

# *the* Behavior Therapist

## Contents

### President's Message

*Jonathan S. Abramowitz*

ABCT Responds to the NIMH Strategic Plan • 33

### Open Forum

*Cameo Stanick, Jerome Yoman, Kaitlin Gallo, Lindsay Trent,  
Michael E. J. Reding, Rachel Kim, Karen Guan, Brad Steinfeld*

Dancing With Ourselves? Reflections on Increasing  
Stakeholder Involvement in ABCT • 38

### Science Forum

*Katherine Schaumberg, Natalie Mota, Laura Dixon, Lauren  
Sippel, Michelle Jackson, Christine Vinci, Anna May,*

*Julie A. Schumacher, Scott F. Coffey*

The Paper Chase: Reflections on an Exercise in  
Collaborative Scientific Writing • 43

### Training Forum

*Todd B. Kashdan, Jennifer DiMauro, David Disabato,  
Johanna B. Folk, Sarah Carter, Fallon Goodman*

Creating Clinical Psychology Graduate Courses That  
Lead to Peer-Reviewed Publications: A Case Study • 47

### At ABCT

CLASSIFIED • 36

Minutes of the Annual Meeting of Members • 49

Call for Award Nominations • 53

Preparing to Submit an Abstract • 54

CALL for PAPERS: 49th Annual Convention • 55

### PRESIDENT'S MESSAGE

## ABCT Responds to the NIMH Strategic Plan Draft

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



THIS PAST NOVEMBER, the National Institute of Mental Health (NIMH) posted a draft of its latest strategic plan on its website inviting public comment “in the context of the current scientific landscape, as well as within the context of broader federal, for-profit, and not-for-profit stakeholder perspectives.” (As I write this in early January the draft is still available: [http://www.nimh.nih.gov/about/strategicplanningreports/Strategic\\_Plan\\_2015\\_public\\_comment\\_148461.pdf](http://www.nimh.nih.gov/about/strategicplanningreports/Strategic_Plan_2015_public_comment_148461.pdf).) Being that the NIMH is the principal distributor of mental health research funding in the U.S., as well as the agency that sets mental health policy, I examined the plan with great interest. After all, this document heralds the funding priorities of NIMH for the next several years, which in turn will determine the priorities of many mental health researchers who depend on federal funding to support their work. Not only is a lot at stake here for many members of ABCT who pursue federal research dollars, but since NIMH helps set the tone for mental health care in general, those of us in clinical practice and in training programs are also affected.

While a full summary of the 45-page document is beyond the scope of this column, I want to highlight some of what I agreed with in the draft plan, as well as parts that I did not feel satisfied with—and that many ABCT members

While a full summary of the 45-page document is beyond the scope of this column, I want to highlight some of what I agreed with in the draft plan, as well as parts that I did not feel satisfied with—and that many ABCT members

[continued on p. 35]

## the Behavior Therapist

Published by the Association for  
Behavioral and Cognitive Therapies

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

EDITOR . . . . . Brett Deacon

Editorial Assistant . . . . . Melissa Them

Access and Equity . . . . . Monnica Williams

Behavior Assessment . . . . . Matthew Tull

Book Reviews . . . . . C. Alix Timko

Clinical Forum . . . . . Kim Gratz

Clinical Dialogues . . . . . Brian P. Marx

Clinical Training Update . . . Steven E. Bruce

Institutional Settings . . . . . Dennis Combs

Lighter Side . . . . . Elizabeth Moore

Medical and Health Care  
Settings . . . . . Laura E. Dreer

News and Notes . . . . . Nicholas Forand

Nathaniel Herr

James W. Sturges

Shannon Wiltsey-Stirman

Professional  
and Legislative Issues . . . . . Susan Wenzel

Public Health Issues . . . . . Giau Tran

Research-Practice  
Links . . . . . David J. Hansen

Research-Training  
Links . . . . . Stephen Hupp

Science Forum . . . . . Jeffrey M. Lohr  
Michael Anestis

Special Interest  
Groups . . . . . Aleta Angelosante

Student Forum . . . . . David DiLillo  
Shannon Blakey

Technology Update . . . . . Steve Whiteside

ABCT President . . . . . Jonathan Abramowitz

Executive Director . . . . . Mary Jane Eimer

Director of Education &

Meeting Services . . . . . Mary Ellen Brown

Director of Communications David Teisler

Managing Editor . . . . . Stephanie Schwartz

Copyright © 2015 by the Association for Behavioral and Cognitive Therapies. All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.

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

ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

All items published in *the Behavior Therapist*, including advertisements, are for the information of our readers, and publication does not imply endorsement by the Association.

# graduate M Mentorship

## directory

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

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

## Join the ABCT Mentorship Directory

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

## INSTRUCTIONS for AUTHORS

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

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

**Submissions must be accompanied by a Copyright Transfer Form** (a form is printed on p. 35 of the February 2011 issue of *tBT*, or download a form from our website): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor, Brett Deacon, Ph.D., at [bdeacon@uow.edu.au](mailto:bdeacon@uow.edu.au). Please include the phrase ***tBT submission*** and the author's last name (e.g., ***tBT Submission - Smith et al.***) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

might also find disconcerting. The deadline for submitting comments and feedback to NIMH was December 11, 2014. Accordingly, in early December, I and Past President Dean McKay, along with representatives from the Society for the Science of Clinical Psychology (SSCP) and the American Psychological Society (APS), collaborated on a joint response that was endorsed by the ABCT Board of Directors and by the governance of several other like-minded organizations. Thus, I also want to take this opportunity to bring you up to speed on how this process transpired, what we communicated to the NIMH about their proposed strategic plan, and our hopes for moving forward.

### **What I Liked About the Plan**

#### ***Technology***

The plan states that NIMH aims to be both forward-looking and rigorous about emerging technologies as new approaches to diagnosis, prevention, and treatment of mental health problems are developed. I believe this is important given how technology has the potential to transform (a) the way patients interact with the mental health-care system, and (b) how we collect research data.

#### ***Citizen-Centered Science***

This novel term relates to building a culture of data sharing and crowd sourcing in mental health research, which the NIMH will aim to cultivate in the next decade. I agree that this approach holds promise for improving the efficiency of study recruitment and increasing the impact of clinical research. It's great to see that NIMH is thinking outside the box when it comes to this aspect of conducting research.

#### ***Diversity***

The strategic plan highlights the need for studies of diverse populations to address existing mental health disparities. I strongly agree that a continued emphasis on diversity is important. Research from this angle will improve our understanding of risk and resilience factors, predictors of prevention and treatment outcome, and access to and engagement in care. That said, in their plan, NIMH specifically identifies only sex, gender, race, and ethnicity as the basis for mental health disparities. I would like to see this list expanded to address the full range of communities that face health disparities or are underserved, including groups defined by socioeco-

nomic status, culture, language, geography, disability, sexual orientation, and gender identity.

### **What I Didn't Like About the Plan**

#### ***Diminished Role of Psychological Processes***

The most serious concern I have with the plan is that behavioral science and psychosocial factors seem to be deemphasized in favor of research on biological components of mental illnesses. For example, in their plan, the NIMH states that "Fundamental to our mission is the proposition that mental illnesses are brain disorders expressed as complex behavioral and cognitive syndromes." As an ABCT member, this statement is very disconcerting: NIMH essentially regards the cognitive and behavioral processes we study and treat as mere by-products (i.e., "expressions" or "outcomes") of brain disorders. Moreover, the document includes four strategic objectives for NIMH, the first of which is to "Define the biological basis of complex behaviors." It could not be any clearer where the funding priorities will lie according to this plan.

There is no denying that psychological and biological processes are both involved in the development of mental illnesses, probably in a reciprocal fashion. Indeed, cognitive and behavioral phenomena are implemented within biology—meaning that a brain and neurotransmitters are required in order to have a mental illness. Yet the reductionist tone of the strategic plan goes well beyond the research data. It assumes that biological research findings will eventually explain psychological functioning, and therefore studying genetics and neurophysiology is more important than research on cognitive and behavioral processes. This is a view with which I strongly disagree. Research on psychological factors (much of it by members of ABCT) has played a critical role in reducing morbidity and mortality associated with both physical and mental illnesses, transforming our understanding and treatment of a wide range of psychopathology and behavioral health problems. So, reduced support for psychosocial research by NIMH would likely stifle advances in these areas (and I found it no small irony that NIMH Strategic Objective #2 is to chart mental illness trajectories to determine when, where, and how to intervene, and #3 is to strive for prevention and cures).

### **Restrictions on Treatment Outcome Research**

The draft plan also speaks of further limiting funding for treatment outcome research by only supporting institute-solicited initiatives. This means that the days of investigator-initiated treatment outcome studies—including randomized controlled trials (RCTs) to evaluate and compare the efficacy of interventions—are numbered. RCTs, however, have led to enormous advances in our ability to successfully treat mental disorders with psychological interventions (that are often safer than medication, and often more cost-effective and acceptable to consumers). Thus, the proposed strategic plan stifles the development of novel cognitive, behavioral, and affective interventions, as well as research on the mechanism of effective treatments. Fortunately, congress has recently authorized the Patient-Centered Outcomes Research Institute (PCORI) that will be able to fund some clinical effectiveness studies. Yet this is not the same thing as making psychological intervention research a priority of an institute dedicated to the study of mental health.

### **A Coordinated Response**

Shortly after the draft plan was made available online, I was contacted by (then ABCT President) Dean McKay, SSCP President and President-Elect Bethany Teachman and Mitch Prinstein, and Dianne Chambless and Rob DeRubeis (members of both organizations), all of whom had similar difficulties as my own with parts of the strategic plan. We began discussing how to coordinate a joint response to NIMH to best convey the importance of psychological (i.e., cognitive, behavioral, psychosocial) research and the potential losses to the mental health field if there is a continued deemphasis of this area of study. We later included Alan Kraut, Executive Director of American Psychological Society (APS), who pledged support from his organization and offered his expert knowledge of how to best reach out to the leadership of NIMH in expressing our concerns.

What followed was a series of conference calls among our small group, as well as with various members of the NIMH Scientific Advisory Board (some of whom also shared our concerns) to help us craft our comment. We solicited from members of various listservs examples of psychological research (especially NIMH-funded work) that has had a major impact on the field so that we could point to the need for NIMH

to continue to prioritize such work. A highlight of this process was our teleconference with NIMH Director Thomas Insel and other Institute officials. This particular call seemed productive as Dr. Insel himself noted the importance of psychological research in advancing the field, and suggested that he would be in favor of modifying the wording of the strategic plan so as not to alienate psychological researchers. This call, as well as input from numerous other sources, helped us to craft our formal response to the plan, which we submitted on December 10 of last year.

In our comment (which was also posted to the ABCT listserv, along with an invitation to write to NIMH to independently endorse what we had submitted), we lauded the Institute for its desire to better understand the basis of mental illness, yet also expressed our deep concerns with the apparent focus on biological factors at the expense of psychosocial/behavioral factors. We pointed out that while the Strategic Plan includes a nod to environmental factors as they interact with biological ones, the overwhelming thrust appears to be biological. We also raised our concern with the restrictive approach to funding treatment research, eliminating funding for the sorts of investigator-initiated clinical trials that have led to enormous advances in our ability to successfully treat mental disorders with psychological interventions. Our response expressed the importance of NIMH fully supporting both biological and psychosocial/behavioral research to reduce the burden of mental illness, and pointed

out that increasing the (currently limited) focus on behavioral research in the plan (e.g., more explicitly supporting research on behavioral mechanisms and psychosocial interventions) would lead to the development of novel efficacious and effective approaches to identifying, preventing, and treating mental illness, and also advancing what we can learn from biological approaches. We cited numerous "success stories" of prior NIMH-funded research that have significantly advanced our knowledge of how to prevent and treat a wide range of psychopathology. Examples included research on dialectical behavior therapy for borderline personality, which provided an efficacious treatment for a condition previously considered treatment resistant; and research on cognitive deficits in schizophrenia, which led to the identification of specific neuroanatomical and functional abnormalities. Finally, we described the many steps being taken to disseminate and implement empirically supported psychological interventions—such as the Delaware Project (which NIMH has supported), which promotes training in dissemination and implementation—that are consistent with the NIMH strategic plan. Our aim here was to make the strong case that although psychological researchers and clinicians are well positioned to move the field forward in terms of identifying, preventing, and treating mental illness, this cannot occur without strong NIMH support of psychosocial/behavioral research.

