

the Behavior Therapist

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President's Message

Behavioral Medicine: Looking Forward

Frank Andrasik, *University of West Florida*



We know from large-scale epidemiological investigations (such as the Epidemiologic Catchment Area, the National Comorbidity Survey and its Replication, and the World Health Organization World Mental Health Survey, to name just a few) that mood disorders, anxiety disorders, and substance-related disorders are highly prevalent and clearly warrant the ongoing attention of cognitive and behavioral clinicians and researchers. Such has been and rightly will continue to be a major focus of our members and the offerings at our annual conferences. In my last column (Andrasik, 2010), I endeavored to shine a light on some areas that I believe may warrant a renewed focus by members of ABCT. I singled out the general field of behavioral medicine, tracing its roots within our society and at large. This column takes yet another look at behavioral medicine, discussing more specific aspects I believe are worthy of further consideration and additional pursuit by our clinicians and researchers.

I begin by examining the 10 leading causes of death in the United States, Canada, and worldwide, drawing upon the most current available data. This information is summarized in Table 1, wherein all ages and both genders have been combined. In this Table, I have calculated the percentage each category represents of the total to facilitate cross-comparisons.

Several things most stand out: (a) in North America (U.S. and Canada) coronary heart disease and cancer account for the vast majority of deaths—indeed, these two conditions alone account for about one-half of all deaths; (b) world-

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ERRATA

For Volume 33, Issue 3

p. 45 (Table of Contents): The second author is missing from the Clinical Forum article entitled "Learning Theory Aspects of the Interpersonal Discrimination Exercise in Cognitive Behavioral Analysis System of Psychotherapy." The correct authors are Peter Neudeck, Dieter Schoepf, and J. Kim Penberthy.

p. 63: Walther et al. (2008). The correct publication year is 2009. The full reference is: Walther, H., Berger, M., & Schnell, K. (2009). Neuropsychotherapy: Conceptual, empirical and neuroethical issues. *European Archives of Psychiatry and Clinical Neuroscience*, 259(Suppl. 2), 173-182.

INSTRUCTIONS for AUTHORS

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

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

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

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{continued from p. 69}

wide, coronary heart disease remains the number one cause of death, and the Global Burden of Disease 2004 study (available from the World Health Organization) predicts this will remain so for the next 20 years, or through 2030; (c) every condition listed is linked to at least one health risk behavior, with the single behavior of smoking being associated with approximately one-half of the 10 leading causes of death.

The Global Burden of Disease 2004 report projects that smoking will account for about 10% of all deaths worldwide in 2030, increasing from a total number of deaths of 5.4 million in 2004 to about 8.3 million in 2030. This same report predicts the top 5 causes of death worldwide in 2030 will remain basically the same as they are now—coronary heart disease, cerebrovascular disease (stroke), chronic obstructive pulmonary disease, lower respiratory infections (mainly pneumonia), and road traffic accidents. The burdens and costs to society (and the individual) will increase as people live longer with chronic medical conditions. For example, spending on healthcare in the U.S. for 2009 is expected to consume 17.6% of the gross domestic product. Healthcare expenditures have grown at a faster rate than the economy overall since the 1960's, such that the U.S. devotes more of its dollars to healthcare than other developed countries.

Thus, the door is wide open for members in our society to bring their considerable expertise to address these significant health problems. We have the knowledge base to

address the health risk behaviors that contribute to these leading causes of death (e.g., stopping smoking; improving diet by reducing intake of sodium and fat while increasing intake of fiber, vitamins, and following dietary guidelines; increasing physical activity; promoting safe behaviors when driving by wearing seatbelts, appointing a designated driver when imbibing; moderating substance use; reducing stress; regulating exposure to sun; adhering to recommended treatments; to name just a few).

The healthcare community in general seems to have a fascination for developing cures and managing the health conditions listed above, and such is true for behavioral medicine. This intense focus on tertiary (and secondary) prevention has come at the expense of primary prevention. Stephen Weiss (1985) long ago illustrated this point in the following fictional account:

This reminds me of the story of the little village by a river in which one day were heard the cries of a drowning man floating down the river. Through heroic effort, the villagers managed to save him. The next day the villagers spotted two more people floating along in similar straits. They too were rescued. Gradually more and more people were discovered floating down the river. The villagers began to devise increasingly innovative means of rescuing them. Specially fitted boats, trained observers, and safety nets were organized—the villagers became increasingly adept at rescuing potential drowners. The numbers continued

to increase, however, threatening to overwhelm the resources of the village. Although very proud of their rescue capabilities, the villagers realized they could not continue to cope with the problem with their present systems. Then, and only then, did someone propose, "Why don't we walk upriver to find out who or what is throwing all these people into the river in the first place?" (p. xi)

The above account, unfortunately, seems almost closer to truth than to fiction. For those persuaded to give behavioral medicine increased attention, I hope this brief column has provided some food for thought ("food" that is high in nutritional content and low in preservatives and filler).

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Table 1. Ten Leading Causes of Death, Represented as a Percentage of the Total

10 Leading Causes of Death	United States ¹	Canada ²	Worldwide ³
Coronary Heart Disease	26.0	22.4	12.2
Malignant Neoplasms	23.1	29.3	2.3 ^a
Stroke & Other Cerebrovascular Diseases	5.7	6.1	9.7
Chronic Lower Respiratory Diseases	5.1	4.6	7.1
Accidents, Unintentional Injury	5.0	4.1	2.2 ^b
Diabetes Mellitus	3.0	3.4	
Alzheimer's Disease	3.0	2.5	
Influenza & Pneumonia	2.3	2.5	
Nephritis	1.9	1.6	
Septicemia	1.4		
Intentional Self-Harm		1.6	
Chronic Obstructive Pulmonary Disease			5.1
Diarrhoeal Diseases			3.7
HIV/AIDS			3.5
Tuberculosis			2.5
Prematurity & Low Birth Weight			2.0

Note. ¹Source: National Vital Statistics System, National Center for Health Statistics, CDC, year 2006; ²Source: Statistic Canada, year 2005; ³Source: World Health Organization, year 2004; ^aLimited to trachea, bronchus, and lung cancers; ^bLimited to road traffic accidents.

Behavioral Parent Training: Is There an “App” for That?

Deborah J. Jones, *University of North Carolina at Chapel Hill*, Rex Forehand, *University of Vermont*, and Laura G. McKee, Jessica Cuellar, and Carlye Kincaid, *University of North Carolina at Chapel Hill*

It is certainly not true that everyone owns an iPhone (yet!), but rare is the individual who has not heard the commercials with the catchy phrase, “There is an ‘app’ for that.” For many, “apps,” or applications, may be synonymous with the iPhone. So familiar are iPhone applications that a full-page advertisement is now being run in national newspapers with the headline, “Introducing 16 apps that need no introduction.” So, what exactly is an “app”? “Apps” are simply software programs that most recently have become synonymous with those developed for download to a range of smartphones (e.g., Blackberry, iPhone, Droid). “Apps” involve a variety of functions, depending on the particular program, with some more sophisticated than others. For example, there is now an application for tracking packages with an express carrier. Another application allows one to check whether an item is in stock at a popular retailer. Still another application not only gives directions to a ubiquitous coffee shop, but also allows the user to add money to a customized card before arriving. There are literally applications available to manage almost every aspect of one’s life, but what about parenting? . . . Is there an “app” for that?

