. While student members receive reduced registration rates as compared to student nonmembers, both student members and nonmembers can attend one of many ticketed Workshops, Master Clinician Seminars, Clinical Intervention Seminars, Institutes, or Advanced Methodology and Statistics Seminars for free simply by preregistering for the convention and requesting to volunteer for a couple hours during one of the seminars. The free seminars provide students opportunities and experiences that may not be offered at their home academic institution. In the past, students volunteering at the ticketed seminars have had the chance to learn about Problem-Solving Therapy for Depression from Arthur and Christine Nezu, how to treat emotional disorders from David Barlow, learn about Cognitive Behavioral Treatment of PTSD in individuals with serious mental illness from Kim Mueser, or learn modern statistical techniques to handle missing data from Craig Enders. By volunteering at the Annual Convention, students gain clinical, empirical, and theoretical knowledge and skills on novel interventions, emerging research, and methodologies from experienced and well-renowned clinicians and researchers. Check out our Convention webpage at www.abct.org/conv2012/?mn=100&fn=Volunteering immediately. This opportunity goes fast!

Both formal and informal networking opportunities are also plentiful at the ABCT Convention. For example, every year the convention holds an internship and postdoctoral fair for students. Directors from internship and postdoctoral psychology programs provide an overview of the application and selection process and answer audience questions. Immediately following the panel discussions are “Meet and Greet” sessions in

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which attendees informally meet with directors, representatives, and alumni or gather promotional materials from numerous internship and postdoctoral sites. Other formal networking opportunities offered at the ABCT Convention include the SIG Expo and SIG Group meeting (see #2 on this list) in addition to students presenting their own research and receiving feedback from other students and professionals at general events such as Symposia, Panel Discussions, Clinical Round Tables, and Poster Sessions. And if you are an undergraduate contemplating continuing your studies in psychology, you will want to attend “Getting in and Succeeding in Graduate School in Psychology” on Friday, November 16, from 4:14 to 5:45 p.m. during ABCT’s Annual Convention.

Informally, members have numerous opportunities to network with prominent leaders in the field, with fellow students with similar clinical or research interests, and with future colleagues at various convention events such as poster sessions, at the SIG Poster Exposition and Cocktail Party, between conference sessions, or at the convention hotel’s lobby. The convention is also an excellent place for students to elicit the assistance of their advisors or mentors to introduce them to professionals, future collaborators, or leaders in their field. In fact, we know of many students whose fondest ABCT memory involves having a casual conversation at a conference with a luminary in the field.

**Conclusion**

ABCT offers numerous opportunities to nurture students in their professional development and an opportunity to become strongly involved in a professional community. As specifically noted above and depending on membership status, student members and nonmembers are offered reduced membership and annual convention registration rates; access to ABCT’s social media outlets and to educational videos, podcasts, webinars and online journals; numerous networking, leadership, and mentorship opportunities (e.g., SIGs, internship and postdoctoral fairs, participation in ABCT committees, etc.); and student research support (e.g., student award programs, posting student research on ABCT’s social media outlets, etc.). If you are a student or postdoctoral candidate, we invite you to take advantage of the professional opportunities ABCT has to offer its students by exploring the many benefits described here and by renewing or joining ABCT. To renew or join, go to www.abct.org and locate the “Join/Renew” option located under the “Home” tab.

**Clinical Forum**

**From the Ivory Tower to an Underserved Rural Population: Overcoming Treatment Barriers in Public Schools**

Olga V. Berkout, Eun Ha Kim, Alan M. Gross, and John Young, University of Mississippi

My second year of graduate school, at a doctoral clinical psychology program, I was given an external practicum as a behavioral consultant within a rural Southern school system. Finally, I was given a chance to apply everything I had learned about applied behavior analysis and empirically supported treatments (APA Task Force, 1995; Chambless & Hollon, 1998; Chambless & Ollendick, 2001). I was ready to make a difference, to ease suffering, and provide teachers with desperately needed information for dealing with psychological and behavioral issues. I was filled with the unique bright-eyed enthusiasm of a novice clinician. In other words, I was doomed from the start.

On paper, the protocol for dealing with student mental health and conduct was well established. School administrators called in a behavioral consultant when a student presented with (typically disruptive/externalizing) difficulties. After receiving the referral, we were to interview teachers, youth, and parents (if possible), and observe the student to determine the function of problematic behaviors. We wrote a functional behavioral assessment (FBA) report and created a behavior plan (interventions to decrease undesired and increase desired behaviors) on the basis of this information. If we could, we met with the student’s primary teacher after data were collected and discussed interventions we had in mind. I can vividly recall my first post-FBA teacher meeting.

“I understand what you’re trying to say about this evidence-based stuff, but it’s just not fair to be taking time away from my other children for one bad apple.” Following a pity-filled glance I was dismissed with a “Bless your heart,” which can be roughly translated as a genteel southern way of saying, “Your heart’s in the right place, but that’s not likely to work.” I remember shock and disbelief, frustration, and questioning of this teacher’s ability repeatedly cycling through my mind on the drive to lunch. One soothing crispy chicken wrap later, I decided that one bad experience need not spoil my enthusiasm for bringing evidence-based interventions to the schools. After all, I still had many other assessments scheduled for that week, and

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# The ABCT Slang Dictionary

*Committee on Student Members:* Todd A. Smitherman, Chikira H. Barker, LeeAnne H. Bonnet, Rebecca M. Pasillas, Hilary B. Vidair, and Simone Sherman

*Special thanks to Danielle Maack*

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBT</td>
<td>Cognitive Behavioral Therapy</td>
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<tr>
<td>AABT</td>
<td>Association for the Advancement of Behavior Therapy (previous name of ABCT)</td>
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<tr>
<td>ABCT</td>
<td>Association for Behavioral and Cognitive Therapies</td>
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<td>EMDR</td>
<td>Eye Movement Desensitization Retraining</td>
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<tr>
<td>FAP</td>
<td>Functional Analytic Psychotherapy; FAP is based on the behavior analytic, or functional contextualistic, approach to human behavior first described by B. F. Skinner.</td>
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<tr>
<td>SIG</td>
<td>Special Interest Group</td>
</tr>
<tr>
<td>ACT</td>
<td>Acceptance and Commitment Therapy</td>
</tr>
<tr>
<td>RFT</td>
<td>Relational Frame Theory; the theory on which ACT is based</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behavior Therapy, a treatment for borderline personality disorder developed by Marsha Linehan</td>
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<tr>
<td>ER</td>
<td>Emotion Regulation, a key concept of DBT</td>
</tr>
<tr>
<td>IE</td>
<td>Interpersonal Effectiveness, another key concept of DBT</td>
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<td>our fearless leader, Mary Jane Eimer, Executive Director of ABCT</td>
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<td>ABCT Governance</td>
<td>The board of directors, coordinators, and committee chairs that make things happen for the organization</td>
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<td>EBT</td>
<td>Evidence-Based Treatments: the only type of treatment we're interested in at ABCT!</td>
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<td>EST</td>
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<td>Facebook friend</td>
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<td>abct.org</td>
<td>awesome website full of information for students, academics, and practitioners as well as the public</td>
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<td>National Harbor, Maryland</td>
<td>site of the 2012 ABCT convention! Be there!</td>
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<td>ABCT’s Founding Members</td>
<td>John Paul Brady, Joseph Cautela, Edward Dengrove, Cyril Franks, Martin Gittelman, Leonard Krasner, Arnold Lazarus, Andrew Salter, Dorothy Susskind, and Joseph Wolpe</td>
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sured future meetings would not be wrought with the same kind of disappointment.

My next teacher was much friendlier. She took the time to ask me about my studies, spent lunch providing me information, and structured class activities to maximize the probability that I would observe the problematic behaviors in question. I had a feeling I was going to make a real difference here. I left the school and wrote an extensive behavior plan, including modification of interventions for potential changes in context, future shaping of behavior, and hourly monitoring of progress. I sent the report with the satisfaction of feeling I had been helpful. This feeling lasted about 3 weeks, until the administrator informed me that my interventions were not working! Further querying revealed that approximately a sixth of the plan was being implemented at sporadic intervals (with no intervention element being used with consistency).

Crispy chicken wrap and strawberry shake were needed to allay my misery that day. Sipping the delicious melting strawberry bliss, I began to ponder if the problem was my behavior, rather than school staff. Like any good scientist, I started my search for a solution with a review of the relevant literature. As it turned out, I discovered that I was not the only clinician experiencing difficulties implementing interventions outside of research settings. In fact, there are well-documented findings for disparities between effect sizes for youth treatments in the community when compared to university settings (Weisz, Donenberg, Weiss, & Han, 1995). Challenges in dissemination (Higa & Chorpita, 2008; Kataoka, Rowan, & Hoagwood, 2009; Weisz, Sandler, Durlak, & Anton, 2005) and implementation (Barlow, 1996) of evidence-based interventions have commonly been discussed as potential explanations for these disparities. Dissemination encompasses deliberate efforts to increase adaptation of innovations (Schoenwald & Hoagwood, 2001), whereas behaviors needed to practice an intervention in a new setting constitute implementation (Fixsen et al., 2005; Rogers, 2003).

Dissemination and implementation are influenced by knowledge of the intervention, organizational culture, source of the message, behavior of individuals who function as taste-makers or opinion leaders in the group, and perceived or actual availability of resources for implementing the intervention (Fixsen et al., 2005; Rogers, 2003). Implementation begins with exploration and adoption of a new intervention, progresses to systematic changes preparing for beginning of implementation, initial efforts at implementation (where challenges may arise), interventions becoming an accepted and integrated practice, innovation to improve intervention, and continued use of resources to sustain implementation (Fixsen et al.). Although the school system had an organizational policy on FBAs as the intervention of choice, sometimes their use stopped at a “paper implementation” stage (Fixsen et al.), meaning that practice consisted primarily of existence of a formal policy and completion of requisite paperwork.