It was extremely rewarding to have the backing of the following organizations, all of which rapidly approved affixing their names to the comment we submitted: Academy of Psychological Clinical Science, ABCT, APS, Council of University Directors of Clinical Programs, Society for Family Psychology (Division 43 of the American Psychological Association [APA]), Society for Psychotherapy Research, Society for Research in Psychopathology, SSCP, and the Society of Clinical Child and Adolescent Psychology (Division 53 of the APA). This highlights the diversity of psychological researchers and specializations that all value psychosocial research. I also want to express my appreciation to Dean, Mitch, Bethany, Dianne, Rob, and Alan for the opportunity to collaborate on this important endeavor; and thank everyone from ABCT who provided input via the listserv and independently endorsed our comment on the NIMH website. We view this process as a long-term endeavor to address the growing disparity in funding priorities at NIMH, and plans to maintain our efforts are under way. I look forward to reporting on the (hopefully encouraging) outcome of our work later this year.

...

**Correspondence to** Jonathan S. Abramowitz, Ph.D., University of North Carolina-Chapel Hill, Department of Psychology, Campus Box 3270, Chapel Hill, NC 27599-3270; jabramowitz@unc.edu

## CLASSIFIED

**ADVANCED POSTDOCTORAL FELLOWSHIP IN COGNITIVE THERAPY FOR SCHIZOPHRENIA.** We are offering an exciting opportunity for postdoctoral applicants in the Aaron T. Beck Psychopathology Research Center in the Perelman School of Medicine at the University of Pennsylvania. Specifically, our mission is to develop professionals who will become leaders in the field of psychological approaches to schizophrenia. Our program includes basic research in schizophrenia, clinical trials of innovative treatments for the disorder, and dissemination and implementation of these treatment protocols into community mental health centers and psychiatric hospitals. We have been recognized for our cutting edge work in this field.

Applicants who have earned a Ph.D., Psy.D., M.D. or equivalent in other disciplines and have had previous experience in applying cognitive therapy to the severely mentally ill are encouraged to apply. Bilingual candidates are especially encouraged to apply.

We would appreciate you passing along the word about our position. Here is the link to our Center website:  
<http://aaronbeckcenter.org>

Applicants should send a curriculum vita with a cover letter and two letters of recommendation via email to Aaron T. Beck, M.D., at [abeck@mail.med.upenn.edu](mailto:abeck@mail.med.upenn.edu).

*The University of Pennsylvania is an Equal Opportunity/Affirmative Action Employer.*

## ADVERTISING in tBT

Classified ads are only \$4.00 per line. For a price estimate, attach the text of your ad in the form of a Word document and email Stephanie Schwartz at [sschwartz@abct.org](mailto:sschwartz@abct.org). For information on display ads, deadlines, and rates, contact S. Schwartz at the email above or visit our website at [www.abct.org](http://www.abct.org) and click on ADVERTISE. Below are the 2015 deadlines:

ISSUE	DEADLINE
January	December 5
February	January 5
March	February 4
April	March 5
June	May 6
September	July 27
October	Sept. 7
Winter	November 5

# Advances in Psychotherapy

## Evidence-Based Practice

Book series developed and edited with the support of the Society of Clinical Psychology (APA Division 12)

See more titles at  
[www.hogrefe.com/  
series/apt](http://www.hogrefe.com/series/apt)

✓ Compact  
format

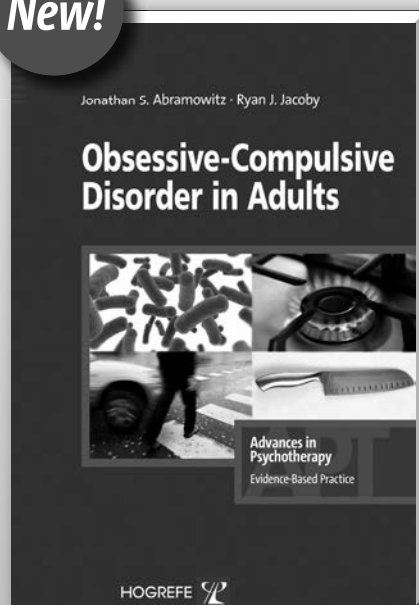
✓ Easy to  
read

✓ Reasonably  
priced

✓ Practice-  
oriented

✓ Expert  
authors

**New!**



Jonathan S. Abramowitz, Ryan J. Jacoby

### Obsessive-Compulsive Disorder in Adults

Volume 31  
2015, viii + 106 pp.  
ISBN 978-0-88937-411-9



Jonathan Abramowitz, PhD  
ABCT President 2014-2015



Ryan Jane Jacoby, MA

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

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

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

#### Praise for the Book:

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

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

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

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

Regular price per volume: US \$29.80

APA Division 12 and 42 members save US \$5.00 and pay only US \$24.80 per volume  
D12 and D42 members (Please provide membership # when ordering!)

Order online at [www.hogrefe.com](http://www.hogrefe.com) or call toll-free (800) 228-3749 (US only) (Use code tBT0115 when ordering)

HOGREFE



Hogrefe Publishing · 30 Amberwood Parkway · Ashland, OH 44805  
Tel: (800) 228 3749 · Fax: (419) 281 6883  
E-Mail: [customerservice@hogrefe.com](mailto:customerservice@hogrefe.com)

Advances in  
Psychotherapy  
Evidence-Based Practice

# Dancing With Ourselves? Reflections on Increasing Stakeholder Involvement in ABCT

Cameo Stanick, *University of Montana*

Jerome Yoman, *Life Skills Resource and Portland State University*

Kaitlin Gallo, *New York University Child Study Center*

Lindsay Trent, *University of Mississippi*

Michael E. J. Reding, Rachel Kim, Karen Guan, *UCLA*

Brad Steinfeld, *Group Health Cooperative, Seattle*

## Background

THE RESEARCH-TO-PRACTICE GAP in mental health has been well documented and is widely accepted as problematic (Addis, 2002). One defining issue in the literature on the research-to-practice gap is the need for better communication between researchers and stakeholders (Haines, Kuruvilla, & Borchert, 2004; Yoman, 2006). From this discussion, dissemination and implementation science has emerged (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Almost 20 years since the American Psychological Association's Division 12 task force recommended a focus on dissemination and implementation, rates of training and use of empirically validated treatments remain low in many settings (see McHugh & Barlow, 2010).

Acknowledgment of the research-practice gap in clinical psychology has been represented in recent ABCT convention themes (e.g., 2008: "Taking It to the Streets: Advancing the Dissemination of CBT"; 2011: "Dissemination for the 21st Century") and closing the gap has remained one of ABCT's major goals (DiGiuseppe, 2007). The Dissemination and Implementation Science Special Interest Group (DIS SIG) formed in 2008, by Dr. Brad Nakamura (first SIG leader) and Dr. Bruce Chorpita (first SIG advisor), out of a recognized need to assess and study efforts to bridge the science-practice gap, as well as increase efficiency and effectiveness in evidence-based practice (EBP) dissemination and implementation efforts. Since 2008, the DIS SIG has grown substantially. Currently, there are 159 members, 80 of whom are students, 59 who are academically affiliated members, and 20 stakeholders (indi-

viduals working in primarily applied settings), representing one of the largest SIGs, which also demonstrates the widespread interest in DIS efforts among ABCT members.

Since its inception, the DIS SIG has specified the need to engage stakeholders at a variety of levels in the SIG and ABCT in general. Stakeholder engagement is an important but underutilized method of successful EBP implementation. Indeed, the implementation of truly integrated stakeholder-focused methods, such as community-based participatory research (e.g., Green et al., 2003; Stacciarini, 2009), represents gold-standard, stakeholder-driven research designs, but due to limited funding cycles and logistical challenges, these designs remain elusive to many DIS researchers. In order to further target the DIS SIG mission to involve stakeholders in its membership, as well as ABCT at large, the Stakeholder Liaison Subcommittee (SLS) was formed in 2010 by the first author (Stanick). The SLS has been focused on increasing stakeholder involvement to advance a reciprocal learning process.

Along these lines, the DIS SIG has had 2 successful years of preconference events, with the most recent explicitly involving stakeholders in scheduled events. Our thinking on involving stakeholders was to answer questions regarding what we can do, as researchers, to understand the needs of existing systems—rather than to assume our training process and content meet them. When researchers form partnerships with stakeholders (e.g., Stirman and colleagues' ACCESS model; 2010), dissemination efforts can benefit from stakeholder insights throughout the entire process. The nature of dissemination infers directional-

ity—dissemination is an act that we *do* to others; whereas, truly collaborative work involves reciprocal communication, learning, and adjusting. This is analogous to the collaborative treatment planning process generally considered the standard of care with clinical clients.

## Barriers to Stakeholder Involvement

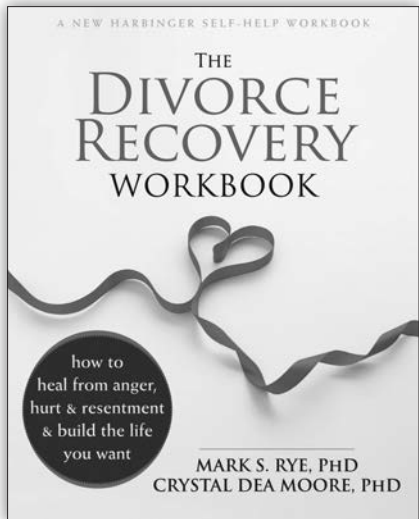
Despite acknowledging the importance of stakeholder engagement, actually doing so involves a number of barriers for professional organizations. For instance, low participation in the annual ABCT convention by nonacademic professionals has been identified as a problem by ABCT as well as within the pages of *the Behavior Therapist* (Yoman, 2006). These barriers are not unique to ABCT, or to the field of psychology, for that matter (medicine: Haines et al. WHO article, 2004; human resources: Short, Keefer, & Stone, 2006). Further, while preparing this article, the SLS contacted six national, professional mental health associations with foci similar to ABCT—all of which hold annual conferences/conventions. Only one association reported that they could access statistics on the professional characteristics of their membership and that nonacademics (individuals who do not identify as being associated with a university as a part of their primary professional role) represented less than 15% of their membership.

Integrating stakeholders into the pre-convention conference represents specific efforts on the part of the DIS SIG to bring the stakeholder voice to ABCT. Although ABCT is a professional association, a core aspect of the research-practice gap is in dissemination and the conference is a condensed opportunity for rapid dissemination efforts, as well as the reciprocal learning experience, referenced above. Indeed, without stakeholder attendance and membership, dissemination at the convention is largely redundant, given that individuals in academia already have mechanisms for communicating our work to one another (i.e., publication process, peer review). One apparent barrier to increasing stakeholder involvement in membership is the cost of membership and conference attendance. Although some associations have "affiliate" or "associate" membership options that may include somewhat reduced membership fees, this may be insufficient without some sort of outreach, and avenues for meaningful involvement to reinforce becoming and remaining a member (e.g., Yoman, 2006).