Although unlikely to be highlighted on the famous “There is an ‘app’ for that” commercials, there are many applications that have been developed that are related to the field of behavior therapy. Simply typing “psychology” into the iPhone “App Store” yields hundreds of related applications, ranging from one that assesses the user’s personality to another that aims to boost happiness in times of stress. A more narrow search for “behavior therapy” yields far fewer applications; however, there are still many of relevance, including applications that target the fear of flying, help to better manage time, assist with assertiveness training, and even an application that guides recording automatic thoughts and labeling cognitive errors.

There are also “apps” that focus on issues of relevance to behavioral parent training for child disruptive behaviors. There are less applied applications like the one to help parents assess their own parenting style, an exercise that parallels, although certainly less rigorous, the assessment phase of behavioral parent training. There are also more practical applications, including several designed to guide parents through the use of time-out. When the child’s behavior merits a time-out, the parent can click on the child’s name, which they have previously entered, and the application will tell them how long the time-out should last based on the child’s age (which was also previously entered) and serve as a timer. To our knowledge, there is no available empirical data that would tell us whether such an application was helpful to parents or not. Are parents who use the time-out application more effective with the time-out procedure and, therefore, more likely to stick with it, than parents who do not? Our educated guess is that although the various time-out applications at first glance may seem helpful to parents, they have little impact on parent’s competence in their use of time-out or confidence in carrying out the procedure. That is, the most difficult part of time-out for parents is likely not calculating the number of minutes the time-out should last or even finding a timer. Rather, the more difficult part of time-out for parents is determining whether time-out is the most appropriate consequence to use at a particular time: then, if it is, remembering the time-out sequence, remaining calm but firm during its administration, and utilizing the consequence consistently. These are not simple things for parents to learn and success requires significant in- and out-of-session practice—a commitment to which the barriers often seem insurmountable to many parents.

Behavioral Parent Training: Engagement and Retention

Years of accumulated data suggest that behavioral parent training, which includes time-out as well as other skills (e.g., rewards, ignoring, giving effective instruction), works—parenting behavior improves and, in turn, child behavior problems decline (see Eyberg, Nelson, & Boggs, 2008; Kazdin, 2000, for reviews). As highlighted elsewhere (Prinz & Sanders, 2007), numerous obstacles preclude many families from accessing empirically supported behavioral parent training programs (e.g., lack of knowledge that such programs exist; limited availability of trained clinicians). Even if a family is referred to a clinician who is trained to offer behavioral parent training, most empirically supported programs are relatively time-intensive, requiring both in- and out-of-session practice, a commitment that may be daunting to many already stressed families (Prinz & Sanders, 2007). The potential burden of this investment cannot be underestimated (Ingoldsby, in press; Prinz & Sanders, 2007) and is a primary challenge to the effectiveness of behavioral parent training. Inadequate engagement in behavioral parent training leads to family attrition, which has been estimated to be more than one-fourth of parents in parent training research (Forehand, Middlebrook, & Rogers, 1983; Sanders, Markie-Dadds, & Tully, 2000). Failure to engage in services also decreases the likelihood that parents who do continue to attend will adequately learn effective parenting skills (e.g., Jensen et al., 1999; Nock & Ferriter, 2005). Parental lack of confidence and competence in the new skills increases the likelihood that both parents and children will return to old patterns of behavior (i.e., the coercive cycle proposed by Patterson; see Granic & Patterson, 2006; McMahon & Forehand, 2003).

So, what are the consequences of parents failing to engage in, and ultimately dropping out of, parent training programs? Many of the children whose parents seek treatment are on the “early starter pathway,” which is associated with the worst prognosis for youth (see McMahon & Forehand, 2003). This pathway is characterized by the onset of relatively less serious conduct problems in the preschool and early childhood years, most notably noncompliance, and progression without treatment to increasingly serious conduct problems (e.g., aggression, stealing, substance use) throughout childhood, adolescence, and adulthood (Calkins & Keane, 2009; Frick &

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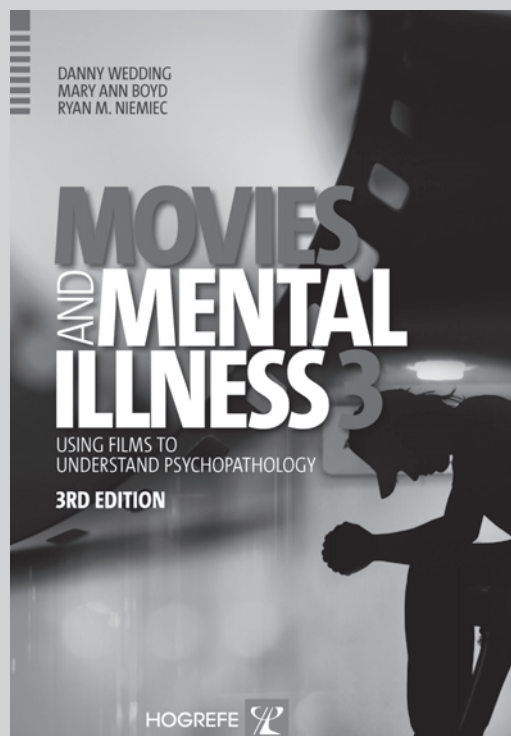
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Viding, 2009). Parents play a critical role in the early starter model with regard to how they respond to early noncompliant behaviors and are considered a primary mechanism by which children accelerate along an early starter pathway (McMahon & Forehand). As a consequence, behavioral parent training is a treatment of choice for early starter pathway families (Granic & Patterson, 2006; McMahon & Forehand). If parents fail to engage in, and ultimately drop out of, parent training, children will be at a substantially higher risk for remaining on a pathway to serious conduct problems (e.g., McMahon & Forehand).

Promoting Engagement and Retention: The Role of Technology

Given the public health importance of treating early starter pathway youth and their families, what strategies have been used to enhance parental engagement and, in turn, increase the likelihood that they will be retained in the program a sufficient length of time to benefit from the skills training? As summarized elsewhere (Ingoldsby, in press), previous strategies include the following: appointment reminders (e.g., Watt, Hoyland, Best, & Dadds, 2007), identifying and overcoming barriers to treatment (e.g., McKay, Stoewe, McCadam, & Gonzales, 1998), monetary incentives (e.g., Heinrichs, 2006), building relationships and addressing resistance prior to therapy (e.g., Szapocznik et al., 1988), family support (e.g., Miller & Prinz, 2003), and motivational techniques (e.g., Nock & Kazdin, 2005; Sterrett, Jones, Zalot, & Shook, in press).

While some of these approaches have shown promise for improving the engagement of families, others have yielded fewer, if any, gains (Ingoldsby, in press). Moreover, the programs that show promise largely represent the development of new programs designed to explicitly address the issue of engagement (e.g., Szapocznik's Strategic Structural Systems Engagement; Nock & Kazdin's Participation Enhancement Intervention); in contrast, little attention has been given to innovative enhancements for existing behavioral parent training programs. We propose that one particularly innovative approach for moving the field forward is the inclusion of technological enhancements to existing parenting programs.