School adoption of a policy on paper does not necessarily imply staff knowledge of intervention. Although treatment manuals have been put forth as a valuable tool for learning evidence-based interventions, 37% of practitioners report being unsure what a treatment manual was (Addis & Krasnow, 2000). Similarly, 57% of teachers were found to be uncertain of whether FBAs were used in their schools (Stormont, Reinke, & Herman, 2011). My assumption that teachers were familiar with basic behavioral principles and FBAs because school administrators reported a policy of using these interventions was erroneous. Furthermore, even teachers provided with information may not read the information. Less than half of mental health professionals, whose livelihood may arguably depend on managed health care, reported reading managed health care guidelines for evidence-based practice, which were provided to them (Azocar, Cuffel, Goldman, & McCulloch, 2001). Information may not have been available to all teachers and those provided with information resources may not have made use of them. Decision to learn about a new intervention and put it into practice is influenced by a number of contextual variables (Chorpita, Bernstein, & Daleiden, 2008). Cultural norms (Rogers, 2003), organizational resources and incentives for change (Cahill, 2007; Chorpita et al., 2008; Higa & Chorpita, 2008), attitudes towards the source of information (Freeman & Sweeney, 2001, Rogers), and working relationship with the consultant (Kratochwill, 2007) influence the use of interventions.

The school system was unique in being rural, impoverished, and located in a state frequently falling in the lower extreme in terms of educational achievement rankings. These contextual variables represent low availability of system resources for intervention implementation. Although many administrators and teachers understood the concept of mental illness and its impact on educational pursuits, others saw difficult students as “bad apples” coming from “ne’er-do-well families.” These students were sometimes seen as maliciously rebelling against norms set by society. Given the prevailing view that behavioral difficulties were a result of flawed moral character, it is perhaps not surprising that corporal punishment was viewed as the most effective intervention. A “paddling” was usually administered by the principal or assistant principal using a wooden paddle (with full legal authority of the state, which allows corporal punishment in schools under certain conditions). Emphasis on corporal punishment was not underpinned by a lack of care for the youth. Many teachers (those supportive of paddling included) showed strong desire to help their students but often displayed expressions of helplessness. Principals that I encountered did not take pleasure in administering physical punishments, but rather saw it as an unfortunate necessity. While school use of physical discipline is not a universal policy, focus on discipline and punishment as a way to shape behavior has been identified by others as a common implementation barrier (Forman et al., 2009). Behavioral interventions generally require reinforcement of desirable behaviors, and either removal of reinforcement from or punishment of undesirable behaviors. As discipline is used as the primary method of altering behavior, the suggestion to reward misbehaving children for normative desirable behaviors that everyone else appears to be engaging in seems contrary to school cultural norms.

Dissemination and implementation challenges related to the source of the message to change have been extensively noted within the literature. Professionals attempting to disseminate information may be viewed as criticizing current practices. Freeman and Sweeney (2001) quote a general practitioner describing specialists as an “evidence based mafia” (Freeman & Sweeney, p. 1101) who ignore individual patient circumstances in favor of research. Some mental health professionals report that they do not wish to read managed health care evidence-based practice guidelines because they feel managed health care organizations should not tell them how to practice (Azocar et al., 2001). I encountered similar interpersonal strain in some school-staff interactions. Many perceived my role as pointing out teacher failures. “I know you might have seen a lot of those other
teachers not using consequences appropriately, but I work hard to make sure I'm doing it right,” one woman muttered nervously following our introduction. Moreover, I was an anomaly within the school. I wore dress slacks and button-down shirts, where the rest of the staff was wearing jeans and sometimes sweatpants. Due to my age and short height, sometimes a teacher seeing me from behind would mistake me for a student and call asking to see my hall pass. It became clear that to many I was a young outsider coming in and trying to tell teachers with years of experience how to do their job.

Moreover, while emphasizing the evidence behind my interventions, I was ignoring contextual variables. However, as a behaviorist who had begun to do some work in a treatment dissemination focused lab, I knew the situation was not forlorn. I needed to see past my frustration at the lack of acceptance of science and pragmatically behave in a manner most likely to increase implementation. Kratochwill (2007) argues that a strong working relationship with school staff (similar to therapy) is needed to ensure effective implementation. First, I needed to get teachers to stop flinching when they saw me coming. I decided to dress more casually and to ask general friendly questions about their personal lives, their children, and classroom decorations. It was a small step, but it moved me forward. After a few weeks teachers smiled when they saw me. Failures in implementation continued to abound, but there were fewer outright negative reactions and disparagement of science. As could be predicted on the basis of literature examining the bidirectional nature of communication, teachers were not the only ones affected by this change in interaction. I noticed that as I spent more time talking to them I started to see their perspectives. They were overworked, underpaid, and infrequently rewarded for making an effort to shape the lives of their students. Some were lucky enough to have administrators laud them for doing well, whereas others generally heard from their supervisors when there was a problem. In other words, schools had few incentives and resources to support teacher implementation (Cahill, 2007; Chorpita et al., 2008; Higa & Chorpita, 2008). However, teachers went into this profession because they liked youth and genuinely wanted to help, and that was a perspective into which my initial frustration did not allow me insight.

Teaching was demanding enough as it was, and a single student with behavioral challenges could be extremely overwhelming. Through time spent discussing their experiences and building rapport, I learned that my crisp, well-formulated, shown-to-be-efficacious interventions were not feasible to implement in their environment where contingencies and phenomenological outlooks were unlikely to converge on successful implementation. Even teachers who wanted to apply behavior plans had a hard time with consistent consequences given the number of target behaviors I suggested. My interventions did not consider context or available resources. Adaptation of evidence-based interventions with teacher and administrator input and consideration of context can improve feasibility and increase likelihood of implementation (Kratochwill & Shernoff, 2003; Ruffolo & Fischer, 2009; Schaeffer et al., 2005). In short, I needed to rethink my suggestions.

In general, I learned that low tangible resource changes were more likely to be implemented than high resource changes (toy/other reward for Jenny). Decreasing school resource demands of evidence-based interventions was commonly reported by developers (Forman, Olin, Eaton-Hoagwood, Crowe, & Saka, 2009). Simplifying behavior plans made them seem less overwhelming and confusing. Consequences that applied to everyone in the class (gold stars for socially normative behaviors) were easier to use than those aimed at a single child. For some behaviors, peer social praise could serve as a valuable tool (if the whole class reached a particular token level, they got to watch a movie at the end of the week) leading children to help teachers in shaping behavior. Sometimes, if a child needed more individualized attention, I could convince the principal to send a teacher’s aide to a particular classroom at least part of the time. Taking these issues under consideration, as well as talking to teachers about what was/was not working, greatly increased the appropriate use of my interventions.

As a single consultant, I did not have control over cultural norms, organizational resources, and incentives to change. However, I could modify my appearance, behavior, and interactions with teachers. Through increasing the probability that my presence was rewarding and focusing on building a successful working relationship, I was able to increase implementation.
Openness to modification of interventions to match context and available resources made my interventions more feasible to put in to practice. Interpersonal skills that I learned at this placement continue to serve me. Dealing with frustration, taking on the perspectives of others, questioning my behavior when something goes wrong, and keeping an open mind have brought me a long way. Writing now, as a doctoral candidate, I am immeasurably grateful for knowing them and for their effort to work with me to help their students. I hope that future researchers will keep an open mind towards the practitioners and other system staff as we continue to work to increase the use of evidence-based practice. Reading that 37% of practitioners aren’t sure what a treatment manual is (Addis & Krasnow, 2000), while extremely disheartening, does not mean that the situation is hopeless. Many mental health, health, and education professionals genuinely have a great deal of heart for clients and students they serve. It is up to us to ensure they buy our scientific treatments genuinely have a great deal of heart for clients and students they serve. I hope that future researchers will keep an open mind towards the practitioners and other system staff as we continue to work to increase the use of evidence-based practice.

References


Kataro, S. H., Rowan, B., & Hoagwood, K. E. (2009). Bridging the divide: In search of common ground in mental health and education research and policy. Psychiatric Services, 60(11), 1510-1515.


Correspondence to Olga V. Berkout, University of Mississippi, Room 205, Peabody Building, University, MS 38677; oberg@icloud.com
SIG Spotlight

Technology and Behavior Change: Get Plugged In!

Edwin D. Boudreaux, SIG President, University of Massachusetts Medical School
Fred Muench, SIG Past President, Columbia University College of Physicians and Surgeons
Ryan Hansen, SIG Webmaster, The Ohio State University

Are you intrigued about the potential for technology to transform cognitive and behavioral therapies? Do you want to share in the latest innovations in e-health, m-health, and telehealth? Then you should join the Technology and Behavior SIG! It was founded in 2010 based on the tremendous potential for technology to transform the cycle of preventing, identifying, monitoring, and treating mental and behavioral health problems. Technological advances have the potential to make primary screening and detection of mental and behavioral health disorders easier, improve diagnostic efficiency and reliability, make therapy more effective and rooted in evidence-based principles, and monitor relapse and initiate early interventions when they are needed most. In addition to the potential for introducing paradigm shifts in clinical settings, technology also has tremendous potential to transform research methodology and outcomes. The overall goal of the SIG is to provide a forum for discussion and innovation for individuals interested in using technologies to improve clinical services and to advance cognitive and behavioral research methodologies.

The SIG is developing a strong web-based presence to assist members in their clinical and research pursuits. The SIG website’s Members section is designed to help individuals connect on projects based on their area of expertise, practice setting, technology interests, and programming experience. The Evidence-Based Practice page includes references and open access articles on technological applications for behavior change. For example, we recently had members submit high-yield articles on text-messaging applications for a range of medical illnesses, psychiatric diagnoses, and health behaviors. These references, which included links to the abstract or full paper, were shared with all SIG members and posted online. Our Conference page will update members on the presentations and posters associated with technology as well as act as the submission portal for the SIG poster session entries. Finally, we are in the process of developing a web-based and mobile app clearinghouse for applications that can be used by cognitive behavioral therapists and researchers.

To become a member, go directly to the Members page on the website at http://www.techandbehavior.com or send an email to Edwin Boudreaux, Ph.D., at edwin.boudreaux@umassmed.edu. Remember to mark your calendars for our workshop, “Adjunctive Mobile Technologies for Cognitive Behavioral Therapies,” at ABCT’s 46th Annual Convention in National Harbor, MD, November 15–18. Individuals interested in submitting posters on technology and behavior change for our poster session, please send an abstract to Fred Muench at fm2148@columbia.edu.

Have you joined a SIG?

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Call for

Continuing Education Sessions

47th Annual Convention | November 21–24, 2013
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Workshops
Workshops cover concerns of the practitioner / educator / researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday.
Barbara Kamholz, Workshop Committee Chair
workshops@abct.org

Institutes
Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday.
Risa Weisberg, Institute Committee Chair
institutes@abct.org

Master Clinician Seminars
Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday through Sunday.
L. Kevin Chapman, Master Clinician Seminar Committee Chair
masterclinicianseminars@abct.org

Please send a 250-word abstract and a CV for each presenter. For submission requirements and information on the continuing education session selection process, please see the Frequently Asked Questions section of the ABCT Convention page at www.abct.org.