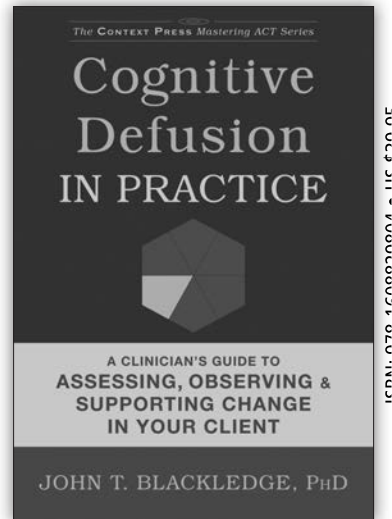


# Powerful New Books for Your Practice

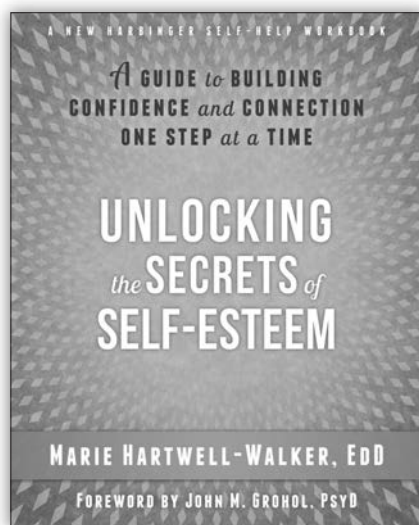
A compassionate,  
step-by-step guide to  
help heal from divorce



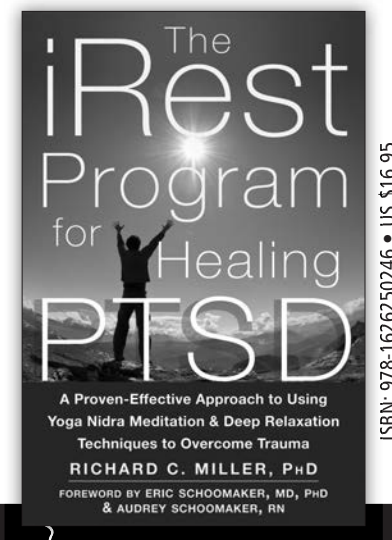
An accessible & practical  
resource for clinicians



A practical guide for  
building a strong sense  
of self-worth



A powerful, ten-step  
meditation-based program



Read an excerpt online at  
[newharbinger.com/iREST-program-healing-ptsd](http://newharbinger.com/iREST-program-healing-ptsd)

 newharbingerpublications

1-800-748-6273 / [newharbinger.com](http://newharbinger.com)



Sign-up for  
Quick Tips for Therapists  
at [newharbinger.com/quicktips](http://newharbinger.com/quicktips)

Ironically, DIS themes are prevalent across multiple professional associations, but bringing together real-world providers and researchers in order to enter into a mutually beneficial professional partnership clearly brings to light multiple barriers. Importantly, professional organizations specific to DIS have been better able to address the problem of low stakeholder involvement, though the associated conferences are smaller and specifically targeted at bringing together a diverse audience. For instance, the Global Implementation Conference specifically targeted practice groups in order to increase the available networking opportunities starting with the 2011 event. The Society for Implementation Research Collaboration (SIRC; formerly the Seattle Implementation Research Conference) not only incorporates stakeholders into a significant proportion of presentations, but it also includes a stakeholder "track" where conference attendees can organize their presentation attendance according to those where a stakeholder is a primary presenter. SIRC has also developed an Evidence-Based Champion task force to further target themes relevant to stakeholders and identify professional networks in order to increase stakeholder engagement. By capitalizing on practitioner perspectives and increasing their input in the knowledge generation process, we are much more likely to promote genuine involvement from stakeholders because they can assume an equal and valued role rather than feeling like mere "recipients" of clinical research dissemination. We have evidence that such involvement promotes learning in therapy clients and students—ABCT is an ideal venue to cultivate this type of true collaborative process, and the DIS SIG's recent efforts represent a step in this direction.

### **2013 Preconference and Stakeholder Panel**

In order to specifically address the barriers described above, the DIS SIG 2013 preconference theme was focused on policy changes (ACA) and integrating stakeholder voice in an active way. Specifically, SIG membership agreed that successful research on evidence-based practices and the dissemination and implementation process involves stakeholder input at every level—though stakeholders and researchers may have competing priorities. Indeed, researchers may enter a community, agency, or other setting with a specific agenda, which may be different than the

stakeholders involved there, including cultural differences surrounding the degree of evidence-based practice implementation. One of the best methods for bridging cultural differences is to work toward a common goal together, face-to-face. Thus, the DIS SIG invited a panel of individuals representing a variety of stakeholder roles to the 2013 preconference event. Specifically, three local stakeholders were approached and agreed to participate: Millie Sweeney, M.S., the Assistant Director for Programs for Tennessee Voices for Children; Michele Johnson, J.D., an attorney and Executive Director of the Tennessee Justice Center; and Ken Barton, B.A., a mental health advocate for the Tennessee Mental Health Consumers Association and a consumer of mental health services made up the diverse stakeholder panel.

In order to guide the discussion between stakeholder panelists and the SIG audience members, as well as given the theme of the annual convention ("Harnessing Synergy Among Multidisciplinary Sciences"), stakeholders were first provided information about the DIS SIG, ABCT, and the conference theme. Next, prior to the preconference event, the SLS solicited the SIG membership for their questions for the panelists and the questions received were organized by theme. Ultimately, six questions emerged to help to begin the dialogue between a primarily researcher audience and the stakeholder panelists:

1. How do you define evidence-based practices?
2. From your perspective, what do you see are the biggest barriers to evidence-based care?
3. In what ways do you anticipate the Affordable Care Act to help or hinder with those barriers?
4. What do you want dissemination and implementation researchers to know regarding identifying, engaging, and retaining stakeholders?
5. What suggestions/guidance do you have for dissemination and implementation scientists to overcome or circumvent barriers to evidence-based care?
6. How do we empower stakeholders to demand evidence-based practices and push forward the implementation science field?

In addition to the discussion elicited through these guiding questions, stakeholders were also provided data on a brief

qualitative survey that was administered to clients by SLS members. The survey asked clients to rank order statements according to what they believed was most important relative to their therapy experience. Items ranged from experiencing quality-of-life change, to the characteristics of the therapist, to assignment of therapy homework for everyday life. Panelists were asked about their perspectives on the outcomes of the survey data and if it was in line with their understanding of consumer preferences.

Panelists provided their perspectives on agreement or surprise related to the qualitative data findings, particularly in light of their experiences on the ground with individuals and families. In addition, they highlighted a number of barriers to evidence-based care, including lack of insurance or being underinsured, availability of resources, and costs. Along these lines, the panelists described the emergence of health-care policy change as a potential positive to addressing at least some of the barriers, and based on questions from the audience they added that only programs with demonstrable positive outcomes and sustainability and accessibility should be considered "evidence-based" and thereby supported by insurance programs. In terms of researcher-stakeholder partnerships, the emphasis was on forming alliances and making information available. For instance, if clients do not know what is evidence based, they will not know to demand it, or if the engagement strategies with stakeholders are too full of jargon and high scientific merit but little relatability, these will be barriers for implementation research. Finally, the panelists suggested starting with stakeholders themselves to formulate research questions and the science around them—that is, researchers should approach stakeholders to ask about what the agencies need help with and strive to fit the research to the questions at hand.

### **Recommendations/Discussion**

The guiding mission of the DIS SIG represents an area of growing interest in which we as a field have much to learn. However, we are the first to acknowledge the inherent difficulties of successful stakeholder integration and interdisciplinary collaboration (Addis, 2002). Our current communication method of disseminating the results of outcome research is not ideal. Though there have been some notable dissemination successes within the mental health field, as a discipline, we must branch out if



we intend to promote widespread changes that affect frontline clinical practice in which the majority of individuals are served (Addis, 2002). One example of positive, strong dissemination efforts is the implementation rollout of prolonged exposure (PE) in the Department of Veterans Affairs (VA; Eftekhari et al., 2013). In addition, the community-based participatory research model (CBPR) describes a methodology for effectively engaging stakeholders in a true research partnership (Christopher, Watts, Knows His Gun McCormick, & Young, 2008). Importantly, the dissemination and implementation of PE in the VA system describes a large, targeted effort with significant funding. In addition, CBPR is a relatively new methodology in the psychology field; it has been most successful in the social work and public health fields, while remaining relatively outside the purview of the primary funding bodies of psychological research such as the National Institutes of Health. CBPR approaches are inherently difficult to finance utilizing traditional grant funding mechanisms, due to the often long, nebulous process of relationship-building with stakeholders in communities/systems. Acknowledging these difficulties, and based on feedback garnered from the stakeholder panel and our work involving stakeholders, we offer practical suggestions for circumventing commonly encountered barriers to reaching mental health stakeholders at multiple levels.

Clinical psychology is certainly not the only field that is struggling with this issue and, due to the centrality of dissemination in its mission, we believe that ABCT could serve as a trailblazer in efforts to facilitate stakeholder integration (Rogers, 2004). Specifically, ABCT's recruitment of a Director of Outreach and Partnerships provides an opportunity for such leadership, and so did the 2014 conference theme, "Enhancing CBT by Drawing Strength From Multiple Disciplines Within the Social Sciences." These mechanisms extend the invitation for stakeholders to become involved, though it may also be helpful to expand our definition of nonresearch "stakeholders" (e.g., Aarons et al., 2009). For example, agency directors, program managers, county officials, administrative staff, clinical staff, and consumers could all be targets for increased involvement.

In addition to an appointed staff member and continued DIS conference themes, another recommendation is to develop a funding mechanism for pursuits



Feeling Good Institute presents

## Advanced CBT skills online training for therapists

Weekly consultation and training based on the work of Dr. David Burns

Receive support and guidance in advanced CBT anywhere you are with our weekly live online groups, lead by Master TEAM-CBT therapists, dedicated to supporting therapists in using advanced CBT tools.

Training and consultation are based on the work of Dr. David Burns known as TEAM-Therapy, also referred to as "CBT on Steroids".

We have many online training options to accommodate most schedules.

- Receive support and guidance in using advanced therapy tools and skills
- Training groups with fellow therapists provide a warm environment where you can learn and grow in your practice of advanced CBT.
- Connect with other therapists from around the country

"The online group training program has been the most productive clinical training of my career" David Bricker, PhD, NY, NY

**For registration and more information, go to  
feelinggoodinstitute.com  
or call (650) 468-6646**

of this nature. For example, ABCT could provide a more discounted membership and/or a convention fee waiver for stakeholders from nonprofit or community-based organizations. However, while getting various levels of mental health stakeholders in the door is necessary, it is not sufficient for changing the hearts and minds of these (often marginalized) individuals and organizations. Efforts must include rethinking the ways in which we talk to individuals who have long been made to feel like outsiders if/when they attend professional conferences (Levant, 2004). This will entail placing an emphasis on presenting research findings in a manner that is informative, persuasive, but nonconfrontational, as well as to engage in collaborative problem-solving rather than an approach that could be (and has often been) interpreted as throwing stones from our ivory tower (Young, Connolly, & Lohr, 2008). Research in the area of establishing effective partnerships suggests that encouraging input from participating agencies engenders a sense of partnership rather than competition. Along these lines, there is potential for a bidirectional process (e.g., Practice Research Networks; Yoman's State

of Practice Update) or other forms of collaboration between clinicians and researchers (Teachman et al., 2012); these types of initiatives could be promoted and highlighted at conferences. In sum, allowing stakeholders to help set the future research agenda could serve to pave the way for greater partnership in dissemination (e.g., Anderson, Lepper, & Ross, 1980; Rogers, 2003). In order to accomplish this feat, we suggest inviting local stakeholders in for consultation with dissemination and implementation scientists as part of a panel discussion in the larger conference or a clinical roundtable.