How can advances in technology help? Alan Kazdin (2008), the former President of the American Psychological Association and ABCT and a well-known researcher in the field of behavioral parent training, noted

there is a relatively untapped potential of various telecommunication technologies to enhance the effectiveness of treatments by maintaining connections with clients beyond the walls of the therapy room. Importantly, smartphones integrate the benefits of a wide range of technologies (i.e., telephone, computer, electronic organizer) into a portable and relatively cost-effective hand-held device, allowing users wireless access to phone, e-mail, web, and videos. Users are able to synchronize and transfer information between their smartphones and other technologies (e.g., internet, computers, etc.), send and receive email and text messages, and even send and receive video.

Can technology increase parental engagement in behavioral parent training and, in turn, prevent parent dropout? Self-Determination Theory (SDT; Ryan & Deci, 2000) would suggest that it can. SDT posits that human motivation falls along a continuum. The least self-determined motivation, external motivation (i.e., the propensity to engage in a particular behavior to satisfy an external requirement), falls at one end of the continuum (e.g., court-mandated parenting classes), while the most self-determined motivation, intrinsic motivation (i.e., the tendency to engage in a behavior due to the pleasure of and interest in the behavior itself), falls at the other (e.g., enjoying new parenting skills; Deci & Ryan, 2002; Ryan & Deci, 2000). Importantly, intrinsic motivation is considered the most likely to fulfill the most basic of psychological needs: autonomy (i.e., need for control), competence (i.e., need for effectiveness), and relatedness (i.e., need for relationships). Given that intrinsic (autonomous) behaviors are most likely to meet individual psychological needs and, in turn, are most likely to be maintained over time, autonomy and support for autonomy have been considered critical to behavior change interventions (e.g., Williams, Lynch, & Glasgow, 2007).

Building upon SDT (Ryan & Deci, 2000), the incorporation of smartphone technology into parent training can potentially enhance engagement and retention in several ways. First, smartphones could afford therapists the opportunity to provide more support to parents by providing intervention options outside of the therapy setting (e.g., home). Therapists could provide additional out-of-session information to the families about the program (e.g., sample skills video to watch on smartphones; text message reminders about skills practice). In addition, families could receive more informed feedback from therapists based on

their out-of-session practice of skills (e.g., daily assessments, weekly check-ins, video-taped skills practice). By increasing the family's relationship with the therapist, as well as the accessibility of the program to the family, smartphones could enhance the parents' overall positive feelings about the behavioral parent training program. Although initially the smartphone may promote greater reliance on the therapist (i.e., less autonomy), the increased opportunity for connection and practice could afford a means for parents to feel more competent in the use of the new skills both in and out of session and to reach criterion on each of the parenting skills more quickly (i.e., more autonomy) (e.g., Williams et al., 2007). In turn, parents may require fewer sessions to reach criterion on each of the new skills.

Relative to the potential advantages, prior research suggests that incorporating smartphones into existing parent training programs should produce little additional family burden. Estimates of burden are not yet available for behavioral parent training in particular; however, research using cellular phones with other difficult-to-engage groups (e.g., homeless, HIV-infected) suggests a high level of satisfaction, including programs that ask participants to carry phones at all times and to receive calls at random intervals (Collins, Kashdan, & Gollnisch, 2003). In addition, when cellular phones are used, the majority of participants (95%) complete the intervention, again suggesting the burden of the technology is minimal (Alemagno et al., 1996).

Economic burden must also be considered. It would be remiss to ignore the potential costs (e.g., cost of smartphone, service plan) or practical issues (e.g., service coverage) associated with using smartphones. Importantly, industry estimates suggest that 40 million smartphones or wireless enabled personal data assistants (PDAs) were being used by Americans in 2009 (CTIA, 2009). The increase in smartphone use, occurring at the same time that the sales of cellular phones more generally is on the decline, has been attributed to economics (Lohr, 2009). Smartphones bundle the advantages of other types of technology, affording the user the opportunity to make telephone calls, text, and access the web. Furthermore, most Americans live in areas with multiple wireless service providers (CTIA, 2009). As more of these and other companies provide smartphone options, prices have begun and will continue to drop, leading to more accessibility across income levels. In fact, technology experts

have suggested that the next wave of users will be lower-income consumers because they can acquire the benefits of the Internet without the operating system or cable package required for at-home use of a desktop computer (Noyes, 2007). Thus, in the near future, smartphones may well be an economical and readily available way to promote engagement and retention.

Conclusions

So, back to the question: Is there an “app” for behavioral parent training? The answer currently is “no,” but theory, research, and decreasing costs suggest that will soon change. In anticipation of the decreasing cost and growing use of smartphones, now is the time to begin to capitalize on and to empirically test the utilization of smartphones for enhancing the engagement and retention of families in behavioral parent training programs. Consistent with Kazdin’s (2008) call for more attention to technology innovations, as well as a similar call by the National Institute of Mental Health (2003), we are currently developing the components of an application for the iPhone aimed at increasing the engagement and retention of par-

ents in one well-established behavioral parent training program, Helping the Noncompliant Child (HNC; McMahon & Forehand, 2003).

Through the use of iPhones, we plan to utilize several strategies with parents that have been used in behavioral parent training, as well as other interventions, including the following: to upload printed HNC materials from the manual; to conduct between-session telephone check-ins with parents (e.g., McMahon & Forehand, 2003); to provide parenting skill video demonstrations (e.g., Sanders et al., 2000; Webster-Stratton, 1994); to email and text message reminders regarding skills practice (e.g., Andersson, Strömberg, & Ström, 2002; Celio, Winzelberg, Dev, & Taylor, 2002); and to conduct daily assessments of skills practice (e.g., Fung, Menassis, & Kenny, 2002). In addition, iPhones will provide the opportunity for parents to videotape their daily in-home skills practice for review with the therapist, providing increased opportunity for therapist observation and feedback on progress on each of the skills. Of importance, our aim is not to replace weekly telephone check-ins or face-to-face weekly sessions with the therapist; rather, the

iPhone will allow us to integrate the advantages of multiple technologies into one portable device to enhance parental engagement in the program by forging a virtual connection between the parent, the HNC program, and the therapist.

Beyond engaging the participating parent, usually the mother, iPhones also can help to assess and include in treatment other adults and family members (e.g., coparents) assisting the mother with parenting. Given that these coparents are unlikely to attend the intervention sessions (McMahon & Forehand, 2003), we plan to use iPhones to promote their involvement in several ways: to text-message reminders to parents that coparents should be using the skills as well; to gather information on the extent to which coparents are also practicing the skills at home; to encourage mothers to share videos of skills demonstrations with coparents; and ask mothers to videotape coparents’ skills practice.

There are several aims to this initial pilot investigation. First, our goal is to examine the extent to which families who we already know may have difficulty engaging in behavioral parent training utilize the iPhone-enhanced HNC components of treatment.

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Therapists will have a record of whether or not each participating family is completing the daily assessments on the iPhone, as this information will be directly uploaded to a therapist spreadsheet when the family completes the iPhone survey. Families will also be asked to bring their iPhones to session each week, so the therapists will know via a counter embedded in the videos the extent to which the videos have been watched, how many times they have been watched, and whether or not families have videotaped their skills practice. Finally, families will have an opportunity at the end of treatment to complete a consumer satisfaction questionnaire that will assess satisfaction with the iPhone intervention components, as well as recommendations for improvements that would better meet family needs.