Submission deadline: February 1, 2013
Principles of Behavior Change: The Compass for CBT

Welcome from the Program Chair
About the Itinerary Planner
Clinical Intervention Trainings
Workshops
Plus Consultation
Master Clinician Seminars
Institutes
AMASS
Spotlight Research
Invited Addresses
General Sessions
Registration/Hotel

November 15–18, 2012 National Harbor, MD
Jeffrey L. Goodie, Ph.D., Program Chair, Uniformed Services University of the Health Sciences

Welcome

We are excited to see all of you at ABCT’s 46th Annual Convention in National Harbor, MD. National Harbor and the Gaylord National Resort and Convention Center will provide an exciting and historic venue for our meeting. Sitting on the shores of the Potomac River and nestled between George Washington’s Mount Vernon Estate 10 miles down the river and the Washington Monument 10 miles to the north, National Harbor, MD, affords a picturesque location with easy access to restaurants and entertainment, while providing the space for the convention to occur under one roof.

The theme of our meeting this year is Principles of Behavior Change: The Compass for CBT. As we developed this year’s conference, we focused on highlighting the compasses for behavioral and cognitive therapies, particularly principles of behavior change. As we adapt behavioral and cognitive therapies to environments, such as traditional behavioral health clinics, primary care settings, web-based applications, or even the battlefield, the principles of behavior change, old and new, guide our research and practice, wherever it occurs.

We have an amazing group of invited speakers who have all shaped the field of behavior change and provide compasses for behavioral and cognitive therapies. Alan Kazdin, who will be receiving ABCT’s 2012 Award for Lifetime Achievement, will push us to consider novel models for delivering clinical care to those who need it most. Michelle Craske, internationally known for her work in fear and anxiety disorders, will discuss methods for optimizing learning during exposure therapy. On Friday we will also have intimate conversation with the father of cognitive therapy, Aaron Beck, about the past and future of cognitive therapy. Then on Saturday, Kelly Brownell, named by Time magazine in 2006 as one of “The World’s 100 Most Influential People,” will discuss the role of strategic science and our roles in changing how and what the nation eats. Toni Zeiss, winner of last year’s ABCT Award for Lifetime Achievement, will discuss the role of interdisciplinary teams in delivering evidence-based care throughout the Veterans Affairs’ health care system. On Saturday evening, Bob Klepac’s Presidential Address will focus on the need to further develop the strengths of ABCT and CBT.

Beyond our invited speakers there are hundreds of events and 1,400 posters, selected from the largest field of submissions ever to an ABCT conference. On behalf of everyone who committed time and effort to developing this year’s conference, we hope that you find ABCT’s 46th Annual Convention professionally invigorating.

ABCT’s Online Convention Itinerary Planner

About the Itinerary Planner

The pages that follow provide an overview of the ticketed sessions and general sessions that will be part of the 2012 convention in National Harbor. 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/conv2012. 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 10. Programs will be distributed on-site to all other registrants.) After reviewing this special Convention 2012 insert, we hope you will turn to the online Itinerary Planner and begin to build your ultimate ABCT convention experience!
The assumptions of the newer behavioral and cognitive therapies have changed from a traditional focus on the content of thoughts and feelings to a focus on their context and functions. This shift in perspective has drawn CBT closer to humanistic therapies, relationship-oriented therapies, and Eastern traditions, but despite this openness to wisdom drawn from other approaches, it is important for CBT to maintain its focus on evidence-based procedures.

An effective way to do so that is broadly applicable to clinical practice is to link specific clinical skills and methods to specific client processes and needs. This allows CBT clinicians to move away from packages and labels, toward evidence-based processes and models that can be functionally applied.

This training will focus on specific skills and competencies that are suggested by the psychological flexibility model that underlies Acceptance and Commitment Therapy (ACT), including work on acceptance, defusion, the present moment, mindfulness, values, and committed action. These will be extended to processes of mindful listening, relationship skills, compassion, and related competencies, as well as key behavioral methods.

Although this training will focus on core skills and competencies in ACT, my intention is to provide skills that are broadly applicable to any contextually oriented CBT clinician. Methods will emphasize practice and skill development over didactic understanding. The content will be broad enough to be useful at any level of treatment.

Exposure procedures, both formal and informal, are one of the core problem-solving strategies in DBT. Indeed, the DBT manual specifically recommends the use of exposure to treat certain problems such as co-occurring anxiety disorders, which are present in approximately 80% of clients with borderline personality disorder (BPD). However, exposure procedures are often under-utilized in DBT and, as a result, the remission rates for anxiety disorders among severe BPD clients in DBT are relatively low (< 50%). This Clinical Intervention Training will present an overview of the use of both informal and formal exposure procedures during DBT with severe and multiproblem BPD clients. Participants will also learn when and how to integrate formal exposure protocols into DBT to treat co-occurring anxiety disorders. Throughout this training, particular attention will be paid to managing suicidal behaviors as well as other common problems that may arise when implementing exposure procedures with this complex client population.
**Friday**

**WORKSHOP 1**

**Motivational Interviewing: Promoting Healthy Behaviors**  
Daniel W. McNeil, *West Virginia University*

**WORKSHOP 2**

**Mastering the Art of Behavioral Chain Analyses in Dialectical Behavior Therapy**  
Shireen L. Rizvi, *Rutgers University*  
Lorie Ritschel, *Emory University*

**WORKSHOP 3**

**Imagery Rehearsal Therapy for Nightmares**  
Anne Germain, *University of Pittsburgh School of Medicine*, Shelby Harris, *Montefiore Medical Center & Albert Einstein College of Medicine*, and Christi S. Ulmer, *Durham VA & Duke Medical Centers*

**WORKSHOP 4**

**Enhancing Functional Analysis for Substance Use Assessment and Treatment Planning With a Focus on Basic Behavioral Principles**  
Carl W. Lejuez and Jessica F. Magidson, *University of Maryland, College Park*, and Kevin C. Young, *George Mason University*

**WORKSHOP 5**

**Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy**  
Andrew Christensen, *UCLA*

**WORKSHOP 6**

**CBT for Depressed Adolescents**  
Mark A. Reinecke, *Northwestern University*, and John F. Curry, *Duke University*

**WORKSHOP 7**

**Cold Case Analysis: Refining Cognitive and Behavioral Strategies for Treatment-Resistant Anxiety**  
David A. Clark, *University of New Brunswick*, and Jon Abramowitz, *University of North Carolina at Chapel Hill*

**Saturday**

**WORKSHOP 8**

**CBT for Children and Adolescents With Obsessive-Compulsive Disorder**  
Dean McKay, *Fordham University*, Stephen Whiteside, *Mayo Clinic*, and Eric Storch, *University of South Florida*

**WORKSHOP 9**

**Beyond the Basics: Cognitive-Behavioral Treatment for Social Anxiety Disorder**  
Debra A. Hope, *University of Nebraska-Lincoln*, and Richard G. Heimberg, *Temple University*

**WORKSHOP 10**

**CBT for Women With Alcohol Use Disorders: Individual and Group Modalities**  
Elizabeth Epstein, *Rutgers University*, and Barbara S. McCrady, *University of New Mexico*
WORKSHOP 11

Beyond Habituation: Emotional Processing of Trauma Related Shame, Guilt and Grief
Elizabeth A. Hembree, University of Pennsylvania, and Aaron P. Brinen, University of Pennsylvania, Aaron T. Beck Psychopathology Research Center

▷ 1:30 p.m. - 4:30 p.m.

WORKSHOP 12

Adjunctive Mobile Technologies for Cognitive Behavioral Therapies
Frederick Muench, Columbia University and Mobile Health Interventions, Edwin D. Boudreaux, University of Massachusetts Medical School, and Ryan Hasen, Ohio State University

WORKSHOP 13

Introduction to Cognitive Behavioral Analysis System of Psychotherapy: Techniques, Mechanisms of Action, and Ethics
J. Kim Penberthy, University of Virginia School of Medicine, James P. McCullough, Jr., Virginia Commonwealth University, and Liliane Sayegh, Douglas Mental Health University Institute

WORKSHOP 14

Cognitive Behavioral Therapy for Bulimia Nervosa
Rene D. Zweig, Union Square Cognitive Therapy, New York

WORKSHOP 15

The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy
John P. Forsyth, University at Albany, SUNY

“Plus-Consultation” sessions will provide the opportunity for participants to ask follow-up questions, postconvention, based on the content of the original training presentation, discuss case applications, etc. Please note, the process will be consultative and not supervision. All participants are required to be licensed practitioners in their own state.

One-hour telephone consultation sessions will be open to 5 attendees per event. The leaders will determine, and ABCT will distribute in advance, a list of the four dates/times—approximately 1 month apart—December 2012 through March 2013.

This is a program that registrants can purchase for an additional fee when they register or, if space allows, can add after the session. For those participants interested, the fee for the block of four calls will be $100 members/$125 nonmembers, in addition to the event registration fee.