In addition, researchers must consider that problems with implementation are not always rooted in the unwillingness of clinicians to try. Practical use of the evidence base often requires creativity and problem solving based in both a thorough understanding of the theory guiding treatment as well as the culture of the delivery system (Addis, Wade, & Hatgis, 1999). Research to date has focused almost exclusively on changing the attitudes and/or practices of clinicians (Young et al., 2008), assuming that if clinicians learn and try evidence-based practices, patient outcomes will rein-

force their use (Addis, 2002). However, problems encountered during treatment may impede contact with positive outcomes. Basic learning principles state that unreinforced behaviors will not continue (i.e., Hull, 1930). Along these lines, as behaviorists, we know that we must offer incentive. This begs the question, What do stakeholders get from their involvement with ABCT? More important, what do they want? In order to answer this question we must establish ongoing relationships that allow reciprocal communication throughout the year prior to conference. Further, given that the conference changes location each year, it may be helpful to utilize technology to overcome accessibility barriers (distance, logistical issues, high conference fees, etc.). Implementation of the latter suggestion may also serve to motivate organizations to consider participating, provided a variety of membership options that are tailored to attendees' desired level of involvement and/or promote community participation by incentivizing attendance (i.e., practitioners who would not otherwise attend the convention).

## Summary

Engaged parties from both sides of the gap must build the bridge between research and practice. Doing so will require effort and creativity, but will also carry significant benefits to the advancement of behavior therapy. Chief among these is the critical quest in the decade ahead to improve the outcomes of dissemination and effectiveness studies (Brownson, Colditz, & Proctor, 2012). Collaborative relationships with stakeholders will build both our influence and our knowledge in this quest. We have much to learn. The DIS SIG is committed to being a proving ground for these efforts, though we are confident that greater stakeholder involvement from ABCT in general will put the association at the forefront of this paramount issue.

## References

Aarons, G., Wells, R., Zagursky, K., Fettes, D., & Palinkas, L. (2009). Implementing evidence-based practice in community mental health agencies: A multiple stakeholder analysis. *American Journal of Public Health, 99*, 2087-2095.

Addis, M. E. (2002). Methods for disseminating research products and increasing evidence-based practice: Promises, obstacles, and future directions. *Clinical Psychology: Science and Practice, 9*(4), 367-378.

Addis, M. E., Wade, W. A., & Hatgis, C. (1999). Barriers to dissemination of evidence-based practices: Addressing practitioners' concerns about manual-based psychotherapies. *Clinical Psychology: Science and Practice, 6*(4), 430-441.

Anderson, C. A., Lepper, M. R., & Ross, L. (1980). Perseverance of social theories: The role of explanation in the persistence of discredited information. *Journal of Personality and Social Psychology, 39*(6), 1037.

Brownson, R., C., Colditz, G. A., & Proctor, E. K. (2012). *Dissemination and implementation research in health: Translating science to practice*. New York: Oxford University Press.

Christopher, S., Watts, V., Knows His Gun McCormick, A., & Young, S. (2008). Building and maintaining trust in community-based participatory research partnership. *Journal of Public Health, 98*, 1398-1406.

DiGiuseppe, R. (2007). Behavioral principles and public policy: Dissemination in action. *the Behavior Therapist, 30*, 93-95.

Eftekhari, A., Ruzek, J., Crowley, J., Rosen, C., Greenbaum, M., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in veterans affairs. *JAMA Psychiatry, 70*, 949-955.

Green, L., George, M., Daniel, M., Frankish, C., Hebert, C. Bowie, W., et al. (2003). Guidelines for participatory research in health promotion. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 419-428). San Francisco: Jossey Bass.

Haines, A., Kuruvilla, S., & Borchert, M. (2004). Bridging the implementation gap between knowledge and action for health. *Bulletin of the World Health Organization, 82*, 724-731.

Hull, C. L. (1930). Simple trial and error learning: A study in psychological theory. *Psychological Review, 37*(3), 241.

Levant, R. F. (2004). The empirically validated treatments movement: A practitioner's perspective. *Clinical Psychology: Science and Practice, 11*(2), 219-224.

McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *American Psychologist, 65*, 73-84.

Short, D., Keefer, J. M., & Stone, S. J. (2006). The link between research and practice: Experiences of different professions and implications for HRD. *Advances in Developing Human Resources, 11*, 420-437. doi: 10.1177/1523422309343278

Rogers, E. M. (2003). *Diffusion of Innovations*. New York: Free Press.

Rogers, E. M. (2004). A prospective and retrospective look at the diffusion model. *Journal of Health Communication, 9*(S1), 13-19.

Stacciarini, J.-M. R. (2009). A review of community-based participatory research: A promising approach to address depression among Latinos? *Issues in Mental Health Nursing, 30*, 751-757.

Stirman, S. W., Bhar, S., Spokas, M., Brown, G. K., Creed, T., Farabaugh, D., . . . Beck, A. T. (2010). Training and consultation in evidence-based psychosocial treatments in public mental health settings: The ACCESS model. *Professional Psychology: Research and Practice, 41*, 48-56.

Task Force on Dissemination of Psychological Procedures. (1995). Training in and dissemination of empirically-validated psychological treatments: Report and recommendations. *The Clinical Psychologist, 48*, 3-23.

Teachman, B., Drabick, D., Hershenberg, R., Vivian, D., Wolfe, B., & Goldfried, M. (2012). Bridging the gap between clinical research and clinical practice: Introduction to the special section. *Psychotherapy, 49*, 97-100.

Yoman, J. (2006). The state of practice update: New convention presentation format aims to bring together scientists and practitioners. *the Behavior Therapist, 29*, 202-204.

Young, J., Connolly, K., & Lohr, J. M. (2008). Fighting the good fight by hunting the dodo bird to extinction: ABCT's dissemination effort. *the Behavior Therapist, 31*, 97.

...

**Correspondence to** Cameo Stanick, Ph.D., Department of Psychology, University of Montana, 32 Campus Drive, Skaggs 143, Missoula, MT 59812; cameo.stanick@umontana.edu

## The Paper Chase: Reflections on an Exercise in Collaborative Scientific Writing

Katherine Schaumberg, Natalie Mota, Laura Dixon, Lauren Sippel, Michelle Jackson, Christine Vinci, Anna May, Julie A. Schumacher, Scott F. Coffey, *University of Mississippi Medical Center*

THE JOURNEY OF SCIENTIFIC WRITING, from the development of a novel and testable hypothesis to the dissemination of this information in a scientific journal, is often arduous and time-demanding. While 25% to 50% of studies may never be published, those that do make it to publication often do so only after a number of years (Ross, Moncanu, Lampropoulos, Tse, & Krumholz, 2013; Ross, Mulvey, Hines, Nissen, & Krumholz, 2009). This publication lag can be ascribed to many issues, such as editorial deadlines, revisions, resubmissions, and frequency of journal

publication (Nosek & Bar-Anan, 2012). Accordingly, some advances have been made to address these issues, as many journals are improving the efficiency of the peer review process and posting articles online soon after acceptance. These solutions address the lag between submission and publication; yet, one integral stage at which researchers often find that manuscripts stagnate is in the scientific writing process.

The writing process may stall for a number of reasons. First, academic writers often serve in multiple personal and pro-

fessional roles (e.g., teacher, parent, clinician, spouse, mentor), which may compromise or interfere with their manuscript-writing time. In addition, writing may be deprioritized in light of other nonnegotiable deadlines or as other newer, seemingly more intriguing and novel studies arise. In addition, the “gauntlet” of peer review may seem daunting, and writers may be wary of criticism. Fear of negative evaluation can then slow or even stop the progress of otherwise noteworthy scientific writing. Furthermore, detail-oriented writers who otherwise thrive in an academic environment could become mired by their own high personal standards. Finally, the process of collaborative writing, while it can improve the quality of written work, can also slow progress as a draft of a manuscript can easily spend several months in one author’s inbox or another author’s to-do list.

Although there are many possible remedies for improving the pace of scientific writing (e.g., tighter deadlines, attempting to prioritize older projects), the recent cohort (2013–2014) of predoctoral



### Become an ABPP Board Certified Specialist in Cognitive and Behavioral Psychology

**Why?** The practice of psychology has become increasingly complex and competitive. Certification by ABPP demonstrates that psychologists have met the standards and possess the competencies required in their specialty.

#### Board Certification Has Considerable Value and Is Becoming More and More of an Expectation in Our Profession:

- ABPP listing enhances practitioner credibility for clients and patients
- Distinguishes you from other psychologists in the job market
- Potential salary benefits by the VA, hospitals, and other agencies
- Enhances qualifications as an expert witness
- Facilitates inter-jurisdictional licensing and practice mobility
- Streamlines the credentialing process for licensing boards, insurance companies, and medical staff

**Three Steps:** (1) Review of education and training; (2) Submission of a practice sample; and (3) Collegial, in-vivo examination. **Please note that a consulting process is available for all candidates.**

**Specific requirements and online application:** <http://www.abpp.org/i4a/pages/index.cfm?pageID=3299>

**Early Entry Application:** Start Early! Application fee is discounted from \$125 to \$25 for graduate students, interns, and residents: <http://www.abpp.org/i4a/pages/index.cfm?pageID=3299>

**Senior Option:** With 15 years of postdoctoral experience in cognitive and behavioral psychology there is flexibility in the requirement for a practice sample: <http://www.abpp.org/i4a/pages/index.cfm?pageID=3299>

**When are Exams Conducted?** Exams are conducted in different places, but are typically done at the APA and ABCT annual conferences. This year exams will also be conducted at the ABPP conference in San Diego in early May of 2015.

clinical psychology interns at the University of Mississippi Medical Center/ G.V. (Sonny) Montgomery Veteran Affairs Medical Center took a unique approach to efficient collaborative writing. This project, henceforth referred to as a Paper Chase, was a proof-of-concept endeavor. Together, the 12 interns split into two teams of 6 individuals, set the groundwork for the manuscripts, and then produced two unique scientific manuscripts over the course of a 24-hour period. Both manuscripts are now accepted for publication (Schaumberg et al., in press; Sippel et al., in press). The following discussion includes logistical issues, learning processes, and practical considerations that arose during this exercise in writing. Moreover, the narrative aims to provide recommendations for students, interns, and postdoctoral fellows who wish to engage in similar writing exercises.

### The Preparation

In order to accomplish such an endeavor, several weeks of preparation are required, which include development of a theory-driven research idea and logistical coordination of the writing exercise. In the initial Paper Chase, we presented the collaborative writing idea to faculty members

and identified a date that worked for all of the writers. With approval for the concept, we then approached the internship faculty to request data for secondary analysis. Two faculty members agreed to provide access to data for hypothesis testing that came from a randomized-controlled treatment design, containing multiple self-report and interview measures given at baseline (R01AA016816, PI: S. Coffey). At this point, the teams developed and discussed potential research questions. Upon reaching an agreement for a project, each team then conducted a brief literature review in order to confirm the contributory nature of their proposed study, formed empirically and theoretically driven hypotheses, and subsequently ran preliminary data analyses to ensure that both papers would be innovative, unique, and feasible. Research ideas were discussed as a team prior to the occurrence of Paper Chase day, and no analyses were run until the team agreed that the investigation could provide a reasonable contribution to the literature. Ultimately, each team only pursued a single research idea to the point of analysis. Preliminary findings were then presented to the two faculty members providing the data, and these individuals subsequently approved the writing to proceed. On the day of our Paper Chase, both teams began working on

the manuscript in the morning, with the expectation that the manuscripts would be completely written, formatted for a specific journal, and submitted to the faculty supervisors and the other team within 24 hours.

### Recommendations and Considerations

Overall, we consider the Paper Chase experience to have been a success; however, the experience was not without issue. Some practical considerations are outlined in Table 1 and further detailed below.