Asking mothers to videotape their own skills practice using the iPhone may seem like a potential challenge. However, small tripods that have been designed for use with the iPhone are now available and are relatively easy to use, suggesting that once we show parents how to set up the phone and start and stop the video, this may actually be a relatively easy way for them to get informed therapist feedback on their daily skills practice. Importantly, the consumer satisfaction questionnaire, as well as weekly therapist-mother interaction, will provide more definitive information on the feasibility of all aspects of the iPhone intervention components. Our hypothesis, however, is that parents will engage in these relatively brief mini-assessments and interventions, which, coupled with the daily reminders, standard weekly telephone check-in, and standard weekly session, will yield higher levels of engagement throughout the course of treatment, fewer sessions to reach behavioral criterion for each of the HNC skills, and reduction in dropout from the program. Furthermore, we will examine if co-parents (e.g., fathers, grandmothers) of mothers engage more in the HNC treatment program, increasing the likelihood that mothers will feel supported and remain engaged, eventually benefitting their children, as well as identify any obstacles to co-parent engagement in the iPhone intervention components (e.g., watching skills videos, videotaping their own skills practice) that could guide the improvement of the eventual application. Finally, we will conduct cost-effectiveness analyses, which we expect will show that the costs of iPhones will be outweighed by the benefits (e.g., fewer sessions to reach criterion for the acquisition of the parenting skills).

Once the component parts of the application are tested as a package and, assuming their use is supported, and modifications are made consistent with family feedback, the next step will be to develop the "app" that can complement the HNC manual, providing an additional resource for therapists and the families with whom they work. While our focus is on the use of an HNC application to enhance engagement and retention of families in behavioral parent training, the components of the application likely have utility in their own right as well (e.g., streamlined assessment strategies, increased opportunity for therapist observation of skills practice; efficient strategies to remind parents about skills practice). And maybe, someday, one of those commercials will say, "Behavioral parent training . . . there is an 'app' for that."

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How Can We Close the Gap Between Clinical Practice and Research?

Marvin R. Goldfried, *Stony Brook University*

As a graduate student in the late 1950s (!), I was subjected to a schizophrenic experience. The courses on learning, perception, and research methodology clearly spelled out the message that conclusions about behavior and the change process needed to be backed by empirical evidence. By contrast, the clinical courses, involving projective techniques and psychoanalytic therapy, contained “conclusions” not backed by any evidence whatsoever. And all of this was shortly after it was recommended that clinical psychologists should be trained according to the Boulder model, where the goal is to function as both a clinician and researcher. You can imagine my excitement when I learned that Paul Meehl, perhaps the most distinguished empirically minded clinician at the time, was going to visit our program. And if that wasn’t exciting enough, I was invited to be among a small group of graduate students that went to dinner with him. This indeed was a rare treat, especially since I read virtually everything Meehl had written, and had enormous respect for his insights on research, practice, and the philosophy of science. At one point during the evening, someone asked him the question about the extent to which his clinical work was informed by research. Without any hesitation, he replied: “Not at all.”

As someone who was struggling to adopt the identity of scientist-practitioner, I left this memorable dinner disheartened. I don’t think I ever fully recovered. The challenge of how we can close the gap between research and practice has stayed with me for all these years, and because I am attracted to challenges—my experiential colleagues would probably say it’s more “unfinished business”—I have continued to be intrigued with the integration of practice and research. To be sure, the situation is far better than it was in the past. Still, there continues to remain a gap between research and practice. It is in my role as President of the Society of Clinical Psychology, Division 12 of APA, that I have begun an initiative to build a two-way bridge between research and practice—and where the input of you,

the reader, is very much needed. More about that later.

Throughout most of my professional career, I have lived in both the clinical and research worlds. Much of my teaching, research, and writing has placed me at the academic end of the spectrum. However, my continued involvement in clinical training and supervision, and my part-time practice of psychotherapy, have all kept me in close touch with clinical reality. I am writing this article now because I believe that, more than ever before, the current demands for accountability need to be addressed from an integrated clinical-research perspective.

The Link Between Research and Practice

Sociologists and philosophers of science have made an important distinction between the questions to be studied and the methods of studying them. During the initial phase—the context of discovery—we have the “problem finders,” who identify the important research questions that are likely to advance the field (Wilkes, 1979). Once these issues are identified, we move to the verification phase, where the “problem solvers” investigate the empirical status of those phenomena that have been identified by the front-line observers. In the case of particularly successful researchers, we see both these activities occurring within the same individual. An excellent example is Neal Miller, one of the field’s most respected researchers. In a candid commentary on how he approached research problems, he confessed to using his intuition before designing a study with tight or elaborate experimental controls: “During the discovery or exploratory phase . . . I am quite free-wheeling and intuitive—follow hunches, vary procedures, try out wild ideas, and take short-cuts” (Miller, cited in Bergin & Strupp, 1972, p. 348). Only after this does he conduct well-controlled studies to investigate the problem. Thus, his goal at first is to convince himself that the phenomenon exists. Having done that, his goal becomes that of convincing his colleagues.

In considering the relationship between psychotherapy practice and research, I have viewed clinical work as providing us with the context of discovery. Working with clients directly and discussing clinical cases with supervisees not only provides the challenge of translating general research findings to the individual case at hand, but also can afford one the opportunity to witness firsthand the ever-varying parameters of human behavior and the change process. In my own role as therapist, the “problem finder” in me has been able to garner clinical hypotheses that I went on to study under better-controlled research conditions.

In the 1970s, when behavior therapy began to recognize the importance of cognitive factors for understanding and changing human functioning, it was in the clinical setting that such recognition began (Goldfried & Davison, 1976). Specifically, it was the result of practicing behavior therapists experiencing difficulties in using the originally available behavioral interventions that led to the incorporation of more cognitive procedures. Only later did research findings offer confirmation of what originally had been observed clinically.

The scientist-practitioner model is important in that it keeps us honest as clinical researchers. Without an ongoing clinical base, it is all too easy to get caught up in studying research trends and fads than in investigating something that is useful to the practicing clinician.

Building a Two-Way Bridge Between Research and Practice

Since my days as a graduate student, I have held on to the goal of building a bridge between practice and research that can allow for movement in both directions. As stated some years ago, there is an invaluable convergence between research and practice:

The experience and wisdom of the practicing clinician cannot be overlooked. But because these observations are often not clearly articulated . . . [and] . . . may be unsystematic or at times idiosyncratic . . . it is less likely that these insights can add to a reliable body of knowledge. The growing methodological sophistication of the researcher, on the other hand, is in need of significant and . . . [clinically] . . . valid subject material. [In short], our knowledge about what works in therapy must be rooted in clinical observations, but it must also have empirical verification. For the researcher and clinician to ignore the contributions that each has to make is to perpetuate a sys-

tem in which no one wins. (Goldfried & Padawer, 1982, p. 33)

Although the current generation of outcome research (i.e., randomized clinical trials) has reached a very high level of methodological sophistication, a number of my empirically oriented colleagues and I have been concerned about the unforeseen implications it may have for clinical practice (e.g., Goldfried & Wolfe, 1996). Because such internal validity is sometimes achieved at the expense of external, clinical validity, our concerns have been that the methodological constraints associated with such research may translate into clinical constraints for the practicing therapist—such as insurance companies limiting the number of sessions to those used in clinical trials.