INSTITUTE

Sex Therapy Interventions Into Couple Therapy With a Special Focus on Sexual Desire
Barry McCarthy, American University

WORKSHOP

Motivational Interviewing: Promoting Healthy Behaviors
Daniel McNeil, West Virginia University

WORKSHOP

Mastering the Art of Behavioral Chain Analysis in DBT
Shireen Rizvi, Rutgers University
Lorie Ritschel, Emory University

MASTER CLINICIAN SEMINAR

Strategies for Handling Treatment Failure Successfully
Jacqueline Persons, San Francisco Bay Area Center for Cognitive Therapy
 MASTER CLINICIAN SEMINARS

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
Acceptance and Commitment Therapy and the Therapeutic Relationship: Core Skills and Acts of Compassion
Robyn D. Walser, National Center for PTSD

MASTER CLINICIAN SEMINAR 2
Avoiding Common Stumbling Blocks in Parent-Child Interaction Therapy: A Workshop for Experienced PCIT Clinicians
Cheryl B. McNeil, West Virginia University

MASTER CLINICIAN SEMINAR 3
Spirituality/Religion and Behaviorism: From Theory to Practice
David H. Rosmarin, McLean Hospital/Harvard Medical School

MASTER CLINICIAN SEMINAR 4
Cognitively Focused Treatment for OCD
Maureen L. Whittal, University of British Columbia

Saturday

MASTER CLINICIAN SEMINAR 5
Modifying Core Beliefs
Judith S. Beck, Beck Institute for Cognitive Behavior Therapy and University of Pennsylvania

MASTER CLINICIAN SEMINAR 6
Strategies for Handling Treatment Failure Successfully
Jacqueline B. Persons and Polina Eidelman, San Francisco Bay Area Center for Cognitive Therapy

MASTER CLINICIAN SEMINAR 7
Treatment of Trichotillomonia and Skin Picking
Doug Woods, University of Wisconsin, Milwaukee, and John Piacentini, UCLA Semel Institute

MASTER CLINICIAN SEMINAR 8
Cognitive-Behavioral Therapy for Coping With the Experience of Unemployment
Robert L. Leahy, American Institute for Cognitive Therapy, New York

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Thursday

▶ 8:30 a.m. - 5:00 p.m.
INSTITUTE 1

**An Introduction to Cognitive Processing Therapy**

▶ 8:30 a.m. - 5:00 p.m.
INSTITUTE 2

**Cognitive Processing Therapy: Beyond the Basics**

▶ 8:30 a.m. - 5:00 p.m.
INSTITUTE 3

**When a Good Thing Turns Bad: A Novel DBT Skills-Based Approach for Refractory Depression Targeting Emotional Overcontrol**
Thomas. R. Lynch, *University of Southampton*

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 4

**Empirically Based CBT Supervision: Making Supervision More Effective**
Robert Reiser, *Gronowski Psychology Training Clinic, Palo Alto University*, and Donna M. Sudak, *Drexel University, College of Medicine*

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 5

**Interpersonal Psychotherapy–Adolescent Skills Training: A Group-Based Prevention Program for Adolescents at Risk for Depression**
Jami Young, Christie Schueler, and Jessica Benas, *Rutgers University*

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 6

**Brief CBT for Suicidality**
Craig J. Bryan, *National Center for Veterans Studies, University of Utah*

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 7

**Brief Interventions for Radical Change: The Practice of Focused ACT**
Kirk Strosahl, *Central Washington Family Medicine, Yakima, WA*, and Patricia Robinson, *Mountainview Consulting Group, Zillah, WA*

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 8

**Exposure Therapy for Anxiety: Basics and Beyond**

▶ 1:00 p.m. - 6:00 p.m.
INSTITUTE 9

**Integrating Sex Therapy Interventions Into Couple Therapy With a Special Focus on Sexual Desire**
Barry McCarthy, *The American University*
The AMASS program is a special series of offerings for applied researchers, presented by nationally renowned research scientists.

Thursday
▷ 8:30 a.m. - 5:00 p.m.

AMASS 1
Longitudinal Data Analysis Using Structural Equation Modeling: Latent Growth Models
Susan Murphy and Daniel Almirall,
University of Michigan

Sunday
▷ 8:30 a.m. - 12:30 p.m.

AMASS 2
Propensity Score Modeling
Donna L. Coffman, Pennsylvania State University

SPOTLIGHT RESEARCH

These 60-minute sessions are intended for in-depth presentations of especially innovative or groundbreaking findings.

Saturday
▷ 12:30 p.m.

SPOTLIGHT RESEARCH
Prolonged Exposure Therapy for Individuals With PTSD and Alcohol Dependence
Chair: Scott Coffey, University of Mississippi Medical Center
Panelists: Paul Stasiewicz, University at Buffalo
Julie Schumacher, University of Mississippi Medical Center

Invited Addresses

PRESIDENTIAL ADDRESS
CBT and ABCT: Continuing the Progress Reflected in a Short and Remarkable Past
Robert Klepac, University of Texas/Health Science Center

INVITED ADDRESS
Is There the Courage to Change the American Diet?
Kelly D. Brownell, Yale University

INVITED ADDRESS
Optimizing Exposure Therapy: Translation From Neuroscience of Fear Learning
Michelle G. Craske, UCLA

INVITED ADDRESS
Novel Models for Delivering Mental Health Services and Reducing the Burdens of Mental Illness
Alan E. Kazdin, Yale University

INVITED ADDRESS
Psychotherapy Services for Veterans: Implementing Individual Evidence-Based Psychotherapy in Interdisciplinary VA Mental Health Care
Antonette Zeiss, Department of Veterans Affairs Central Office
Clinical Round Tables

CRT1
Treatment Resistant OCD and Spectrum Conditions in Adults and Children
Chair: Cheryl Carmin
Panelists: Bradley Riemann, C. Alec Pollard, Jonathan Abramowitz, Martin Franklin, Randy Frost, Gail Steketee

CRT2
Can Posttraumatic Stress Disorder be Cured?
Chair: Alan Peterson
Panelists: Edna Foa, Patricia Resick, Barbara Rothbaum

CRT3
Maximizing the Power of CBT: Enhancing Treatment Through the Use of Stories and Metaphors, the Judicious Use of Safety Behaviors, and Virtual Reality Therapy
Chair: Simon Rego
Panelists: Adam Radomsky, Barbara Rothbaum, Michael Otto

CRT4
How Much Is Enough? Designing “Low-Dose” Mindfulness-Based Stress Reduction Programs for Crowded Schedules and Busy Lives
Chair: Maryanna Klatt
Panelists: Chris Molnar, Donald Marks, Frank Gardner, Judson Brewer

CRT5
Cognitive Processing Therapy with Diverse Populations: Basic Principles and Adaptations to Support Novel Applications.
Chair: Conall O'Cleirigh
Panelists: Debra Kaysen, Luana Marques, Shelley Griffiths

CRT6
Principles of Behavior Change Across Different Cognitive Behavioral Treatments for Clinical Anger, Aggression, and Violence: Implications for Research and Practice
Chair: Raymond Chip Tafrate
Panelists: Eva Feindler, Frank Gardner, George Ronan, Raymond DiGiuseppe

CRT7
Constance “Connie” Hanf (1917–2002): Celebrating the Mentor and Her Contributions to the Development of the Behavioral Parent Training Model
Chairs: David Reitman, Robert McMahon
Panelists: Mark Roberts, Rex Forehand

CRT8
New Directions at an Established Institution: Adapting Evidence Based Treatments at an Inpatient Psychiatric Facility for the Seriously Mentally Ill
Chair: Wendy Olson
Panelists: A. Michelle Marsh, Travis Flower

CRT9
An Offer You Can’t Refuse: Meeting With the Dons About Military Posttraumatic Headache
Chair: Don McGeeary
Panelists: Alan Peterson, Don Penzien

CRT10
Monitoring Therapy Process at Every Session: Development of a New Tool and Clinical Examples of Its Utility
Chair: Jacqueline Persons
Panelists: Daniela Owen, Polina Eidelman, Janie Hong, Victoria Beckner

CRT11
From Efficacy to Effectiveness: Implementation of Empirically Supported Treatments in Public Sector Settings
Chair: Michele Galietta
Panelists: Haleh Ghanizadeh, Helen Best, Laurel Johnson, Shari Manning

CRT12
Operation Half Smile: Grassroots Efforts to Implement Dialectical Behavior Therapy in the Veterans Affairs Healthcare System
Chair: Carla Nappi
Panelists: Stephanie Eppinger, Christine Way, Carrie Dodrill, Laura Meyers, Sara Nett, Susan McIlvain, Elizabeth Chapman, Michael Tragakis, Dana Holohan, Cedar Koons, Linda VanEgeren, Sara Landes, Ann Aspnes

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.
Membership Panels

MPD
Chairs: George Ronan and Robert Klepac

Getting in and Succeeding in Graduate School
Panelists: Debora Bell, Karen Christoff, Martin Antony, Lauren Cox, David Hansen, Mitchell Prinstein, Jennifer Veilleux

What Are You Going to Do When You Grow Up? Career Paths for the Cognitive Behavior Therapist
Panelists: Martin Antony, Sonja Batten, Thröstur Björgvinsson, Kristene Doyle, Jonathan Grayson, Mitchell Schare, Hilary Vidair

Panel Discussions

PD1
Applying Old and New Principles of Behavior Change to Parents With Psychiatric Symptoms in the Context of Child Treatment
Chair: Hilary Vidair
Panelists: E. Katia Moritz, Eva Feindler, Richard Gallagher, Phyllis Ohr, Jill Rathus

PD2
Dissemination, Training, and Implementation of Cognitive Behavioral Principles in Acute and Long-Term Care Settings
Chair: Daniel Hoffman
Panelists: Jarrod Leffler, Paul Grant, Shelley Robbins, Richard Boesch

PD3
A Commitment to Diversity: Diversity Initiatives in Clinical Psychology Training Programs
Chair: Kaitlin Gallo
Panelists: Antonio Polo, Christina Boisseau, Shalonda Kelly, Eva Woodward, Christine Cooper-Vince, Jessica Graham, Lizabeth Roemer

PD4
Outreach, Prevention, Assessment and Intervention in Military Settings
Chair: David Riggs
Panelists: Anderson Rowan, Craig Bryan, Matthew Sacks, Kathryn Kanzler

PD5
Cognitive and Behavioral Therapies for Suicide: What Do We Know, and What Makes Them Work?
Chair: Kevin Crowley
Panelists: David Jobes, David Rudd, Gregory Brown, Marjan Holloway, Marsha Linehan

PD6
Reconsolidation of Amygdala-Based Fear Memories: A Newly Discovered Mechanism and Its Implications for Exposure
Chair: Bradford Richards
Panelists: Elizabeth Phelps, Michael Otto, Stefan Hofmann

PD7
Building Psychological Flexibility Within and Outside of the Classroom: ACT-Based Approaches in Higher Education
Chair: Jennifer Block-Lerner and LeeAnn Cardaciott
Panelists: Andrew Wolanin, Jacqueline Pistorello, Susan Orsillo, Kelly Wilson, Karolina Kowarz, Matthew Boone

PD8
Meditation and Mindfulness-Based Interventions in Diverse Populations and Settings: Questioning Assumptions and Adapting Practices
Chairs: Erin Harrop, Sarah Bowen
Panelists: Erica Sibinga, Hannah Reese, Judson Brewer, Lisa Mistler, Zev Schuman-Olivier, Kirk Brown