First, one should expect the writing process to take between 15 and 18 hours using a Paper Chase method, depending on group members' familiarity with the relevant literature. We recommend setting a time line of at least 6 to 8 weeks prior to engaging in a Paper Chase. Logistical issues to consider prior to writing include scheduling a date when all writers are available, developing a research idea or identifying a project in the early stages of data analysis or manuscript preparation, conducting a literature search and formulating hypotheses, obtaining approval from faculty or collaborators (if necessary), conducting preliminary analyses, and identifying writing locations and other necessities.

Second, an important consideration is the order of authorship. Traditionally in manuscript writing, the first author will take the bulk of responsibility, with additional authors making increasingly smaller contributions. In a Paper Chase, all authors are essentially equal contributors with regard to time and effort. Thus, authorship determinations may be less clear-cut than is ideal. In our initial Paper Chase, the two teams took different approaches in deciding authorship. One team chose the first three authors very early in the writing process, based on knowledge of the topic, role in formulating the research question, and work on the initial statistics. The remaining team members' authorship positions were determined later based on their workload. The other team determined authorship a few hours into the process based on similar principles (e.g., familiarity with the scientific literature of interest, relevance of the topic to authors' programs of research, relevant statistical expertise); however, deciding authorship at this later time point presented a challenge, as all members had, at that point, already invested a significant amount of effort towards the project. As a result, we recommend making clear and up-front decisions about authorship prior to such an

*Table 1.* The Do's and Don'ts of Paper Chasing

Do	Don't
<ul style="list-style-type: none"> <li>Choose a dataset, conceptualize a research question, and run preliminary analyses to assess feasibility prior to Paper Chase.</li> <li>Obtain support from senior faculty.</li> <li>Decide upon authorship or process of selecting order of authorship beforehand.</li> <li>Divide the paper into sections among team members according to area(s) of expertise.</li> <li>Maintain an open-minded stance throughout the process – learn new/alternative ways of approaching the same problem, respect your teammates, and compromise.</li> <li>Write for a specific journal that has been previously decided upon by all team members.</li> </ul>	<ul style="list-style-type: none"> <li>Write any part of the paper until the day of the Paper Chase.</li> <li>Ignore input from supporting faculty or mentors with regard to the quality of the proposed study.</li> <li>Leave early or reduce effort if you are lower on the authorship list — just do another Paper Chase at a later date and switch up the author order!</li> <li>Submit the paper without each team member having read all sections for flow and stylistic continuity.</li> <li>Write your section(s) away from your team members for the entire Paper Chase — the point is collaboration, group learning, and the creation of a memorable experience.</li> <li>Conduct such a specific study that it is only a good fit for a select few specialty journals.</li> </ul>

endeavor. In subsequent Paper Chase endeavors, initial authorship decisions were made and no authorship issues arose.

A third important consideration is that our Paper Chase experience included organizational support of the internship faculty. Ultimately, the faculty supported the Paper Chase, as it was a way for the intern cohort to collaborate in experiential learning and produce scholarly work with minimal interruption to internship duties. For other trainees interested in completing a Paper Chase, we recommend approaching faculty or relevant supervisors early in the process and keeping them well informed of progress on the project.

Fourth, all authors were invested in the experience, and the Paper Chase was completely voluntary. It is likely that this project would not have been successful if the experience served as a requirement of the training program, and we encourage groups who wish to complete a Paper Chase to maintain this voluntary aspect. In addition, strong preexisting relationships between team members were essential for the success of the exercise, as there was a vast amount of reconsideration and editing of ideas throughout the 24 hours. Given that the period was uninterrupted, it was

also important for the teams to recognize “stuck points” and to utilize problem solving to work through these difficulties.

Although there were unique elements associated with the initial Paper Chase, we believe that such a strategy could be implemented in a variety of circumstances. Indeed, the Paper Chase methodology has subsequently been adapted to other contexts. For instance, a second Paper Chase was completed by a number of the Mississippi Consortium interns at a later date; this Paper Chase aimed to bring to fruition a research idea developed by a resident who wished to obtain complementary expertise in order to produce a stronger paper. In addition, this method of writing was recently introduced to a laboratory in a graduate program, wherein graduate students utilized the approach to complete an already-developed manuscript idea. In these instances, ideas were not conceptualized specifically for a Paper Chase; rather, the Paper Chase method was used as a way to decrease time to publication on “in prep” manuscripts and to enhance the quality of these manuscripts through increasing engagement from all collaborators. In all cases, analyses were completed

prior to the day, with collaborative writing occurring on the Paper Chase day.

Regardless of the method, we believe that the spirit of synchronous collaborative writing is the most important element of a Paper Chase, and other logistical issues may be improvised. For example, the writing time could be divided across time (perhaps two 12-hour sessions rather than one 24-hour writing block) to accommodate writers’ schedules. Alternatively, while we believe having all members of the team involved with the Paper Chase during the same period of time was integral to its success, a Paper Chase may also be effective with smaller groups or groups working remotely via Skype or other web-video technology.

### **The Collaborative Learning Process**

Recently, there has been an interest in collaborative writing in other scientific fields, particularly how experience in collaborative writing can improve graduate students’ longer-term academic careers. For example, Walker (2013) explained how a network of graduate students interested in biodiversity formed teams to complete research projects, largely on preexisting datasets. All students in these groups serve



## **INSTITUTE *for* BEHAVIOR THERAPY**

New York City

### ***Celebrating Its 43rd Anniversary***

**Steven T. Fishman, Ph.D., ABPP | Barry S. Lubetkin, Ph.D., ABPP**  
***Directors and Founders***

Since 1971, our professional staff has treated over 30,000 patients with compassionate, empirically-based CBT. Our specialty programs include: OCD, Social Anxiety Disorder, Panic Disorder, Depression, Phobias, Personality Disorders, and ADHD-Linked Disorders, and Child/Adolescent/Parenting Problems.

Our externs, interns, post-doctoral fellows and staff are from many of the area’s most prestigious universities specializing in CBT, including: Columbia, Fordham, Hofstra, Rutgers, Stony Brook, St. John’s, and Yeshiva Universities.

Conveniently located in the heart of Manhattan just one block from Rockefeller Center. Fees are affordable, and a range of fees are offered.

***For referrals and/or information, please call: (212) 692-9288***

20 East 49th St., Second Floor, New York, NY 10017

e-mail: [info@ifbt.com](mailto:info@ifbt.com) | web: [www.ifbt.com](http://www.ifbt.com)



as coauthors on all papers that come out of this process, and students from different disciplines collaborate and share expertise. Such ventures promote the careers of these graduate students via productivity and experiential learning while also producing valuable scientific work.

Although the Paper Chase method was initially conceptualized as a project for improving speed to publication, the project also became an interesting experimental learning paradigm. Collaborative writing often occurs sequentially, such that one writer completes a portion of a manuscript and sends the manuscript to another writer who adds to and edits the version (Noël & Robert, 2004). For instance, a single author may complete most of the writing, and then other authors assist in minor roles or contribute to different parts of a manuscript (e.g., methods section; Noël & Robert). Synchronous writing, in which authors collaboratively write a part or parts of the manuscript, is uncommon.

In a Paper Chase, the writing experience is much more synchronous and dynamic than for a typical manuscript. Team members are able to have real-time discussions to troubleshoot, conceptualize the manuscript, and discuss interpretation of analytic approaches, the paper's organization, or the theoretical model. This small-group, real-time writing leads to a unique learning environment. For example, in our initial Paper Chase, both teams explored moderation as their primary statistical analysis. Teams were interested in utilizing Hayes' (2013) method of assessing moderation. Learning how to properly utilize and interpret this analytic approach would likely have taken one writer, working individually, a significant amount of time, and writers were able to learn more quickly when working together. For the introduction and discussion sections, team members with greater expertise in the topic area provided guidance with respect to focusing the literature review as well as unifying and contextualizing current findings within existing work. When one team member had difficulty, another would step in to assist in the execution or interpretation. Ultimately, this type of writing experience expanded team members' breadth of knowledge and led to fast-paced learning environment. Further, the collaborative nature encouraged the spirit of teamwork wherein one's strengths were identified and utilized to enhance the final product. Overall, variations on such synchronous writing methods may be useful for improving the experience of collaborative writing and

collaborative learning for graduate students, interns, and postdoctoral fellows.

### Faculty Perspective

*Provided by Scott F. Coffey and Julie A. Schumacher*

The entire faculty of the Mississippi Consortium was impressed by the initiative, teamwork, and scholarly acumen our interns demonstrated through successful completion of the Paper Chase. Thus, when our psychology interns discussed the Paper Chase with others at the ABCT meeting in 2013, we were surprised they received some negative comments suggesting the interns were sloppily throwing together a manuscript resulting in poor science. Of course, having read both Paper Chase manuscripts and having been involved in the process used prior to writing the manuscripts, nothing could be further from the truth. The process for writing these manuscripts was thoughtful and adhered to common scientific principles used to write any substantive manuscript submitted to the peer review process (e.g., Does the manuscript replicate important findings or extend the literature in some way? Is the analytic approach appropriate for the data? Are alternative interpretations of the results considered thoughtfully?). The difference with the Paper Chase was the focus the interns brought to the process and the collaborative approach to writing adopted by the interns. It is our hope other groups of highly motivated psychology graduate students, interns, or postdoctoral fellows attempt to replicate the success of the Paper Chase.

Moreover, as we reflect on what their experience teaches us as faculty, both about the value of experiential learning activities such as the Paper Chase, as well as the feasibility of these activities as a regular part of our curriculum, we cannot help but wonder whether their reflection that the success of the project hinged heavily on their preexisting positive working relationships and the voluntary nature of the exercise should be considered a forgone conclusion. As articulated throughout this reflection piece, the interns who devised and executed this experiential learning challenge identified tremendous opportunities to learn and hone skills that will be highly conducive to their future success as independent academic clinical psychologists. Although students often report dissatisfaction with required cooperative learning tasks, much of this dissatisfaction may result when activities are not struc-

tured to foster the positive interdependence experienced by our interns during the Paper Chase (Colbeck, Campbell, & Bjorklund, 2000). Given the many potential benefits of this activity for our trainees, whether or not a Paper Chase activity could be structured in such a way as to be successful even if it were both required and involved students with less developed personal and working relationships, would seem to be an important empirical question.

### Conclusions

Short bursts of collaboration are not ideal for all scientific writing. Nevertheless, there are a number of benefits to the Paper Chase method, and modified versions of this strategy can be used in a variety of situations to spur the writing process, facilitate learning, and enhance collaborative relationships across fields of interest. We encourage students, interns, and fellows to attempt similar exercises in collaborative writing at their own institutions, as we believe that this approach can be successful for a variety of projects, knowing that the frequency of projects that might be amenable to such collaborative writing efforts will vary between institutions and labs.

Upon reflection, we are satisfied with the manuscripts, the process, and the lessons learned; we gained self-efficacy in our ability to write quickly and effectively, using teamwork to prepare scholarly publications. We anticipate that continuing to engage in these methods for scientific writing in the future, whether in future Paper Chases or through aspects of the process applied to other writing situations, will assist us in sustaining our energy and commitment to scientific writing. Overall, we present this piece, including our experiences and suggestions for future collaborative writing efforts, in hopes that other scientists will incorporate such efforts into their training programs. We believe that increases in synchronous collaborative writing efforts like a Paper Chase can improve learning processes for young researchers and promote professional and scientific advancement.

### References

- Colbeck, C.L., Campbell, S.E., & Bjorklund, S.A. (2000). Grouping in the dark: What college students learn from group projects. *The Journal of Higher Education*, 71, 60-83. doi:10.2307/2649282

Hayes, A.F., (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.