The idea that clinicians can provide input for researchers often works better in theory than in practice. There unfortunately is a long history of tension between clinicians and researchers, even to the point of outright antagonism. For example, one clinician came to the conclusion that it is only feasible to carry out research in psychotherapy if it is done “in the mechanical way that is so fashionable among many of our colleagues who are too frightened and too inept to establish an interpersonal relationship of the therapeutic variety with the patient” (Lehrer, 1981, p. 42). Many clinical researchers have comparable disdain for practitioners, viewing them as being totally disinterested in research findings and more involved in doing what feels comfortable for them.

For practitioners more favorably disposed to clinical research, an important issue becomes that of time and motivation. This point has been underscored by Borkovec, who has been actively involved in enlisting the cooperation of therapists into a practice-research network (Goldfried, Borkovec, Clarkin, Johnson, & Parry, 1999). The initial motive that many of these practitioners had for participating in the network was a desire to reconnect with their scientific roots. Although that prompted them to join the group initially, Borkovec has acknowledged that their motivation wanes, and more creative methods of keeping them involved are needed (e.g., financial incentives, continuing education credit). Parry, who has been involved in a comparable practice-research network in the United Kingdom, has similarly underscored the difficulty in maintaining ongoing motivation.

There are numerous realistic limitations that simply do not make it feasible for the practitioner to conduct the kind of process and outcome research that currently characterizes the field. The current model of clinical trials necessitates a large number of participants and is often feasible only with external funding and collaboration among several researchers. Even if the practitioner had learned research methodology during his or her training, much of it is likely to have undergone changes and refinements since that time. Psychotherapy process research, which often most closely parallels the clinical interests of practitioners, is often far too labor-intensive to be feasible in a clinical setting where a certain number of contact hours must be met.

However, a way that clinicians can provide an invaluable contribution to the research process is by providing feedback to clinical researchers regarding how well empirically supported or evidence-based interventions work in actual practice. When a drug has been approved by the FDA on the basis on randomized clinical trials, and is subsequently used for treatment, a mechanism exists for providing feedback about how well it fares in the real clinical setting. Thus, practitioners can file incident reports to the FDA when they encounter problems in the use of any given drug in clinical practice. Within the field of psychotherapy, the practitioner can readily provide similar feedback to researchers. One way this can be implemented is within the context of continuing education workshops, which often present advances in treatment based on available research findings. After attending such workshops, clinicians can report their experience as to how well these empirically based procedures work in real clinical settings, and what changes might need to be made and studied in order to enhance their effectiveness.

With pressures for accountability coming from insurance companies, and with the field making attempts to document empirically supported therapies, there appears to be a renewed opportunity in forming collaboration between researchers and clinicians. Perhaps more than ever before, this climate is more conducive to having clinicians become more actively involved in the research process. Because of the realistic factors that limit practitioners' ability to conduct the kind of research now done by clinical researchers, their research involvement must take a different form.

What makes this most timely is that the field of psychotherapy can no longer make claims without pointing to evidence that

the treatments indeed work. Although pressures for accountability have existed over the past few decades, the emphasis on empirically supported treatments, evidence-based practice, pay for performance, quality assurance, and the existence of practice guidelines have inexorably moved the field of psychotherapy toward accountability.

Providing Clinical Feedback on the Use of Empirically Supported Therapies

As noted above, the Society of Clinical Psychology, Division 12 of the APA, is committed to building a two-way bridge between research and practice. Indeed, this will be the theme of many of the presentations sponsored by the Society at the August 2010 convention in San Diego. Moreover, the Society is establishing a mechanism whereby practicing therapists can report their clinical experiences using empirically supported treatments. This is not only an opportunity for clinicians to share their experiences with other therapists, but also can offer information that can encourage researchers to investigate ways of overcoming these limitations. We are starting with the treatment of panic disorder, but will extend our efforts to the treatment of other problems at a later time.

In this initiative, I am fortunate to be working with a group of experienced, motivated, and enthusiastic researchers and practitioners who similarly have had an ongoing dedication to closing the gap between practice and research. Our committee includes Louis G. Castonguay (President of the Society for Psychotherapy Research); Marvin R. Goldfried (Past-President of the Society for Psychotherapy Research and President of Division 12); Jeffrey J. Magnavita (President of Division 29—Psychotherapy); Michelle G. Newman (Associate Editor of *Behavior Therapy* and psychotherapy researcher with expertise in anxiety disorders); Linda Sobell (Past-President of ABCT and Division 12); and Abraham W. Wolf (Past-President of Division 29). In addition to their motivation and interest, members of this group have had ongoing experience in working to close the gap between practitioners and researchers, such as Castonguay's role as Co-Chair of the National Research Practice Network; Goldfried's founding of the journal *In Session*, which includes research reviews written for the practicing clinician; Magnavita and Newman serving as Guest Editors for this journal; Sobell's collabora-

tion with therapists in designing a therapy manual and research protocol for the treatment of substance abuse (Sobell, 1996); and Wolf's professional dedication to fulfilling the model of the scientist-practitioner.

The Society is currently inviting therapists using cognitive-behavior therapy (CBT) in treating panic to share their clinical experiences about those variables they have found to limit the successful reduction of symptomatology. Although research is underway to determine if other therapies can successfully treat panic, CBT is the only approach at present that has adequate empirical support. However, in order to move from an empirically supported therapy to a treatment that works well in practice settings, we need to know more about the clinical experience of therapists who make use of these interventions. By identifying the obstacles to successful treatment, we can then take steps to overcome these shortcomings.

Therapists' responses, which will be anonymous, will be surveyed, tallied, and then posted on the Division 12 website—with links to other websites. The results of the feedback we receive from clinicians will be disseminated in all relevant professional outlets, in the hope that researchers can investigate ways of overcoming these obstacles.

I invite the reader to participate in this very exciting initiative. The survey is very brief—taking only 10 minutes—and can be found at: www.div12.org/panic.

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Wanted!

***Clinicians' Feedback on
Treating Panic Disorder***

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Your responses, which will be anonymous, will be tallied with those of other therapists and posted on the Division 12 Web site at a later time. The results of the feedback we receive from clinicians will be provided to researchers, in the hope they can investigate ways of overcoming these obstacles.

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Stanley Falls Flat at the IRB

Suzy Bird Gulliver, John W. Klocek, and Laurie E. Steffen, *VISN 17 Center of Excellence and Texas A&M Health Sciences Center College of Medicine*

Last week, I was delighted to open my mailbox and find therein a manilla envelope addressed to me in the round print letters of my second-grade godchild. After smiling at the treasure in my hands, I opened it to find a gingerbread-shaped one-dimensional fellow accompanied by a letter in the same perfect penmanship as evidenced on the envelope. The letter introduced me to Flat Stanley, and asked that I let Flat Stanley accompany me on my travels for a week or two, take some pictures of the sites we saw, and send him back with the accompanying data. As a clinical researcher, I was completely happy to oblige. Flat Stanley accompanied me to work and to local hot spots. I documented his adventures and was happily preparing him for his return journey when it hit me—this was data. An ethical dilemma ensued as I thought about my obligations as a clinical researcher. I quickly reviewed the information that had accompanied Stanley. Was I to provide consent? What about consent for Stanley? I had no idea how participating in this research might affect me, my godchild, and Stanley. Had an IRB considered these questions?