PD9
Managing High-Risk Suicidal Adolescents in Research: Lessons From a Multisite Randomized Controlled Trial
Chair: Marsha Linehan
Panelists: Elizabeth McCauley, Jane Pearsons, Joan Asarnow, Michele Berk, Joel Sherrill

PD10
New Perspectives on the Integration of Exposure-based Principles in the Treatment of Generalized Anxiety Disorder
Chairs: Jonathan Lee and Nehjla Mashal
Panelists: Douglas Mennin, Richard Zinbarg, Michelle Newman, Susan Orsillo, Naomi Koerner

PD11
The Future of Motivation: Stage of Change Theory vs. Self-Determination Theory
Chair: Nathaniel Van Kirk
Panelists: Christopher Spofford, Jennifer Alosso

PD12
An Integrated Curriculum for Practice and Dissemination of an Evidence Based Intervention
Chair: Julie Schumacher
Panelists: Andres Viana, T. David Elkin, Scott Coffey

PD13
The Future of Empirically Supported Psychological Treatments: Facing the
Challenges Ahead
Chairs: Brandon Gaudiano, Ivan Miller
Panelists: Brett Deacon, V. Robin Weersing, Scott Lilienfeld, Marvin Goldfried, Steven Hayes

Core Elements of Evidence-Based Treatments for Internalizing Disorders in Children and Adolescents
Chairs: David Hansen, Douglas Nangle
Panelists: Cynthia Suveg, Rachel Grover, Julie Kingery

Giving Students a Fish vs. Teaching Students to Fish: Evidence-Based Training Principles and Practical Guidelines
Chair: J. Gayle Beck
Panelists: Andrea Chronis-Tuscano, David Klonsky, Eric Youngstrom, Louis Castonguay, Lata McGinn

Unpacking and Maximizing Exposure-Based Strategies in CBT and ACT
Chairs: Amanda Russo, Kristin Herzberg
Panelists: Dennis Tirch, Joanna Arch, Michael Twohig, Robyn Walser, Richard Zinbarg, Steven Hayes

Challenges and Successes in Delivering Prolonged Exposure to Active Duty Soldiers
Chair: Edna Foa
Panelists: Brittany Hall-Clark, Brooke Fina, Edward Wright, Tracey Lichner

Personality Disorders: DSM-5 and Beyond!
Chair: Thomas Lynch
Panelists: David Watson, Lee Anna Clark, Robert Krueger

The Blister-Callus Model of Psychological Resilience
Chair: Tabatha Blount
Panelists: Alan Peterson, Don McGeary, Mark Bates

How to Get Published in Top Journals
Chair: Arthur Nezu
Panelists: Maureen Whittal, Stefan Hofmann, Thomas Ollendick

Doctoral Education in Behavior Change Principles and Evidence-Based Practice: Challenges, Controversies, and Future Directions
Chair: Raymond DiGiuseppe
Panelists: Dianne Chambless, Frank Gardner, Lata McGinn, Mitchell Schare

Staying to the End: What We Know About Premature Termination in CBT and What We Can Do About It
Chairs: Debra Hope, Kristin Anderson
Panelists: Frank Andrasik, Idan Aderka, Robert DeRubeis, Jacqueline Persons, Kim Mueser, Linda Sobell

Clinical Competencies for CBT With Lesbian, Gay, Bisexual, and Transgender Clients: What Clinicians Need to Know
Chairs: Brandon Weiss, Luis Morales Knight
Panelists: Christopher Martell, David Pantalone, Steven Safren, Jillian Shipherd, Debra Kaysen, Trevor Hart

Why Would You Say Such a Thing? ACT, FAP, and REBT Respond to a CBT Session
Chair: Stevan Nielsen
Panelists: Kelly Wilson, Raymond DiGiuseppe, Robert Kohlenberg

Experts in Search of Common Ground: Practical Advice for Clinicians
Chair: Christine Nezu
Panelists: Arthur Nezu, David Barlow, Christopher Martell, Marsha Linehan, Steven Hayes, Robert Leahy

Spreading the Message: Using Media to Promote Principles of Behavior Change
Chair: Andrea Macari
Panelists: Daniel Hoffman, Mary Karapetian Alvord, Michael Anestis

Exercise and Physical Activity Interventions as Adjunctive or Stand-Alone Treatments for Psychiatric and Substance Use Conditions: Design Issues and Mechanisms of Change
Chair: Cynthia Battle
Panelists: Anna Abrantes, Jeremiah Weinstock, Jasper Smits

Art of Exposure Therapy: Applying Innovation and Flexibility
Chair: Mitchell Schare
Panelists: Dean McKay, Jonathan Abramowitz, Jonathan Grayson

An Introduction to Compassion Focused Therapy (CFT): Clinical Applications of Compassion and Mindfulness in Cognitive Behavioral Therapy
Chair: Dennis Tirch
Panelists: Chris Irons, Robert Leahy, Lynne Henderson, Ricks Warren, Russell Kolts

PD30
New Perspectives on Extending Behavior Change Principles for Anxiety Disorders through Couples Therapy
Chairs: Roger Hicks, Jonathan Lee Panelists: Andrew Christensen, Candice Monson, Donald Baucom, Tamara Sher, Richard Zinbarg

PD31
A Behavioral Approach to Opening Up Shop
Chair: David Rosmarin Panelists: Barry Lubetkin, Charles Mansueto, Thórstur Björgvinsson, Jonathan Grayson, Steven Fishman, Sharon Morgillo Freeman

Symposia

S1
Beyond Prediction: How Pretreatment Characteristics and Change Processes Can Be Used to Understand and Improve Clinical Outcomes in Depression
Chair: Nicholas Forand Discussant: David Haaga

S2
Developing Integrated, Evidence-Based Interventions for HIV/AIDS: Universal Principles of Behavior Change to Address Mental Health and Health Behaviors
Chair: Aaron Blashill, David Pantalone Discussant: Conall O’Cleirigh

S3
Weight Status, Emotion Regulation, and Eating Pathology: Implications for Assessment and Intervention

Among Overweight and Eating Disorder Populations
Chairs: Andrea Kass, Rachel Kolko Discussant: Michael Lowe

S4
Stretching the Study of Intimate Partner Violence to Include In Vivo Investigations of Situational Risk Factors
Chair: David DiLillo Discussant: K. Daniel O’Leary

S5
Biobehavioral Processes of Change in Psychosocial Treatments: The Compass Is Pointing Toward the Translation of Basic Findings to Elucidate Mechanism and Improve Efficacy
Chair: David Fresco Discussant: Michael Kozak

S6
Beyond Treatment Manuals: Implementation Process Contributors to Change in EBTs for Youth With Externalizing Behavior Problems
Chair: Sharon Foster Discussant: Holly Waldron

S7
Building and Testing an Evidence-Based Milieu: Behavioral Activation Communication (BAC) Program for Acute Psychiatric Inpatients
Chair: Jackie Gollan Discussant: David Ekers

S8
Mediators and Moderators of Behavioral Therapies for Anxiety Disorders
Chair: Lily Brown Discussant: Evan Forman

S9
Cutting-Edge Assessment and Treatment of Tic Disorders
Chair: Alessandro De Nadai Discussant: Sabine Wilhelm

S10
Combining Behavior Change With Medication in the Treatment of Social Anxiety and Phobias: In Pursuit of Principled Augmentation
Chair: Thomas Rodebaugh Discussant: Michael Otto

S11
Discovering New Mechanisms That Underlie Nonsuicidal Self-Injury and Translating Them Into Effective Risk Assessments and Treatments
Chair: Joseph Franklin Discussant: David Klonsky

S12
Bringing Interventions to the Classroom: Enhancing Teacher-Led Interventions Using Innovative Approaches
Chairs: Nora Bunford, Alex Holdaway Discussant: Steven Evans

S13
Treatment of Combat-Related PTSD With 2 Weeks of Intensive Prolonged Exposure Therapy
Chair: Carmen McLean Discussant: Richard McNally

S14
Modeling Emotional Dynamics in Depression
Chair: Peter Clasen Discussant: Christopher Beevers

S15
The Marriage Checkup: Do Annual Checkups Improve Relationship Health Outcomes?
Chairs: James Cordova, C.J. Eubanks Fleming Discussant: Howard Markman
Biased Outlooks on Past, Present, and Future Events: Time-oriented Cognitions as Risk and Maintenance Factors for Social Anxiety Disorder  
*Chair:* Ashley Howell  
*Discussant:* Lynn Alden

Innovative Approaches to Enhance the Understanding and Treatment of Pediatric Obesity  
*Chairs:* Amy Sato, Kristoffer Berlin  
*Discussant:* Elissa Jelalian

How Should We Measure “Functional Impairment” Among Anxious Youth?  
*Chairs:* Amie Grills-Taquechel, Candice Alfano  
*Discussant:* Thomas Ollendick

Interventions for Children and Adolescents With Autism Spectrum Disorder: Treatment of Core and Comorbid Problems  
*Chair:* Susan White  
*Discussant:* Carla Mazefsky

Real-Time Strategies: Advancing Training, Treatment, and Tracking with Technology  
*Chairs:* Kate Bentley, Aubrey Edson  
*Discussant:* Lynn Bufka

Talking About My (Stress) Generation: Tracing the Roots of Self-Generated Stress in Depression  
*Chair:* Lisa Starr  
*Discussant:* Constance Hammen

Disentangling the Relationships Among Borderline Personality Disorder, PTSD, and Emotion Dysregulation  
*Chair:* Melanie Harned  
*Discussant:* Ruth Baer

Affective and Cognitive Influences on Attitudes Toward Empirically Supported Treatments: Implications for Dissemination, Training, and Attitude Change  
*Chair:* Laura Seligman  
*Discussant:* Dianne Chambless

Revitalizing Efforts to Extend Measures of Reactivity to Laboratory-Based Cue Elicitation Paradigms Beyond Self-Report  
*Chair:* Sarah Bujarski  
*Discussant:* Bunmi Olatunji

A Second Generation of Treatment Studies in Childhood Anxiety Disorders  
*Chairs:* Silvia Schneider, Thomas Ollendick  
*Discussant:* Juergen Margraf

An Examination of the Psychological Processes Involved in the Development and Maintenance of Binge Eating  
*Chair:* Ann Haynos  
*Discussant:* Marian Tanofsky-Kraff

A Report on the Effects of Training and Implementation in the Community  
*Chair:* Cara Lewis  
*Discussant:* Kelly Koerner