Noël, S., & Robert, J. M. (2004). Empirical study on collaborative writing: What do co-authors do, use, and like? *Computer Supported Cooperative Work*, 13, 63-89. doi:10.1023/B:COU.0000014876.96003.be

Nosek, B.A., & Bar-Anan, Y. (2012). Scientific communication is changing and scientists should lead the way. *Psychological Inquiry*, 23, 308-314. doi:10.1080/1047840X.2012.717907

Ross, J. S., Mocanu, M., Lampropulos, J. F., Tse, T., & Krumholz, H. M. (2013). Time to publication among completed clinical

trials. *JAMA: Internal Medicine*, 173, 825-828. doi:10.1001/jamaintern-med.2013.136

Ross, J. S., Mulvey, G. K., Hines, E. M., Nissen, S. E., & Krumholz, H. M. (2009). Trial publication after registration in ClinicalTrials.gov: A cross-sectional analysis. *PLOS Medicine*, 6, e1000144. doi:10.1371/journal.pmed.1000144

Schaumburg, K., Vinci, C., Raiker, J.S., Mota, N., Jackson, M., Whalen, D., . . . Coffey, S.F. (in press). PTSD-related alcohol expectancies and impulsivity interact to predict alcohol use severity in a substance dependent sample with PTSD. *Addictive Behaviors*.

Sippel, L. M., Jones, R. E., Bordieri, M. J., Dixon, L. J., May, A. C., Malkin, M. L., . . .

Coffey, S. F. (in press). Interactive effects of anxiety sensitivity and difficulties in emotion regulation: An examination among individuals in residential substance use treatment with comorbid posttraumatic stress disorder. *Cognitive Therapy and Research*.

Walker, C. (2013). Collaboration: A problem shared. *Nature*, 499, 115-117. doi:10.1038/nj7456-115a

. . .

**Correspondence to** Katherine Schaumburg, Ph.D., Department of Psychology, Drexel University, 3141 Chestnut Street, Stratton Hall 119, Philadelphia, PA 19104; katherine@drexel.edu

## TRAINING FORUM

# Creating Clinical Psychology Graduate Courses that Lead to Peer-Reviewed Publications: A Case Study

Todd B. Kashdan, Jennifer DiMauro, David Disabato, Johanna B. Folk, Sarah Carter, Fallon Goodman, George Mason University

IN THE SPRING OF 2014, the first author of this paper taught History and Systems for the first time, a course requirement for a clinical psychology Ph.D. at George Mason University. The other authors were graduate students in this course. Instead of dictating the format of this course, we worked as a team to find a way to increase its value. There is substantial reading in History and Systems, and to supplement this, we wanted to create an assignment that would allow for a broad understanding of the history of subject matter in the field of psychology and critical thought about current trends, while simultaneously leading to a tangible product that would benefit the field. Over the course of discussions during the first month of the semester, by group consensus, we decided that an explicit goal of the course would be the creation of a single paper that offered a comprehensive historical analysis to help scientists and practitioners better understand a current issue in the field of clinical psychology. To meet this goal, the instructor would provide regular guidance to all of the students in the course as they worked on a product to be submitted to a peer-reviewed journal.

Before beginning the semester, the first author collected syllabi from graduate courses in History and Systems at six different universities along with the syllabus previously used at George Mason University. Six of seven syllabi required students to complete a term paper that accounted for 30% to 50% of the final course grade (the other relied on essay exams). Although each variant of History and Systems required students to write a comprehensive historical analysis of a construct, theory, or scientist/clinician of interest to them, only one of seven universities mentioned an explicit course goal of producing a publication-worthy product (Drexel University).

Graduate students have a finite amount of time in a typical week, with the focus being on developing the research skills to conduct high-quality, high-impact research, and the clinical skill, knowledge, and experience to adapt the most effective psychological treatments to particular clients. Since graduate students do not get

hired for their ability to articulate Marie Jahoda's theory of Ideal Mental Health,<sup>1</sup> History and Systems tends to be one of the most unpopular graduate (and undergraduate) courses. History and Systems might become even more burdensome to graduate students as the field continues to move from scientist-practitioner programs toward greater science-centered education and training in clinical science programs (Baker, McFall, & Shoham, 2008).

We wanted to share the lessons learned from this experiment in hopes that other professors will consider using as many graduate courses as possible as forums to train students in clinical science.

## What Worked

### 1. Flexibility and Autonomy Support

The initial syllabus required each student to complete their own separate review paper, similar to the majority of History and System classes. With a collaborative stance and a great deal of autonomy support, everyone worked together to come to a consensus on a new assignment. A great deal of time and effort went into this decision, making sure that students understood that each student had to make a substantial, individual contribution to the group project. It was also understood that if students wanted to end their effort on the group project at the end of the semester (if the manuscript was not yet submitted), they would not earn authorship on the ensuing publication, but rather receive mention in the acknowledgment section.

<sup>1</sup>Although they should know this theoretical model because it predates "positive psychology" by 40 years and several current, widely used measures are based on it and several current theoretical models use different terms to capture the same ideas.



## 2. Effective Exploration of Group Dynamics

Each student developed ideas for an individual project and then we systematically combed through the ideas to reach a group consensus on the best topic in terms of what would be useful for the field at large and what would be of interest to the majority of students. This was an iterative process that led to candid, emotionally charged discussions right before and through the beginning of classes, as well as online. These conversations were challenging, as any group collaborative effort introduces, evoking intense emotions and a wide range of adaptive and maladaptive reactions. Yet these exchanges offered excellent fodder when discussing different psychotherapy modalities and techniques, which ultimately helped the group produce a cohesive product.

### 3. Skill Building

Regular check-ins on the project, and the attitudes and emotions of students completing the project, were essential. The goal was not only to provide feedback on the content of the project and offer helpful hints on researching the literature, synthesizing the literature, and offering bold interpretations of the literature, but also to foster basic writing and collaboration skills. Notably, it was during check-ins that students developed basic clinical science skills. Many students said that one of the biggest skills they learned was frustration tolerance — after all, it is not easy for five novice scientists to work together for the first time to write a paper together in one semester. More broadly, the project taught students how history can be applied to the current science/literature, and helped them consider the practical implications of historical practices/analyses.

### 4. Relationship Enhancement

Instead of the traditional hierarchical professor-student relationship and treating one another simply as classmates or discussion partners, potential lifelong collaborations emerged. With a large number of decision-rules about the topic to choose, how to integrate different writing styles, how to cut out material that took people days of work, how to get unstuck, and how to arrive at a single conclusion when people possessed different perspectives, the students learned how to be candid and respectful towards one another. Despite the challenges of the process, everyone found the course to be enjoyable as a result of these new relationship dynamics.

## What Challenges Arose

### 1. Individual Differences

Students possess different personalities, interests, career ambitions, and collaborative styles. Every student wanted to make the best use of the course assignment in terms of their effort and developing research program. Thus, it was challenging to come to a consensus on what subject would be chosen because some students had little interest in the final topic. We used this challenge as an opportunity to discuss the importance of conducting research in your area (the hedgehog approach) but also the value of cross-pollination to become a creative thinker (the fox approach). Another challenge was varying intrinsic interest in the topic of the group project. This was handled by an acceptance of extrinsic interests (i.e., obtaining a high grade in the class, getting a few lines on the vitae) as equally valued as intrinsic interest. Our advice for future professors considering a similar group project is that it does not matter what students want to pursue for a career. If students want to be directly involved in scientific pursuits after graduating, this is the perfect use of course time. They will gain the experience and behavioral evidence of their skills on their vitae. If students are uninterested in a career that involves scientific pursuits, this kind of project might be even more important — the graduate program years will provide a firm foundation for the critical thinking skills necessary to adequately evaluate existing and future literature in search for new knowledge and best practices.

### 2. Collaboration Is Hard

Students also differ in their writing and research skills and, for some students, this group assignment represented their first manuscript being written up for publication or their first collaboration with someone other than their research advisor. We used this challenge as an opportunity to dissect how to be an excellent collaborator. This involved taking an inventory of people's strengths and weaknesses, finding the right task for the right person, but also pairing people up so that everyone's skills developed over the course of the semester. It was an ongoing struggle to find the most efficient use of time during weekly meetings, which sometimes felt as if we were spinning our wheels. In addition, students learned to be accountable to their collaborators and stick to tight deadlines, given the short length of a single academic semester. Also of great importance was the knowl-

edge that (a) the professor would be available for both emotional and instrumental support, and (b) the high difficulty of the task and the expectation of mistakes during the learning process were made explicit and repeated regularly. It is important to know that this project was done with a cohort that had been together for 2 years in the clinical psychology program. The process and outcome of this course might be less effective with a group that is not as knowledgeable about one another's personality styles as well as professional interests, strengths, and weaknesses.

### 3. Conversations About Authorship Credit

In this case, it was very easy to determine first authorship on the ensuing manuscript submitted for publication. One student emerged with a clear vision for the initial literature review and adopted a strong leadership role. We had an open conversation about authorship throughout the project and because of preexisting relationships (the first author taught a prior class with this same cohort), we were able to be candid, playful, and feel safe. Because most projects will not be publication-ready at the end of the semester, we strongly suggest that future professors convene with students about the next steps to be taken. Two of the students in the group opted out of the project after the semester ended because of one of the following reasons: (a) the topic was never an interest to them and they viewed any continuation as time away from more personally engaging pursuits, and (b) they believed the project required far too much work to be publication ready (with the assumption of at least one set of revisions in response to reviewer comments).

## The Final Result

The course officially ended on May 8, 2014. After working on the paper for 2 additional months, on July 7, 2014, we submitted the group project to the *Journal of Anxiety Disorders*. The paper was accepted without revisions. The first author made it clear to the students that this almost never happens and thus, they should cherish the moment for as long as possible. The paper is now in press, behavioral evidence that teaching students about psychology's past can be connected to the present in a compelling way that benefits the students and the field. The goal of graduate training in a clinical science program is the emergence of social scientists. Traditional approaches

to courses such as History and Systems focus on knowledge acquisition rather than scientific skill acquisition. Although knowledge can be gained through summer reading, the development of scientific skills is not as easily self-taught. We encourage other graduate school professors to consider rethinking their syllabi as a scientific course as much as anything else.

Here is the full citation to our article, an incredibly fulfilling collaboration:

DiMauro, J., Carter, S., Folk, J.B., & Kashdan, T.B. (2014). A historical review of trauma-related diagnoses to reconsider the heterogeneity of PTSD. *Journal of Anxiety Disorders*, 28, 774-786.

## Reference

Baker, T. B., McFall, R. M., & Shoham, V. (2008). Current status and future prospects of clinical psychology toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest*, 9(2), 67-103.

...

**Correspondence to** Todd B. Kashdan, Ph.D., George Mason University, Department of Psychology, MS 3F5, Fairfax, VA 22030; tkashdan@gmu.edu

49<sup>th</sup>

## ABCT Annual Convention

Improving  
Dissemination  
by Promoting  
Empirically  
Supported  
Principles  
of Psychopathology  
and Change



November 12-15, 2015

AT ABCT

## Minutes of the Annual Meeting of Members

*Saturday, November 22, 2014, Marriott, Philadelphia, Pennsylvania*

### Call to Order

President McKay welcomed members to the 48th Annual Meeting of Members. Notice of the meeting had been sent to all members in September.

### Minutes

Secretary-Treasurer Schmalting asked for any comments or corrections on the minutes from last year's meeting. M/S/U: The November 23, 2013, minutes were unanimously accepted as distributed.