If I had not done a good job with Flat Stanley, would my godchild suffer a decrease in her academic standing? What would happen to her social status, both real and perceived? Could I suffer guilt or some other unpleasant emotion as a result? I was already experiencing unforeseen anxiety about the results. Data had been collected, but could I still withdraw my participation? What about Flat Stanley? Who was assuring that he was being transported in a safe and secure manner? If he was bent, to whom was that to be reported? Did Stanley understand the potential risks of participation? I reviewed the photographs my post-doc had taken of Flat Stanley and me and realized that they made Flat Stanley look, well, flat. Imagine the potential harm when he got up with all the other little Flat Stanleys and my goddaughter and faced the insults.

As I was not given any information as to who to contact with questions or concerns, I decided to take it to my local IRB, confident

that it would provide assistance and helpful feedback to assure all subjects could be cared for. It hasn't met yet, but in its response below the IRB wants documentation about human subjects training for all the second graders and the custodians for the Flat Stanleys.

Aunts, Uncles, Grandparents, Godparents, let this be a warning to you: The apparent simplicity of the contents of that envelope with the neatly rounded print may impose more depth than intended.

Dear Potential Investigator,

Thank you for your inquiry regarding the potential need for review of the Grade 2 project titled "Flat Stanley: A Visual and Textual Record of Recent Travels." As Chair of the IRB, I am frankly stunned at the implications of what you have presented as having occurred without the careful oversight of the institutions involved and their regulatory boards, oversight committees, and review panels.

In addition to the shocking lack of education regarding the protection of human research participants documented for the investigator of record (your godchild), the principal investigator (the teacher), and the staggeringly large number of additional members of the research team privy to the data (the entire class), there is no evidence to suggest that any of the parties to be involved in the project were actually aware of the potential benefits or complications, nor the potential for social, psychological, economic, or physical risks to participants who were mailed and others "volunteering" to appear with him in pictures. There appears to be a complete lack of any substantive rationale to exposing FS to the risks inherent in traveling across large distances in an envelope handled by the US Postal Service (e.g., unpressurized cargo

holds, frequent disregard for "Do Not Fold or Bend" instructions). Neither FS nor any of the other potential participants were informed of alternative image recording modalities that might be chosen instead of photography, alternative methods of data recording, or had any assurance that the data generated would be maintained appropriately in a secure fashion. For example, if a photo featuring FS and an additional participant were to blow away during unsecured transit across campus, that picture might end up in the hands of an employer who recognizes their employee appearing to be enjoying themselves at a Cubs game on a day when they called in "sick" thus resulting in loss of employment, social ostracization, and public revelation of their sporting preferences. Was this potential risk revealed to others appearing in the photos? I suspect not.

Your godchild's age does not excuse her lack of compliance with regulations governing research. You have done the right thing in bringing this blatant disregard of the Regulations to our attention. We are certain that the interviews to be conducted by the investigatory boards I have contacted regarding this situation will be educational as well. Again, thank you for your diligence and please remember—we are here to help.

Confidentially,
The IRB

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Kathy R. Berenson	Egeria E. Ferrer	David A. Lane	Kaori Osawa
Noelle Margit Berger	Pam Flint	Huynh-Nhu Le	Michael V. Pantaloni
Michele Berk	Teresa Mary Flynn	Leslie Lenox	Anthony Papa
Andrew Bertagnolli	Christine E. Foertsch	Gloria Leo	Coralee Perez Pedrego
Karine Berthou	Mia Foley	Lesley A. Lewis	Tara Sophia Peris
Raymond M. Biersbach	Arlene Foreman	Laurie R. Lewis	Michael Lloyd Perlis
Marsha T. Blank	Joel T. Foster	Michael Likier	Sean G. Perrin
Frederic C. Blow	Kenneth A. Frank	Matthew Lippman	Shari Lynn Pescatore
Helena Borg	Susanna G. Friedlander	William Long	Linda Pfiffner
Kerri N. Boutelle	Michele Galietta	Weili Lu	Elisabeth S. Pollio
Melinda Carlisle Brackett	Marilyn Garcia	Barry S. Lubetkin	Sheryl Prenzlau
Arthur Brand	Andrea Garry	Victoria Lusk	Jeslina J Raj
Cindy L. Brody	Christopher Germer	M. Kathleen B. Lustyk	Cynthia Ramirez
Lauren Brookman-Fraze	Michael Giantini	Katherine L. Lynch	Bernard Prange
Sam F. Broughton, Jr.	Kimberly Gilbert	Steven J. Lynn	Mary Ellen B. Raposa
Dity J. Brunn	Nancy Gordon	Mary F. Macedonio	James Reich
Randy S. Burke	Ian Gotlib	James MacKillop	Noreen Reilly-Harrington
Page Burkholder	Jeffrey Greeson	Carole M. Marciano	Bernice Mednick Reinhardt
Elsa Busch	Beth J. Halpern	Patricia Marino	Heidi S. Resnick
Meghan L. Butryn	Charles Dean Hamad	Amy D Marshall	Brendan A. Rich
Mattias Carlsson	Jim Harbin	Nancy Maruyama	Jonathan Richard
Corey Carr	Emily Johnston Hardcastle	Pamela Mason	Laura Richardson
Jay Carruthers	Thomas H. Harrell	Patty E. Matz	Mark L. Roberts
James W. Carson	Rebecca Hazen	Catherine B. Maxwell	Angela C. Roddenberry
William Casey	Daniel R. Hilliker	Elizabeth McCauley	Angela Romeo
Candice Cattan	Roberta Hoffman	Michael R. Mecozzi	Daniel Romer
Dawn K. Catucci	Tamika Jarrett Howell	Daniel Scott Merwin	Diana M. Ronell
Suma P. Chand	Julian Hughes	Jane Metrik	Heidi Ronfeldt
Susanna Chang	Catherine Hutter	Suzanne Meunier	Arabelle Margaret Rowe
Rhea M. Chase	Emily Frelinghuysen Israel	Nancy Miller	Lesia M. Ruglass
Erica M. Chin	M. Hope Jackson	Robert Miranda	Peter Sakuls
Kelly R. Chrestman	Shantelle Richardson Jacobs	Shoshana Mirvis	Merilyn M. Salomon
Lauren E. Christian	Theresa Marie Jaworski	Katherine J. Mitchell	James M. Sardo
Mary Clair	Monique Johnson	Julie N. Mogan	Denise L. Schaffer
Norma Coffin Olvera	Christopher Jones	David C. Mohr	Lindsay S. Schenkel
Oshra Cohen	Deborah Juarbe Rey	Suneeta Monga	Sabine Petra Schmid
Miguel A. Colon Sr.	Andrew Kahn	Daniela Montalto	Brandon Schultz
Amy L. Copeland	Monique Kahn	Antonella Montano	Erica Scioli
Betsy Corrin	Stephen Kaplan	Phoebe S. Moore	Diane J. Shea
Clare Cosentino	Steve Katsikas	Tracy E. Moran	Karen Sheridan
Laura J. Cramer-Berness	Denise Kearns	Melodee Morrison	Timothy Silverman
Rebecca C. Croff	Kristi Ketz	Laura Mufson	Alan Silverman
Bryan Michael Davidson	Jean Kim	Brian E. Mundy	Anna Simpson
Shannon Davis	Ji-Hae Kim	Jordana Muroff	Cecilia Sjoden
Joanne Davis	Ronit Kishon	Leah Ann Murphy	Amer Smajkic
	Marc Kleber	Berkeh Nasri	Jeffery D. Snarr