Couples and Psychopathology: Beyond Relationship Distress  
*Chair:* Sara Boeding  
*Discussant:* Douglas Snyder

The Utility of Incorporating Eye-Tracking Methods Into Autism Spectrum Disorder Research  
*Chair:* Ashley Johnson  
*Discussant:* Rebecca Neal

Weight, Eating, and Depression: Health Outcomes and Behavior Change Principles  
*Chair:* Aaron Blashill

Integrating Cognitive and Behavioral Factors to Understand Sleep in Those With Insomnia and Comorbid Disorders  
*Chair:* Kathryn Roecklein  
*Discussant:* Charles Morin

Culture and Cognition: Interplay in Explaining Risk and Identifying Culturally Sensitive Treatment Targets in Racially/Ethnically Diverse Young Adults  
*Chair:* Elizabeth Jeglic  
*Discussant:* B. Stanley

Principles of Neuro-Behavioral Change During Cognitive Training: Advancing Personalized Treatment by Validating Neural Mechanisms  
*Chair:* Rebecca Price  
*Discussant:* Jan Mohlman

Prevention and Early Intervention for Trauma Recovery: Implications for CBT Research and Practice  
*Chair:* Amit Bernstein  
*Discussant:* Patricia Resick
S35
Measurement Matters: Roadblocks and Innovations in the Assessment of Suicide
Chair: Courtney Bagge, Catherine Glenn
Discussant: David Jobes

S36
Emotion Regulation Flexibility and Psychopathology
Chair: Amelia Aldao
Discussant: Kim Gratz

S37
Behavioral Mechanisms of Change in Substance Abuse Treatment
Chair: Ashley Dennhardt, James Murphy
Discussant: Brian Borsari

S38
Helping Parents Help Their Children: Examining Parent Participatory Engagement in Child Mental Health Treatment
Chair: Rachel Haine-Schlagel
Discussant: Kimberly Hoagwood

S39
The LGB Minority Experience: The Form and Function of Minority Stress in the Lives of LGB Individuals
Chair: Justin Birnholz
Discussant: Christopher Martell

S40
Low Resources and High Stress: Meeting the Needs of Youth of Low Socio-Economic Backgrounds Through Innovative Evidence-Based Protocols
Chair: Antonio Polo
Discussant: Michael Southam-Gerow

S41
Toward an Improved Understanding of the Relationship Between Fatigue and Sleep: Targets for Behavior Change
Chair: Tae Hart
Discussant: Jason Ong

S42
Why People Ruminate: False Rewards and the Functions of Rumination
Chair: Vera Vine
Discussant: Susan Nolen-Hoeksema

S43
Fundamental Frequency as a New, Voice-Based Measure of Arousal in Intimate Personal Relationships
Chair: Tanja Zimmermann
Discussant: Donald Baucom

S44
A Next Generation of Molecular Genetics Research in Depression: Beyond Traditional Gene-Stress Interaction Models
Chair: Christopher Conway
Discussant: Constance Hammen

S45
Minority or Majority? Contextual and Cultural Influences in Health and Substance Use Risk Behaviors Among Ethnic and Sexual Minorities
Chair: Ty Lostutter
Discussant: Barbara McCrady

S46
Perceived Control as a Transdiagnostic Predictor of Vulnerability to and Recovery From Anxiety Disorders
Chair: Matthew Gallagher
Discussant: David Barlow

S47
Social Functioning Among Adolescents and Young Adults With ADHD
Chair: Stephen Becker
Discussant: Linda Pfiffner

S48
Beyond PTSD Symptoms: Improvements in Physical, Cognitive, and Social Functioning Following PTSD Treatment
Chair: Nina Rytwinski
Discussant: Gordon Asmundson

S49
Empirical Investigations of the Relationship Between Self-Objectification and Eating Pathology
Chair: Cortney Warren
Discussant: Janis Crowther

S50
New Directions in Human Fear Conditioning Research: Implications for the Etiology and Treatment of Anxiety Disorders
Dirk Hermans, Iris Engelhard, Thomas Armstrong

S51
Advances in the Diagnosis and Treatment of Generalized Anxiety Disorder
Chair: Thomas Armstrong
Discussant: Dirk Hermans

S52
Antecedent Variables and Mechanisms of Behavior Change in Youth Psychotherapy
Chair: Marc Karver
Discussant: Stephen Shirk

S53
The Role of Guilt and Shame in Suicide Risk
Chair: Craig Bryan, Kathryn Kanzler
Discussant: Candice Monson
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<td>Emphasizing the “Transdiagnostic”: New Research on the Unified Protocols for the Transdiagnostic Treatment of Emotional Disorders in Children, Adolescents and Adults</td>
<td>Patricia Resick</td>
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Obsessive-Compulsive Disorder: New Insights From the Laboratory for the Clinic
Chair: Richard McNally
Discussant: Sabine Wilhelm

Modifying Cognitive Biases: Emerging Data on Applications and Effects on Clinical Disorders
Chairs: Anu Asnaani, Alice Sawyer
Discussant: Rudi DeRaedt

Neurobiological Factors in the Pathogenesis of Anxiety and Depression
Chair: Alyson Zalta
Discussant: Michelle Craske

Resiliency Factors Predict Mental Health Outcomes in Lesbian, Gay, and Bisexual Populations: Identifying Targets for Cognitive and Behavioral Intervention
Chairs: Michael Newcomb, John Pachankis
Discussant: Steven Safren

Expanding the Reach of DBT
Chair: Dorian Hunter Reel

Sex Offender Treatment: Effectiveness, Mechanisms and Policy Implications
Chair: Elizabeth Jeglic
Discussant: Ida Dickie

But Why Is Paying Attention to the Present Moment Good for You? Neuro-Psycho-Behavioral Processes Underlying the Salutary Effects of Mindfulness
Chair: Amit Bernstein
Discussant: Susan Orsillo

Breaking the Sound Barrier: Exploring Effective Cognitive Behavioral Treatments for Childhood Selective Mutism
Chairs: Hayley Sacks, Priscilla Chan
Discussant: Steven Kurtz

Developing High Quality Remote Interventions for Youth
Chair: Erica Yuen
Discussant: James Herbert

Understanding Intimate Partner Violence: The Interplay of Research, Outreach, and Advocacy
Chair: J. Gayle Beck
Discussant: Ileana Arias

Overcoming Avoidance: A Basic Principle of Behavior Change
Chairs: Lynn Alden, Jennifer Trew
Discussant: Keith Dobson

Treatment of Adolescents With ADHD, From Planning Problems, Effective Treatments to Predictors of Treatment Attrition and Change
Chairs: Saskia van der Oord, Steven Evans

Understanding Anxiety-Related Change Processes in Treatment: Predictors and Mediators of Cognitive Behavioral Therapy
Chair: Jessica Bomyea
Discussant: David Moscovitch

Novel Approaches to Changing Eating Behavior in Pediatric Obesity
Chair: Cynthia Radnitz
Discussant: Linda Craighead

Promoting Evidence-Based Assessment in Usual Care: Promising Practices, Barriers to Uptake, and the Impact of Training
Chair: Aaron Lyon
Discussant: Eric Youngstrom

Acceptance-based Behavioral Therapy Compared to Applied Relaxation in the Treatment of Generalized Anxiety Disorder
Chair: Susan Orsillo
Discussant: David Barlow

Adjustments to Challenges in Military Couples: Reintegration and PTSD
Chair: Keith Renshaw
Discussant: Andrew Christensen

Is DBT Effective With Multiproblem Adolescents? Show Me the Data! An International Presentation of Three Randomized Trials Evaluating DBT With Adolescents
Chair: Alec Miller
Discussant: Jill Rathus

Repetitive Negative Thought: Innovative Approaches for Moving the Science Forward
Chair: Ayelet Ruscio
Discussant: Susan Nolen-Hoeksema

Best Bets in Gambling Research: New Directions in Identification, Etiology, and Prevention of Problematic Gambling
Chairs: Clayton Neighbors, Dawn Foster
Training in Suicide Risk Assessment and Intervention  
Chair: Megan Spokas  
Discussant: Gregory Brown

Integrating CBT Approaches for Depression and Anxiety Into Medical Settings  
Chair: Lisa Uebelacker  
Discussant: Abbie Beacham

Sexual Minority Men and HIV/AIDS: Investigating Contextual Factors to Identify Targets of Behavior Change  
Chair: David Pantalone

Cognitive Processing in Body Dysmorphic and Related Disorders  
Chairs: Jennifer Greenberg, Andrea Hartmann  
Discussant: Sabine Wilhelm

Depression Across Development: Psychosocial Risk Factors, Heterogeneous Courses, and Distal Outcomes  
Chair: Ilya Yaroslavsky  
Discussant: Joanne Davila

Emerging Evidence From Clinical Trials of Substance Dependent Women With Co-Occurring Disorders  
Chairs: Stephanie Gamble, Elizabeth Epstein  
Discussant: Barbara McCrady

Complicated Grief: Its Psychopathology and Treatment  
Chair: Richard McNally
Learned From the Field
Chair: Joshua Masse
Discussant: Cheryl McNeil

$113
The Combined Cognitive Bias Hypothesis in Depression: Towards a Comprehensive Understanding of Cognitive Vulnerability
Chairs: Ernst Koster, Jonas Everaert

$114
Novel Approaches to Training in Evidence-Based Treatments
Chair: Aubrey Edson
Discussant: Amanda Jensen-Doss

$115
Developmentally Informed Applications of Mindfulness, ACT, and DBT for Internalizing Disorders in Youth
Chairs: Caroline Kerns, Priscilla Chan
Discussant: Lisa Coyne

$116
Emotion Regulation in Psychopathology: What Works for Whom?
Chair: Moria Smoski
Discussant: Kim Gratz

$117
Intimate Partner Violence Perpetrators: Trauma, PTSD, and Trauma-Informed Therapy
Chair: Lorig Kachadourian
Discussant: K. Daniel O’Leary

$118
Informing Transdiagnostic Models of Psychopathology: Implications for Behavior Change
Chair: Zackary Adams
Discussant: Susan Nolen-Hoeksema

$119
Principles of Change in School-Based Mentoring and Coaching Interventions: New Findings and Implications From Five Randomized Controlled Studies
Chair: Samuel McQuillin
Discussant: Timothy Cavell

$120
A Novel Direction in Understanding OCD: Delayed Sleep Phase Disorder and Related Influences on OC Symptoms
Chair: Jessica Schubert
Discussant: Gail Steketee