### Expressions of Gratitude

President McKay thanked Stefan G. Hofmann, who is rotating off as Immediate Past President; along with James Herbert, Representative-at-Large, 2011-2014; Kamila S. White, 2011-2014 Academic and Professional Issues Coordinator; Shireen Rizvi, 2011-2014 Awards and Recognition Committee Chair; R. Trent Codd, III, 2011-2014 Self-Help Book Recommendations Committee Chair; Jonathan Grayson, 2011-2014 Membership Committee Chair; Kathryn A. Roeklein, 2011-2014, Special Interest Groups Committee Chair; Carmen McLean, 2011-2014 Web Editor; and L. Kevin Chapman, Program Chair.

President McKay commented, "We all know that to put together a program of this

size takes a lot of time and dedication. This year we had 228 members help review program submissions, whom we have to thank for the program in front of us today." The 2014 Program Committee was composed of: Amitai Abramovitch, Claire Adams, Abby Adler, Amelia Aldao, Lauren Alloy, Margaret Andover, Michael Anestis, Joye Anestis, Aleta Angelosante, Michael Arney Warren, David Atkins, Courtney Bagge, Abbie Beacham, J. Gayle Beck, Rinad Beidas, Kathryn Bell, Courtney Benjamin, Erin Berenz, Noah Berman, Andrew Bertagnolli, F. Michler Bishop, Jennifer Block-Lerner, Heidemarie Blumenthal, Christina Boisseau, James Boswell, Scott Braithwaite, Ana Bridges, Ruth Brown, Steven Bruce, Craig Bryan, Will Canu, Nicole Caporino, Matthew Capriotti, Cheryl Carmin, Mark Celio, Anil Chacko, Anna Ciao, Mari Clements, Rebecca Cobb, Daniela Colognori, Dennis Combs, Christine Conelea, Laren Conklin, James Cordova, Tara Cornelius, Colleen Cummings, Kristy Dalrymple, Eugene D'Angelo, Ellen Darling, Thompson Davis, Brett Deacon, Thilo Deckersbach, Patricia DiBartolo, Kimberly Dienes, David DiLillo, Linda Dimeff, Katherine Dixon-Gordon, Katy Dondanville, Amanda Doss, Brian Doss, Sheila Dowd, Randi Dublin, Rita Dykstra, Christopher Eckhardt, Thane Erickson,

Catherine Eubanks-Carter, Todd Farchione, Aaron Fisher, Julianne Flanagan, Nicholas Forand, Elisabeth Frazier, Dara Friedman-Wheeler, Patti Fritz, Matthew Gallagher, Richard Gallagher, Frank Gardner, Brandon Gaudiano, Barry Ginsberg, Jeffrey Goodie, Cameron Gordon, DeMond Grant, Kim Gratz, Paulo Graziano, Kelly Green, Amie Grills, John Guerry, Lindsay Ham, Shelby Harris, Trevor Hart, Sarah Hayes-Skelton, Aude Henin, James Herbert, Kathleen Herzig, Daniel Hoffman, Farrah Hughes, Matthew Jarrett, Ashley Johnson, Robert Johnson, Heather Jones, Adrienne Juarascio, Kathryn Kanzler, Heather Kapson, Courtney Keeton, Sarah Kertz, Elizabeth Kiel, Jacqueline Kloss, Laura Knouse, Nancy Kocovski, Magdalena Kulesza, Steven Kurtz, Jennifer Langhinrichsen-Rohling, Robert Leahy, Marie LePage, Matthew Lerner, Michael Levin, Crystal Lim, Noriel Lim, Richard Liu, Gabrielle Liverant, Patricia Long, Christopher Lootens, Aaron Lyon, Sally MacKain, Brittain Mahaffey, Maria Mancebo, David Markowitz, Michael McCloskey, Meghan McDevitt-Murphy, Lata McGinn, R. Kathryn McHugh, Alison McLeish, Daniel McNeil, Julia McQuade, Elizabeth Meadows, Jennifer Merrill, Terri Messman-Moore, Robert Meyers, Jamie Micco, Alec Miller, Damon Mitchell, John Mitchell, Nathanael Mitchell, James Murphy, Taryn Myers, Michael Nadorff, Brad Nakamura, Douglas Nangle, Lisa Napolitano, Lawrence Needleman, Laura Neely, Michelle Newman, Shana Nichols, Roisin O'Connor, Phyllis Ohr, Bunmi Olatunji, Jason Ong, Camilo Ortiz, Julie Owens, David Pantalone, Rebecca Pasillas, Laura Payne, Scott Perkins, Sandra Pimentel,

Jacqueline Pistorello, Donna Posluszny, Anthony Puliafico, Cynthia Ramirez, Carla Rash, Sheila Rauch, Madhavi Reddy, Simon Rego, Keith Renshaw, Alyssa Rheingold, Shireen Rizvi, Ronald Rogge, Kelly Rohan, Anthony Rosellini, David Rosmarin, Lorelei Rowe, Julie Ryan, Shannon Sauer-Zavala, Steven Sayers, Casey Schofield, Jill Scott, Edward Selby, Erin Sheets, Timothy Sisemore, Monica Skewes, Moria Smoski, Jennifer Snyder, William Spaulding, Susan Sprich, Eric Storch, Catherine Stroud, Maureen Sullivan, Mary Sullivan, Robyn Sysko, Raymond Tafrate, Jenny Taitz, Jeff Temple, Casey Trainor, Kimberli Treadwell, Katherine Tsai, Matthew Tull, Cynthia Turk, Lisa Uebelacker, Angela Utschig, David Valentiner, Kimberly Van Orden, Jason Vogler, Melanie Wadkins, Michael Walther, V. Robin Weersing, Jeremiah Weinstock, Lauren Weinstock, Risa Weisberg, Adam Weissman, Susan Wenze, Chad Wetterneck, Bradley White, Kamila White, Sarah Whitton, Monnica Williams, Jennifer Wolff, Erica Woodin, Michael Wydo, Michael Young, and Rene Zweig.

The Local Arrangements Committee did a great job setting things up and making us feel welcome. The President thanked chair Michael McCloskey, and members Alexander Puhalla, Alexander Hamilton, Anne Knorr, Brooke Ammerman, Deborah Drabick, Erika Crawford, Liza Rubenstein, and Stephanie Wilson.

## Appointments

President McKay announced the new appointments to ABCT Governance: Bradley Reimann, 2014-2017 Membership Committee Chair; Alyssa Ward, 2014-2017 Special Interest Groups Committee Chair; Shireen Rizvi, Ph.D., 2014-2017 Academic and Professional Issues Coordinator; Katherine J. W. Baucom, Ph.D., 2014-2017 Awards and Recognition Committee Chair; Carl Indovina, Psy.D., 2014-2017 Self-Help Book Recommendations Committee Chair; Michael McCloskey, Ph.D., 2014-2017 Dissemination of CBT and Evidence-Based Treatments Committee Chair; Brett Deacon, Ph.D., 2015 Program Committee Chair; Katharina Kircanski, Ph.D., 2015 Associate Program Chair; Kristene Doyle, Ph.D., 2014-2017 Web Editor; and Brian Chu, Ph.D., 2017-2020 C&BP Editor.

## Finance Committee Report

Karen Schmaling explained the Finance Committee's functions: protect the fiscal health of ABCT; track income, expenses, and projections; evaluate requests for special projects; review personnel recommendations; monitor investment portfolio management; ensure property maintenance of permanent headquarters; and serve as liaison to development activities.

She noted that the committee is comprised of Secretary-Treasurer Karen Schmaling and two hand-selected members, Mike Petronko and Ted Cooper, plus the President-Elect, Jon Abramowitz, and ABCT's Executive Director Mary Jane Eimer, as an *ex officio* member.

The Secretary-Treasurer reported that for fiscal 2014, the year just ended, we project a Gross Income of \$1,918,891, with Gross Expenses of \$1,875,949, giving ABCT a Net Income \$42,942. Of this income, 41% came from the Convention, 27% from Publications, 27% from Membership, with another 5% from other sources. These percentages fluctuate year to year, but remain fairly constant. The projected expenses for 2015 flow as follows: Convention at \$362,215; Publications at \$336,851; Membership at \$34,500, totaling \$1,940,886. We are projecting modest surplus for 2015. We tend to focus on our core revenues and benefit from prudent investment management.

Our Capital Expense Fund, which is currently at \$180,000, and our Special Project Funds, currently at \$109,132, provide us with money earmarked for projects outside the normal operating budgets. Within our endowments, we have \$51,597 in Named Awards and \$1,151,010 in Fund the Future, giving us a total of \$1,202,607. The Secretary-Treasurer noted that our investments are managed by Brian McGrath of Boenning and Scattergood, and Mr. McGrath's expertise is available to all ABCT members. Please see the September 2014 issue of the Behavior Therapist, available online ([www.abct.org](http://www.abct.org)), for more details.

The Secretary-Treasurer reported that ABCT is fiscally sound; we pass yearly independent audits; we follow accepted accounting principles; we are compliant with all state and federal regulations. Our budget is transparent; and staff time and task allocations are congruent with our stated goals. Lots of people have worked hard to get us here—kudos to all!

The Secretary-Treasurer also noted that the Development Committee is comprised of Jon Abramowitz, Ted Cooper, Denise Davis, Bob Klepac, Karen Schmaling, and Mary Jane Eimer, and has garnered \$7,000 this year, more than in any of the previous 10 years. She thanked the membership for their support and contributions.

## Coordinators Reports

### Academic and Professional Issues

Kamila White, the Coordinator of Academic and Professional Issues, thanked Mary Jane Eimer for her unending devotion and her help in working with the committees.

The Coordinator reported that the Committee on Research Facilitation established a pilot project for an award for graduate student research and received 21 applications. She reported that the Academic Training Committee, under Gabrielle Liverant, has standardized procedures for posting syllabi, course assignments, and demonstrations. The Mentorship Directory remains popular. She encouraged members who run a research labs to participate in the Mentorship Directory if they are not already doing so.

Shireen Rizvi, Chair of the Committee on Awards and Recognition, hosted the ABCT Awards Ceremony for the 2014 award recipients. Congratulations to Lauren Alloy and Lyn Abramson for Career/Lifetime Achievement Award, Carla Kmett Danielson for Mid-Career Innovator; Michael Petronko and Mary Jane Eimer for Outstanding Service to ABCT; Vikram Patel for Distinguished Friend to Behavior Therapy; Anahi Colorado, Virginia A. Roswell Student Dissertation Award; Mei Yi Ng, for John R. Z. Abela Student Dissertation, and Samantha Moshier, Leonard Krasner Student Dissertation Award; James Broussard, Joseph F. McGuire, and Anjana Muralidharan, our 2014 Elsie Ramos Award winners; Karen Guan, 2014 Student Travel Award, Michele Bechor, 2014 Student Travel Award Honorable Mention; and

Ryan Jacoby, 2014 Graduate Student Research Grant. We also acknowledged the ADAA Career Travel Award Winners: Juliana Negreiros, Suzanne Vrshek-Schallhorn, and Michael Wheaton.

The Committee on Affiliations and Education/Training Standards, under Ariel Lang, is exploring the need and support of developing a specialty training council.

The Committee on International Associates, under Tom Ollendick, notes that the 2016 World Congress is to be held in Melbourne, Australia, and 2019 in Berlin, Germany. ABCT has an international associates page on our website where relevant information and call for papers are listed on the site.

The Committee on Self-Help Book Recommendations, chaired by R. Trent Codd, presented two books to the Board and received for approval the following: *You and Your Anxious Child*, by Anne Marie Albano; and Michael Tompkins' *Anxiety and Avoidance: A Universal Treatment for Anxiety, Panic, and Fear*. These books will be added to our website listing of Self-Help Book Recommendations.

### **Convention and Continuing Education Issues**

Barbara Kamholz, filling in for Coordinator of Convention and Continuing Education Jeff Goodie, reported that we had 3,687 registrants as of Saturday. In Philadelphia, we offered attendees 9 institutes, 5 master clinician seminars, 12 workshops, and 17 mini-workshops. We are working to develop an evaluation mechanism for the minis. We are looking to try the Plus Consultations again. We also want to better understand how attendees reflect on the workshop material they encounter.