Lauren Solotar
 Shannan Sonnicksen
 Gabriela Livas Stein
 Melissa Altman Stein
 Sharon H Stephan
 Dr. Sherry Stewart
 Heather Stone
 Jacqueline Summers
 Liv Svirsky
 Jean M. Thaw
 Christina Rose Thomas
 Henrik Tingleff
 Samuel Tobler
 Mary Tramontin
 Ingrid Mariana Trujillo Ruano
 Mehmet Hakan Turkcapar
 Julia Turovsky
 Jose David Useda
 Alethea A Varra
 Sally J. Vavala
 Mildred Vera
 James A. Vermilyea
 Kristofer Vernmark
 Jennice Vilhauer
 Ariel Vite
 Martha Wadsworth
 Barry M. Wagner
 John R. Wagner
 Rheeda L. Walker
 Andreas Wallstedt
 Courtney S. Warren
 Beverley B. Watkins
 Daniel N. Weiner
 Elin S. Weinstein
 Jessica Hirsh Weiss
 Rebecca Weston
 Daniel J. Whitaker
 Shawn Whooley
 Denise E. Wilfley
 Joseph James Williams
 Keith Edward Williams
 Seth Jonathan Wintroub
 Gisela Wisung
 Sharon J. Witkin
 Matt S. Wofsy
 Jami Young
 David Yusko
 Denis L. Zavodny
 Angela Marcia Zolow

NEW PROFESSIONAL

Salvatore Alfano Jr.
 Margareta Almer
 Emma B. Arons
 Dominique Belisle
 Arva Bensaheb
 Tania Borda
 Kristen Allyn Borg
 Roberta Borzi

Kimberly Dienes
 Siobhan O'Leary Evarts
 Megan Flynn
 Jeanne M. Gabriele
 Chris Hakala
 Tanya H. Hess
 Renee Hoekstra
 Archana Jajodia
 Michele Kofman
 Olubukonla O. Kolawole
 Hoin Kwon
 Smadar Leiserowitz
 Bryan Aberin Mendiola
 Michael G. Messina
 Colette A. Miesse
 Jason Morrison
 Heather Murray
 Aesoon Park
 Autumn M. Paulson
 Adria N. Pearson
 Elizabeth Ramquist
 Demi Rhine
 Mitchell Rodier
 Stacey Rosenkranz
 James Ross
 Melanie Santos
 Jason Seacat
 Meghan Searl
 Crescent Seibert
 Clint C. Stankiewicz
 Denise D. Walker
 Sherry Muterspaugh Walling
 Robert A. Zambrano

POST-BACCALAUREATE

Jennifer Barnes
 Lauren M. Borgs
 Rachel Jordan Brooks
 Bonnie Brown
 Jackie Bullis
 Erin Suzanne Burger
 Mary Kathryn M Cancelliere
 Michelle Christine Capozzoli
 James Y. Choi
 Ignacio Simon Contreras
 Jennifer Cowie
 Colleen Marie Cowperthwait
 Cristina Teresa del Busto
 Charlene Ann Deming
 Haley Ann Carroll Douglas
 Christopher Michael Dudek
 Anthony Ecker
 Tera Leigh Fazzino
 Whitney Francis
 Danielle Francois
 Meredith Lynn Friedson
 Janine Galione
 Stephanie Marie Gorka
 Leila Guller

Ana M. Gutierrez-Colina
 Dianna Hidalgo
 Alex Holdaway
 Sarah Anne Hostetter
 David Houghton
 Jared Israel
 Chungwon Kim
 Rachel E. Kim
 Tammi R.A. Kral
 Lillian Krantz
 Jimeka Leonard
 Katarzyna Liwski
 Cynthia A. Luethcke
 Luke Madrigal
 Elizabeth Marks
 Luana Marques
 Katherine D. McCarthy
 Andrew McClintock
 Joseph McGuire
 Natasha Mehta
 Andrew Roberts Menatti
 Sarah Anne Moore
 Andrea Marie Nave
 Maryann Elizabeth Owens
 Shairy C Pabon
 Alexandra Hayah Jellinets
 Perloe
 Josh L. Peter
 Michael Reding
 Cara Suzanne Remmes
 Christina Frances Rosenthal
 Lindsey S. Sankin
 Nomara Santos
 John Charles Solheid
 Megan Spencer
 Michelle S. St. Paul
 Katie Lyn Stoudt
 Ika Szendro
 Hed Tamir
 Alicia Irene Tarry
 Mari Trefry
 Lindsay Anne Vuchetich
 Frances Wang
 Whitney Elizabeth Waugh
 Rachel Wechsler
 Jaclyn Sara Weisman
 Jessica A. Weissman
 Melinda Welch
 Deni White
 Jesse L. Wilkinson
 Matt Woodward
 Davor Nicholas Zink

STUDENT

Leah Maria Adams
 Amanda C. Adcock
 Samantha Adelsberg
 Fabian Daniel Agiurgioaei
 Boie

Alina Agiurgioaei Boie
 David L. Albright
 Ahmad Alhadi
 Jennifer Allen
 Jaclyn Blake Alper
 Sarah Altman
 Kristin Gem Anderson
 David M. Anderson
 Corinne M. Anton
 Megan Apperson
 Elizabeth M. Archer
 Kimberly A. Arditte
 Michael Scott Arthur
 Rebecca Ashare
 Teresa Au
 Emily Anne Baggett
 Bryann R. Baker
 Noah Baker
 Rachel Baldwin
 Kaitlin Elizabeth Balka
 Lisa Balkir
 Annie Nicole Banducci
 Kelly Ann Barker
 Mallory Barker
 Andrea L. Barrocas
 Angela K. Bartholomew
 Linda Lorraine Batemarco
 Daniel Be
 Lacey Beckmann
 Cherie Olga Bedford
 Shay-Lee Belik
 Amanda Annette Benbow
 Shana Bennett
 Patrick Bennett
 Shannon M. Bennett
 Jessica E. Berenguer
 Payal Beri
 Olga Berkout
 Melissa Bernstein
 Johnny J. Berona
 Ranjit Bhagwat
 Theresa E. Bhoopsingh
 Jacob Dylan Bigelow
 Patrice Bilawka
 Marilyn Bineau
 Melissa Ann Birnbeck
 Aparajita Biswas
 Britney Blair
 Angelo Salvatore Boccia
 Jamie Rae Bolles
 Jessica Bomyea
 Sruely Bomzer
 Albert David Bonfil
 Genery DuRette Booster
 Rachel Bowley
 Kelsey Michael Bradshaw
 Katie N. Bradshaw
 Christine Erin Brady
 Joseph N. Brand