$121
Advances in the Understanding and Treatment of Comorbid Mood, Anxiety, and Substance Use Disorders: Toward an Integrated Approach
Chair: Irena Milosevic
Discussant: Martin Antony

$122
Anxiety Disorders and Their Treatment Across Racial and Ethnic Groups: Similarities and Differences
Chair: Page Anderson
Discussant: Stefan Hofmann

$123
Recollective and Anticipatory Processes in Social Anxiety Disorder: Two Sides of the Same Coin? New Insights From Experimental and Clinical Studies
Chair: David Moscovitch

$124
An Evaluation of Current Trends in the Treatment of Eating Disorders and Obesity
Chair: Danae Drab-Hudson
Discussant: Janis Crowther

$125
Safety Behavior in CBT: Theory, Research, and Proposed Mechanisms
Chair: Hannah Levy
Discussant: Michael Telch

$126
Examining Principles of Mindfulness in Lab-based Settings: Promises for Guiding Intervention Research
Chair: Jonathan Lee
Discussant: David Fresco

$127
Nonsuicidal Self-Injury: Who and When?
Chair: Christopher Robertson
Discussant: Mitchell Prinstein

$128
A Closer Look at Coaching: New Developments in the Use of Live Therapist Feedback in Parent Child Interaction Therapy
Chair: Rhea Chase
Discussant: Cheryl McNeil

$129
Exploration of New Applications and Neurocognitive Mechanisms of Action of the Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
Chair: J. Kim Penberthy
Discussant: Christopher Gioia

$130
Developing and Testing Innovative Cognitive Modification Interventions for Youth
Chair: V. Robin Weersing
Discussant: Joel Sherrill
Attentional Biases Across the Emotional Disorders
Chair: Blair Wisco
Discussant: Meredith Coles

Innovative Behavioral Approaches to Weight Loss
Chair: Meghan Butryn
Discussant: Patrick O’Neil

Chair: John Richey
Discussant: Lynn Alden

From the Front Lines to the Home Front: Impact of Deployment on the Mental and Behavioral Health of OEF/OIF Military Personnel
Chair: Mandy Rabenhorst
Discussant: Matthew Jakupcak

Innovative Application of Common Element Methodologies for Steering Youth Mental Health Dissemination and Implementation Efforts in Public Sector Settings
Chair: Brad Nakamura
Discussant: Michael Southam-Gerow

Recent Advances in Peer Contagion Research: Novel Theories and Techniques for Studying Adolescent Psychopathology
Chair: Christopher Conway
Discussant: Joanne Davila

New Directions for Parent Training Interventions: Using Behavioral Principles to Guide Innovative Adaptations
Chair: Erika Coles
Discussant: Robert McMahon

Nonsuicidal Self-Injury Disorder and Borderline Personality Disorder: Emerging Evidence to Inform Diagnostic Clarification
Chair: Brianna Turner
Discussant: Jennifer Muehlenkamp

Towards a Better Understanding of Phenomenology, Assessment and Intervention for Compulsive Hoarding
Chair: Jennifer Park

Processing Emotional Information Across Time: Thinking About the Past and Future in Mood and Anxiety Disorders
Chair: Shari Steinman
Discussant: Richard McNally

Highlight
A Conversation Period With Dr. Aaron T. Beck and Dr. Judith Beck
Friday, 12:00 p.m.

Cognitive therapy has received extensive empirical support over the years and has accumulated a large body of research attesting to its efficacy for a range of psychiatric and medical problems. Aaron T. Beck, the founder of cognitive therapy, will discuss a range of topics regarding cognitive theory and therapy with his daughter and fellow psychotherapist, Dr. Judy Beck. Without powerpoints and without scripts, Drs. Beck will take their seats for an informal and interactive armchair conversation about the origins and future direction of cognitive therapy. In addition to soliciting questions from the audience, they will cover the evolution of the cognitive theory over the years as well as the latest applications, particularly in relation to Dr. Beck’s recent work with low-functioning schizophrenia. They will discuss the various research and the empirical evidence for the more recent modifications of cognitive therapy and cognitive behavior therapy, as well as the theoretical underpinnings for the generic cognitive model.
Preregister on-line at www.abct.org or, to pay by check, complete the registration form available in PDF format on the ABCT website. Participants are strongly urged to register by the preregistration deadline of October 10, 2012. Only those individuals who register by midnight, Wednesday, October 10, will be mailed the convention program book. All other attendees will receive their program book on-site.

To receive discounted member registration fees, members must renew for 2013 before completing their registration process.

**Preconvention Activities**
The preconvention activities will be held on Wednesday, November 14, and Thursday, November 15. All preconvention activities are designed to be intensive learning experiences. Preregister to ensure participation.

On-site registration for Wednesday and Thursday activities will be open Wednesday from 7:30 A.M. to 9:00 A.M. and Thursday from 7:30 A.M. to 1:00 P.M.

For sale on Wednesday will be the 2-day (Wed. and Thurs.) Clinical Intervention Training. For sale on Thursday will be the 1-day Clinical Intervention Training (Thurs.), the full-day Institutes, the 5-hour Institutes, and the 4-hour AMASS.

To register, please choose one format:

**Registering On-Line**
The quickest method is to register on-line at www.abct.org. Use this method for immediate feedback on which ticketed sessions you will be attending. To receive members’ discounted rates, your ABCT dues must be up to date. If your membership has lapsed, use this opportunity to renew. To get member rates at this conference, your ABCT dues must be paid through October 31, 2013. The ABCT member year is November 1 – October 31.

For those registering on-site, you may renew membership at the ABCT membership booth located in the ABCT registration area.

**Registering by Fax**
You may fax your completed registration form, along with credit card information and your signature, to (212) 647-1865. If you choose this method please DO NOT send a follow-up hard copy. This will likely cause double payment. For preregistration rates, please register BEFORE the deadline date of October 10.

**Registering by Mail**
All preregistrations that are paid by check must be mailed to ABCT, 305 Seventh Avenue, New York, NY 10001. For preregistration rates, forms must be postmarked by the deadline date: October 10. Forms postmarked starting October 24 will not be processed and will be mailed back to the sender. There will be no exceptions.

**Registration Dates**
For preregistration rates, please register before the deadline date of October 10. NO registrations will be accepted in any format from October 24 until November 15, when on-site will open in National Harbor. From October 11 through October 23, registration will be accepted at the on-site rates.

**Refund Policy**
Refund requests must be in writing. Refunds will be made only until the October 10 deadline, and a $40 handling fee will be deducted. Because of the many costs involved in organizing and producing the Convention, no refunds will be given after October 10.

**Confirmation**
ABCT will email confirmation shortly after you register. For on-line registration you will receive confirmation the next day. For fax and mail registration, please allow one week. If confirmation is not received, please email Tonya Childers at tchilders@abct.org detailing the date you registered and the fees you paid.

**Payment Policy**
All fees must be paid in U.S. currency on a U.S. bank. Any bank fees charged to the Association will be passed along to the attendee. Please make checks payable to ABCT.

**Hotel:**

Gaylord National Resort and Convention Center
201 Waterfront Street
National Harbor, MD 20745
(301) 965-2000

To reserve your room go to
http://www.abct.org/conv2012
and click HOTEL RESERVATIONS
Convetion 2012

Welcome to National Harbor!

Kathryn Kanzler, Jennifer Bodart, Matthew Sacks, and Leigh Johnson, Local Arrangements Committee

A
fter a 7-year hiatus, ABCT returns to the National Capitol Region for its 46th Annual Convention. Your visit to the D.C. area is sure to be memorable, coming on the heels of the 2012 presidential election. This article will provide you with some basic information about this year's convention activities and our unique location: the National Harbor area. We'll also give you a few tips on the many different local attractions.

Your visit will begin with the opportunity to stay at the stunning, world-class Gaylord National Resort and Convention Center, the largest combined hotel and convention center on the East Coast. The Gaylord Resort is situated on the beautiful Potomac River, within walking distance of numerous outstanding restaurants and a range of lively nightlife activities.

The weather in November is typically very mild, with an average high of 58 degrees (that's 14.4 degrees Celsius for our international ABCT members) and an average low of 36 (2.2 Celsius), perfect for walking around and seeing the local attractions. You'll be tempted to enjoy a riverside stroll along the Potomac shoreline, or to head over to the Marina where you can catch a quick water taxi to Old Town Alexandria, Virginia. This area is so rich in American history and heritage that the Potomac was nicknamed "The Nation's River." The information below will assist you with making the most of your visit during ABCT's 2012 conference. . . . Think of it as a "compass" to guide your way!

Getting to National Harbor and Your Hotel

First, you'll need to know how to get to the Conference location! Whether traveling by plane, metro train, bus, or automobile, getting there will be a breeze.

By Plane: Taxi Services

From Reagan National Airport (DCA) to Gaylord National. Approximate cost of a taxi from DCA to the hotel is $21. Alternatively, the Gaylord National offers an exclusive, express shuttle to and from DCA (operated by Super Shuttle). This convenient service departs every 20 minutes from Gaylord National's front door to DCA, and every 20 minutes from the DCA baggage claim. Reservations are recommended, but tickets also will be available from the Super Shuttle desk, located on the lower level of the airport, near baggage claim. The Daily Shuttle runs from 6:00 a.m. to 8:00 p.m. Ticket prices vary from $19 one way or $38 per person, round trip. If you would like exclusive van service, you can book in advance and pay $85. Shuttle reservation can be made by calling 1-800-660-8000.

From Dulles International Airport (IAD) or Baltimore/Washington Airport (BWI) to Gaylord National. The approximate cost of a taxi ride from IAD is $70 and from BWI is $83. However, the Super Shuttle is a deal from either of these locations at $43 per passenger or $125 for the exclusive service. Upon arrival at the airport, follow the signs for Ground Transportation to Super Shuttle. You can also call for reservations at 1-800-660-8000 (TDD Reservations: 866-472-4497).

By Metro Bus and Train

The National Harbor and the Gaylord National Hotel are connected to the Washington Metropolitan Area Transit Authority (WMATA), or Metro system, via a limited-stop bus route. The (NH1) National Harbor Line can connect you to and from the Branch Avenue Metro (Green Line) and Gaylord National Hotel. If you are traveling from DCA, you may take the metro train to the Branch Ave. stop (Yellow Line towards Mt. Vernon, transfer at L'Enfant Plaza to the Green Line/Branch Ave.). Please visit www.WMATA.org to access real-time schedules and directions with the helpful WMATA "trip planner."