Dr. Kamholz praised the committees that do the work that creates the program: Lauren Weinstock, Institutes Committee Chair; David Atkins, AMASS Chair; Sarah Kertz, Master Clinician Seminar Chair; Barbara Kamholz, Workshops Chair, and, of course, Kevin Chapman, our Program Chair.

The CE Committee, headed by Jon Comer, has increased the number of webinars from 6 to 9, all of which are also available for viewing on our website as webcasts. Our website will list all upcoming webinars as speakers as their topics are confirmed.

And we are always thankful for the great work that Mary Ellen Brown, Director of Education and Meeting Services, does to put the pieces together. She will be sorely missed but we wish her much happiness when she begins her retirement.

### **Membership Issues**

David DiLillo, Membership Issues Coordinator, thanked Mary Jane Eimer for her constant help, and his board liaison, Representative-at-Large James Herbert.

Jon Grayson is rotating off as Membership Chair, and Bradley Riemann will be incoming Chair. They are looking to reach out more to Psy.D.s, master-level practitioners, and to professionals in forensics. ABCT has 4,795 members, an increase of 119 from last year.

The Student Membership Committee, chaired by Danielle Mack, implemented a new "buddy system" to promote greater understanding and participation in the convention and make it rewarding for student members.

The Clinical Directory and Referral Issues Committee continues working with the Central Office on the Find-a-CBT Therapist online directory to refine the website, which is the most frequently visited page on [www.abc.org](http://www.abc.org). The site is more user friendly and we just added "insurance taken" to the page to make it easier for the public to find therapists. The committee also plans to coordinate more with other mental health associations that specialize in chronic illness to expand our reach as a source for referrals.

Kathryn Rocklein headed the Special Interest Groups (SIGs), of which there are now 38 active SIGs. The SIG Expo on Friday evening was well represented by our SIGs and well attended. Alyssa Ward is the incoming SIG Chair.

ABCT's Facebook page has exploded with members and content, thanks to the guidance of the Social Networking and Media Committee, under Josh Magee. This committee has also increased Twitter postings and we now have an Instagram account. They are working closely with both the List Serve and Web committees.

Coordinator DiLillo noted that the List Serve Committee continues to do a good job monitoring the postings. We will be changing to a nonmoderated format shortly, and incoming Chair Patrick Kerr is developing procedures for this new format.

The Leadership and Elections Committee, under the leadership of Christopher Martell, is looking for nominations by the February 1 deadline. The 2015 Call for Nominations is on our website, in *tBT*, and on the back page of the addendum. So if you know a colleague you think would be good for governance, or you think you would be good, nominate, nominate, nominate!

And we are moving forward with a new Fellows membership category. Lots of details need to be worked out, but this development is exciting for our full members.

### **Publications Committee**

Anne Marie Albano, Publications Coordinator, said that our journals are strong: *BT* had a record 3.099 impact factor rating, and *C&BP* climbed to 1.470. Both journals also boast fast turn-around times. Brian Chu was elected editor of *C&BP*, with a term that officially begins in 2017. Our new editor at *tBT*, Brett Deacon, has started off strong with a fascinating discussion on prescription privileges, according many of the main players an opportunity to speak.

Carmen McLean and her Associate Editors are to be applauded for the fabulous job they did restructuring the website to make it friendlier and more inviting. Most important, they developed processes for keeping content fresh. Kristene Doyle begins her term as editor, and promises to continue on Dr. McLean's path while adding more content from untapped sources.

Susan White has added associate editors for the book series we're developing with Oxford University Press. Some topics and authors have been discussed, and staff is working with OUP to develop contract language.

Sandy Pimentel and the Public Education and Media Dissemination Committee are working on several interesting tasks, including developing videos for the website, handling media requests, and creating a speaker's bureau that will allow writers and producers to access a directory of our available experts by expertise or location.

Patty DiBartolo spearheaded a task force that examined proposals for publishing and distributing our journals when our contract with Elsevier expires. She worked with past Treasurer and past *tBT* Editor George Ronan, past President and past *BT* Editor Tom Ollendick, and Director of Communications David Teisler, and the group unanimously recommended that we continue our partnership with Elsevier. Mr. Teisler will work with Elsevier to finalize the contract and terms.

Tim Bruce is working on a number of fact sheets, including interesting ones on minority issues and effects of discrimination.

All in all, the Publications Committee is producing at high levels and in many arenas.

### **Executive Director's Report**

"Thank you all, you behavioral all-stars and tireless workers," is how the Executive Director opened her report. She recounted

the great work done on the strategic plan and the five main initiatives contained in the plan, which is still in development. These initiatives include: Membership Community and Value, Outreach, Dissemination, Funding, and Technology.

One of the great events has been hiring our first Director of Outreach and Partnerships, Tammy Schuler. She will help us open new doors.

We continue to get top marks in our operations, with our auditors giving us high marks in transparency; our by-laws are in compliance with New York State laws and IRS rules and we are addressing finer points raised in the 2013 Operations Report.

The Executive Director commented that she is excited about the upcoming 50th Anniversary, and delighted that Terry Wilson, Past President, has agreed to coordinate efforts and activities with President-Elect Michelle Craske and 2016 Program Chair Katharina Kircanski. Please remember that our 50th will be in NYC, where it all began, and our convention in 2016 will be in October, not November.

Ms. Eimer noted that she enjoys working with the great leaders on behalf of our membership, she can't do it alone. Manning the fort are Damaris Williams, our bookkeeper, and Stephanie Schwartz, our Managing Editor. Ms. Schwartz not only edits all our publications, she is responsible for the design of many of the products you see here: program book, convention web page, and so much more. She acknowledged the staff members present in Philadelphia: Lisa Yarde manages our membership database and integrates our many directories; Ms. Yarde is also the one who brought you this marvelous new convention app that is all the rage; Tonya Childers is running registration in what has been described as the smoothest convention yet; Barbara Mazzella, our newest staff member, is welcoming new members here and on the phone when you call. Mary Ellen Brown, my great friend and long-term colleague, is retiring after 39 years serving you. Tammy Schuler has found ways to bring her psychological expertise to bear at the staff level in the most meaningful ways. And David Teisler keeps the publications coming. As always, if you are in New York City, you are encouraged to stop by your professional home.

### President's Report

President McKay thanked the membership for their support during his year as

## Meet ABCT's Featured Therapist

Doreen M. DiDomenico, Ph.D.

*What do you think is the single most important thing CBT can do for your clients?*

"Empowerment! Probably the most debilitating aspect of most mental health issues is the feeling of helplessness and lack of control that individuals endure. I find that the beauty of CBT is giving people the ability to begin actively helping themselves. The self-esteem and mastery that this engenders cannot be underestimated in the recovery process."

CHECK OUT MORE IN-DEPTH INTERVIEWS AT:

<http://www.abct.org/Help/?m=mFindHelp&fa=ClinicianMonth>

president. He commented that it has been an honor to serve and that he is pleased by the accomplishments made by the leadership and association during his term of office. President McKay noted we are moving ahead with specifics for our strategic plan, we hired our first Director of Outreach and Partnerships, we addressed some of the finer governance recommendations from our Operations Review, and we are extending our reach and influence to allied organizations. He thanked the members of the Board and the Central Office staff for their commitment and leadership to ABCT.

### Transition of Officers

Keith Dobson is joining the Board as Representative-at-Large and liaison to Membership Issues; Michelle Craske is this year's President Elect. President McKay then introduced the incoming President, Jonathan Abramowitz.

### Incoming President's Report

The incoming president noted that the Association is fully compliant with Sarbanes-Oxley Act, the federal regulation governing associations and others, and it is also fully compliant with all New York State regulations governing associations. The State has been pushing for more trans-

parency, and, unsurprisingly, we deliver. ABCT is squeaky clean.

Dr. Abramowitz noted that it will be a pleasure to continue the governance work started earlier and being refined later. He noted that under President's McKay leadership, we appointed an ABCT Governance Task Force to address points raised from the 2013 Operations Review and we hired the services of Linda Ferm, of Ferm Strategies. Members of the task force included David DiLillo, David Haaga, Antonette Zeiss, Mary Jane Eimer, and Jon Abramowitz as chair. Their recommendations we presented and approved by the Board at their November meeting and will be added to the ABCT Policies and Procedures Manual.

Dr. Abramowitz asked if there were any questions. There being none, he informed the membership that he was looking forward to serving them over the coming year.

### Adjournment

President Abramowitz thanked Mary Jane Eimer for her tireless work and Mary Ellen Brown for her 39 years of service, and pronounced the meeting adjourned. ■

Questions? Contact Katherine Baucom, Ph.D., Chair: [awards.abct@gmail.com](mailto:awards.abct@gmail.com)

# Call *for Award Nominations . . .* Nominate **ON-LINE** [www.abct.org](http://www.abct.org)

- ◆ Career/Lifetime Achievement
- ◆ Outstanding Contribution by an Individual for Clinical Activities
- ◆ Outstanding Training Program
- ◆ Distinguished Friend to Behavior Therapy
- ◆ Outstanding Service to ABCT

## STUDENT AWARDS:

- ◆ President's New Researcher (*submission deadline: Aug. 3*)
- ◆ Virginia A. Roswell Student Dissertation
- ◆ Leonard Krasner Student Dissertation
- ◆ John R. Z. Abela Student Dissertation
- ◆ Elsie Ramos Memorial Student Poster Awards
- ◆ Student Travel Award

## Deadline: March 3, 2015

To access the full 2015 Call for Award Nominations, including full descriptions of awards, past award winners, deadlines, and links to the nomination applications, visit our Awards page:

 <http://www.abct.org>

[For Members](#) ↗

[Awards](#) ↗

# n o w

ABCT

## online

### Conference Submission Portal!

The submission portal is open! Deadline for submissions for the Chicago meeting is March 2. Visit [www.abct.org](http://www.abct.org) and click on the home-page link.

## in-press

### **A False Sense of Security: Safety Behaviors Erode Objective Speech Performance in Individuals With Social Anxiety Disorder**

"Further, the use of safety behaviors may erode perceived performance by creating an interpersonal barrier between the person who uses safety behaviors and his/her social partners, thereby preventing the type of interpersonal connection that is required for strong social performance across various tasks."

Rowa et al.

*Behavior Therapy*

doi: 10.1016/j.beth.2014.11.004

## archive

"Crises are opportunities."

—Todd Risley, "Do Good, Take Data." In O'Donohue et al. (Eds.), *A History of the Behavioral Therapies* (p. 272). Reno, Context Press

# Preparing to Submit an Abstract

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

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

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

- **Title:** Be succinct.

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

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

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

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

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

## Understanding the ABCT Convention

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

### GENERAL SESSIONS

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

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

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

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

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

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

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

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

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

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

### TICKETED EVENTS

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

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

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

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

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

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





# HICAGO

## 49th Annual Convention

November 12–15, 2015

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

ABCT

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

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

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

49th Annual  
Convention

Chicago

November  
12–15, 2015

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

*the Behavior Therapist*  
Association for Behavioral  
and Cognitive Therapies  
305 Seventh Avenue, 16th floor  
New York, NY 10001-6008  
212-647-1890 | [www.abct.org](http://www.abct.org)

ADDRESS SERVICE REQUESTED

PRSRT STD  
U.S. POSTAGE  
**PAID**  
Hanover, PA  
Permit No. 4

## *ABCT's Upcoming* **Webinars**

*February 26* Roz Shafran, Ph.D., **OCD/Perfectionism**

*March 13* Donna M. Sudak, M.D., **Supervision**

*April 23* Steven C. Hayes, Ph.D.,  
**Acceptance and Commitment Therapy**

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