By Car

Whether you rent a car or drive your own, it's easy to access Gaylord National by automobile. The hotel is 15 minutes due south of Washington, D.C.—just off the Capital Beltway (I-95/I-495)—making it an easy drive from the surrounding Maryland and Virginia areas as well.

Be advised that the brand-new National Harbor development may not register yet on some older GPS systems. If you are concerned about your GPS accurately displaying National Harbor, please use detailed driving directions available on the hotel website. The physical address is: Gaylord National Hotel and Convention Center, 201 Waterfront Street, National Harbor, MD 20745.

Parking. Parking at Gaylord National Resort is $22 per day for overnight self-parking and $32 per day for overnight valet parking. Guests with a handicapped placard or license plate may use designated handicapped valet parking places for the self-parking price.

Gaylord National Resort and Convention Center

Once you settle into your room, relax and explore this first-class destination. The Gaylord National includes fine dining and casual restaurants, unique shopping experiences, an indoor pool, and a 20,000-square-foot spa and fitness center. And for after-hours excitement, an express elevator speeds you to the two-story rooftop Pose Ultra Lounge (details below). The Gaylord National is the true cornerstone of the new, 300-acre National Harbor.

Things to Do at Gaylord National

Health and wellness. Visit the Relâche Spa, Fitness Center and Pool, a 20,000-square-foot facility that includes including saunas, steam rooms, a co-ed tea/relaxation lounge and a 24-hour state-of-the-art fitness center. Inside you'll find a Junior Olympic-sized, 24-meter lap pool, perfect for families and fitness! The 24-hour fitness center has the most sophisticated fitness equipment available, including cardio equipment outfitted with personal televisions. At the spa, make an appointment for the latest treatments and services, including massages, facials, body therapies, and hand and foot therapies; the salon can take care of your hair, makeup and nail needs. Just call (301) 965-4400 to schedule ahead of your arrival.

Dining and drinking. Enjoy a fine dining experience at Gaylord Hotels' signature, award-winning restaurant, Old Hickory Steakhouse, sure to bring an unrivaled culinary pedigree to your stay.

Casual diners will enjoy breakfast, lunch, or brunch at Pienza, buffet dining at its best. For evening relaxation, consider the
National Pastime Sports Bar and Grill. Hang out with your colleagues at this cutting-edge sports bar environment, outfitted with dozens of flat screens and a golf simulator. In need of postconference drinks and some light fare? Visit the Belvedere Lobby Bar, serving maki sushi rolls, edamame, Japanese beers, and inspired cocktails. For after-hours fun, visit Pose Ultralounge and Nightclub by riding the express elevators to the 18th floor. This unique two-story ultra lounge offers delicious drinks, DJ music mixes and breathtaking views of Virginia, Maryland, Washington, D.C., and the Potomac River. If you're in need of coffee or a snack in a hurry, pop into Java Coast, which offers fresh pastries, gourmet salads, sandwiches, and delectable desserts. You'll also find a fine selection of beer and wine.

Shopping. Inside the Gaylord National, you will find a surprising number of shopping options. Four boutiques offer everything from basic travel necessities and provisions to fashion apparel, gifts and fine jewelry.

National Harbor

Located on 300 acres of prime real estate along the scenic Potomac River in Prince George’s County, MD, National Harbor is the new gateway to the National Capital Region. Visit www.Nationalharbor.com for more details on this waterfront delight!

Things to Do at the National Harbor


Dining and drinking. Easily walk to more than 30 sumptuous dining options in the National Harbor. All palates will be pleased with a variety of cuisines, such as Thai, American, Mexican, seafood, and more! Whether you’re in the mood for morning java at Mayorga Coffee Roasters, smoothie refreshment from Nature’s Table, a sampling of wine at The Tasting Room, a tall pint at Harrington’s Pub and Kitchen, or handcrafted cocktails at the Public House, you’ll be covered!

Shopping. Find a remarkably diverse blend of more than 40 retailers, with something for every kind of shopper at the National Harbor.

Water taxis. A truly unique conference experience includes riding the 20- to 25-minute water taxi on the Potomac. Take a short cruise on the Lady Josephine and Commander Jacques, the National Harbor Water Taxis to Alexandria. Tickets cost $16 for an adult roundtrip ticket ($10 for children). While at Gaylord National, tickets may be purchased from the ticket booth located on the Gaylord National Pier. Click on www.potomacriverboatco.com or call (877) 511-2628. (Please note, although the website indicates water taxis stop running before our conference, just call for the latest schedule, including guaranteed service through December 2012.)

Other Nearby Attractions

Old Town Alexandria

Alexandria blends the charm of an extraordinary early American past with a modern flair, replete with excellent shopping and restaurants. The National Trust cited Alexandria’s famous Old Town as the third oldest locally designated historic district in the country. Come visit historic museums and attractions including must-see Fort Ward, and more than 30 sites on the National Register of Historic Places, including six historic districts that span from the 1700s to the 1930s, as well as six National Historic Landmarks. Alexandria is also home to a staggering 500 restaurants and watering holes. Just a short trip over the river, your time will be well-spend in this lovely location. Information on historic attractions, including address, hours and admission fees, can be found at the Alexandria Visitors Center at Ramsay House, and online at www.VisitAlexandriaVa.com.

The District

A short ride from the conference hotel (which provides daily shuttle service between 9:00 a.m. and 7:30 p.m.) is the National Mall where you can choose from a myriad of sites to visit, including the White House, the Capitol Building, the renowned Smithsonian museums (consider a trip to the National Air & Space Museum to see the Apollo 11 command module), the Lincoln Memorial, and many others. The cost of the shuttle from the hotel to Union Station/Old Post Office for adults is $13 one-way, $20 round trip, or $49 for a 3-day pass. Have little ones in tow? Children, ages 3 to 12, can ride one-way for $7; round trip for $10, or $23 for a 3-day pass. Children 3 years of age and under ride free.

For those of you interested in touring D.C. at night, the Gaylord National Resort offers a unique and exciting 3-hour tour (no, not like the one from Gilligan’s Island). The shuttle departs the hotel at 6:30 p.m. (Woodrow Wilson Bus Loop) with the actual tour beginning at 7:00 p.m. at the Old Post Office in D.C. and returning to the Gaylord at 10:30 p.m., with stops at the White House, United States Capitol, Lincoln Memorial, Vietnam Memorial, WWII Memorial, Jefferson Memorial, Korean Memorial (drive-by), Washington Monument, National Archives, Federal Reserve, FDR Memorial, Navy Memorial, National Gallery of Art, FBI, IRS, Kennedy Center, U.S. Senate and House Office Buildings, Lafayette Park, U.S. Holocaust Memorial. The cost is $49 for adults and $39 for children. For reservations call 301-965-2045 or visit the hotel Concierge Desk.

Saturday Night With ABCT: It’s the End of the World as We Know It

Don’t forget there is plenty of fun to be had at the conference. Most notable are the exciting events planned for Saturday night, 9:00 p.m. to 1:00 a.m. As you may know, the ancient Mayans predicted the end of the world would be December 2012 . . . so whether this is your first or fifteenth party, don’t miss your (last??) chance to dance the night away with ABCT colleagues and friends!

And new for this year, you could be one of the lucky ones to bring home some sweet swag. We will be having several raffles throughout the night giving away the hottest in empirically supported reading. You must be present—and preferably dancing—to win!

We look forward to seeing you soon at National Harbor!

Dance the night away . . .

Saturday, November 17, 2012, 9:00 p.m.
Advances in Psychotherapy
Evidence-Based Practice

Series Editor:
Danny Wedding
Associate Editors:
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Linda Carter Sobell, David A. Wolfe

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Amie E. Grills-Taquechel, Thomas H. Ollendick
Phobic and Anxiety Disorders
in Children and Adolescents

Compact, authoritative guidance to effective assessment and treatment of the most common psychological difficulties in children and adolescents — phobia and anxiety disorders.

This authoritative but compact text addresses the psychopathology, assessment, and treatment of the anxiety disorders and phobias in childhood and adolescence. These perplexing conditions are the most prevalent psychological difficulties in young people and result in considerable impairment and distress, not only to the child but also to her or his family. Effective treatments exist, but unfortunately many of these interventions are either not known to the practicing professionals or not used by them. This volume aims to address this gap and to present these interventions in a clear and straightforward manner.


Also available:

Peter Jaffe, David A. Wolfe, & Marcie Campbell
Growing Up with Domestic Violence

Intimate partner violence (IPV) can have a profound impact on the children — this book shows how to recognize these effects and provide effective clinical interventions and preventive measures.


Christine Wekerle, Alec L. Miller, David A. Wolfe, Carrie B. Spindel
Childhood Maltreatment

This book integrates results from the latest research showing the importance of early traumatization into a compact and practical guide for practitioners.


Order online at www.hogrefe.com or call toll-free (800) 228-3749 (US only)
AWARDS & RECOGNITION

Congratulations to ABCT’s 2012 Award Winners

Career/Lifetime Achievement

*Alan E. Kazdin, Ph.D., ABPP*
John M. Musser Professor of Psychology & Child Psychiatry, Department of Psychology
Yale University

Outstanding Contribution by an Individual for Educational/Training Activities

*Patricia A. Resick, Ph.D., ABPP*
Director, Women’s Health Sciences Division
National Center for PTSD, VA Boston Healthcare System and Professor, Boston University

Distinguished Friend to Behavior Therapy

*Michael Gelder, M.D., FRCPsych,*
University of Oxford, UK

Outstanding Mentor

*Mitchell J. Prinstein, Ph.D.*
University of North Carolina at Chapel Hill

Outstanding Service to ABCT
Honored for their hard work on the ABCT listserv development and maintenance:

*Laura E. Dreer, Ph.D., University of Alabama at Birmingham*

*Carl V. Indovina, Ph.D., Trinity Services, Inc.*

*Lynn McFarr, Ph.D., Harbor-UCLA Medical Center*

*Virginia A. Roswell Student Dissertation Award*  
Caroline Oppenheimer, M.A., University of Denver

*Leonard Krasner Student Dissertation Award*  
Johanna Thompson-Hollands, M.A., Boston University

*John R. Z. Abela Dissertation Award*  
Amanda S. Morrison, M.A., Temple University

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