Welcome, New Members

{Student members, continued}

Brenda L. Bratton
Megan Brault
Ashley Braun
Lynn Marie Breckenridge
Jessica Breland
Britni-Lynne Brierly
Simone Brochard
Douglas Marshall Brodman
Maggie Hood Bromberg
Christopher W. Brown
Dana Brown
Linda F. Brown
Caroline Bliss Browne
Aaron Brownlee
Lindsey D. Bruett
Gina Luff Bruns
Bridget Marie Brush
Michelle G. Bubnik
Bianca R. Bucarelli
Nicole E. Buch
Lucy Buchholz
Sarah J. Bujarski
Caitlin Burditt
Shannon Rachel Burgert
Brian Burkett
Melissa Burnett
Karen A Burns
Lorna Busch
Kelley Busjaeger
Emily H. Callahan
William A. Campbell
Patricia Campos
Leonardo Caraballo
Erica R. Carlin
Mary Carnesale
Gabrielle S. Carson
Sarah Carter
Cassady Casey
Robert Casselman
Casey Erin Cavanagh
Maria Vital Cedillo
Elizabeth Marie Cedillos
Mark Joseph Celano
Christine Chang-Schneider
Jessica Ann Chen
Robert Chiacchio
Lauren Alexis Chilian
Alyssa L. Chimiklis
Sonoko Chinen
Kee-Hong Choi
Kim Chu
Laura Cimini
Jessica Lee Clark
Nickeisha Clarke
Katherine Carolyn Claypoole
Sara E. Clayton
Jordan Alejandro Coello
Kimberly A. Coffey
Anahi D. Collado-Rodriguez
Dan Conybeare
Elizabeth Cook
Cathy G. Cooke
Virmarie Correa-Fernandez
Amanda Hauser Costello
Daniel Cox
Cassandra Jessie Crangle
Nicholas Charles Crimarco
Kate Cuno
Gina Curcuru
Christina Dardis
Ellen Van Ingen Darling
Tatiana Davidson
Kyle Davis
Timothy L. Day
Lindsey B. DeBoer
Lindsay Anna Deling
Katherine DellaPorta
Catherine L. Dempsey
Jessica Dere
Sonya S. Deschenes
Daniel Aaron Dickson
Rachael Dillon
Shira Dinar
Eleanor Donegan
Jennifer E. Donnelly
Tanya N. Douleh
Jacquelyn Doxie
Amy Kathryn Drayton
Jessica Dreifuss
Chris M. Duggan
Otylia Marta Dulnik-Hsu
Stephanie Dunkel
Ilana Dworin
Sara Jean Dyson
Martha C. Early
Theresa Elizabeth Egan
Marie Ehrler
Efrat Eichenbaum
JoAnna Elmquist
Laura Ely
Benjamin Emmert-Aronson
Hadassa Engelsohn
Lorena Escoriaza-Socorro
Emmanuel P. Espejo
Flint M. Espil
Nicole M. Evangelista
Laura E. Fabricant
Erin Fallis
Stacey L. Farmer
Samantha G. Farris
Jeniimarie Febres
Brian Feinstein
Nicole Feirsen
Elise Nicole Feldman
Thomas Fergus
Candice Festa
Margaret Feuille
Silvia Fiammenghi
Cassie N. Fichter
Yudelki Firpo
Lauren Fisher
Ellen E. Fitzsimmons
Meir Flancbaum
Lauren Beth Flegle
William M. Folberth
Vibh A. Forsythe
Meghan Regina Fortune
Shana Franklin
Tiffany Franzo
Rachel D. Freed
Elizabeth Freeman-Bain
Mayo Fujiki
Stephanie Fung
Jami M. Furr
Jessica Lyle Gahr
Nancy K. Gajee
Michelle Lee Gallagher
Colin Jarred Gallagher
Kathryn Gallagher
Sarah K. Galloway
Daniella N. Ganger
Steve C. Garcia
Christie Gardner
Sarah Garnaat
Melissa Garner
Alexander Geboy
Dalia Gefen
Sarah Elizabeth Gilbert
Lisa Hayley Glassman
Jessica Glowacki
Heather Glubo
Amy Goetz
Ashleigh Golden
Catherine M. Golden
Debbie Gomez
Michele Lora Gonen
Ana Maria Gonzalez
Christina LeighAnn Goodwin
Eugenia I. Gorlin
Kaitlyn Rose Gorman
Adam Gottlieb
Aaron John Grace
Troy Grassi
Elisa Grechi
Joshua Robert Greco
Amanda Lea Grodewald
Kathleen Marie Grout
Nicole Nina Grubisic
Patricia A. Gruner
Benjamin Grysman
Matthew David Guelker
Jamie Lynn Guelker
Maria Gurren
Angela Maria Haeny
Jonathan Houston Hagewood
Lauren S. Hallion
Karen M. Hamill
Ashley Sierra Hampton
Sonia Handa
Jessica Handelsman
Lori Handschuh
Kristen A. Hanson
Christine Adelaide Hanson
Rob Happich
Erez Harari
Katy Harper
Lisa Harrington
Mark Louis Hatzembuehler
Katherina Hauner
Christopher G. Hawkey
Kirsten Hawkins
Jillian Haydicky
Veronique Hayek
Jacqueline Hyland Heath
Karin E. Hendricks
Angela Herle
Brooke Hersh
Kylee J. Heston
Stephanie Hicka
Mikaela J. Hildebrandt
Kaitlin Ashley Hill
Atara D. Hiller
Marchion Hinton
Laura Sachi Hiruma
Julia Hitch
Jessica Holdren
Lyda Eugenia Holguin
Lauren J. Holleb
Courtney Alexandra Hopkins
Katie J. Horsey
Elizabeth Ann Howarth
Ashley N. Howell
Maria Howell
Lorena Hsu
Kristen Hudec
Suzanne Lorraine Huggins
Genna Faith Hymowitz
Genevieve Izzo
Janelle R. Jackiw
Stephanie Jacobs
Anna Jadanova
Danielle Jahn
Urmi B. Jani
Brantley Jarvis
Deborah Jaspén
Jenna L. Jebitsch
Sherlyn Jimenez
Kirsten Elizabeth Jimerson
Brad Joachim
Katie Ann Johanning
David P. Johnson
Megan Jones
Jeremy S Joseph
Ashley Nicole Junghans

{Student members, continued}

Aaron W. Kaiser	Teresa Ann Lillis	Kyle Menary	Carissa Orlando
Ewa Anna Kalicka	Lincoln Lim	Chloe Valentine Menon	Elizabeth Mary June Orr
Marie Karlsson	Stine Linden-Andersen	Abigail Merin	Melissa L. Ortega
Lara Beth Kassoff	Oliver Lindhiem	Liza C Mermelstein	J. Alexis Ortiz
Ayelet Kattan	Ariane Ling	Rachel Ann Merson	Rebecca E. Osterhout
Kelly L. Katuls	Lindsay Liotta	Blair Mesa	Magdalena Anna Ostrowski
Aviva M. Katz	Nicole Lippman	Yeraz N. Meschian	Cortney Marrassa Panzarino
Shaina Jill Katz	Claire Goodwin Lisco	Tatyana Mestechkina	Corey James Patrick
Marcia Kearns	Tannah Little	Patricia L. Metzger	Michelle Patriquin
Crystal Keath	Nancy H. Liu	Joseph Meyer, III	Ben Paul
Quinn Dione Kellerman	Howard Liu	Nicholas Mian	Michelle Pavony
Mackenzie Kelly	Graciete Lo	Patrick Michaels	Nicole Juszczyk Peak
Chris Kelly	Amanda Gloria Loerinc	Natalie Janina Michal	Pia Pechtel
Shian-Ling Keng	Allison Love	Elizabeth Anne Miller	Marianne Pelletier
Kalianne Kenny	William Lu	Michelle Miller	Livangelie Perez
Yelena Kholodenko	Christina Luberto	Adam Bryant Miller	Meredith L. Perlman
Tatyana Kholodkov	Kristy Ludwig	Rachel Lynn Miller	Lori Ann Maria Perretta
Marcia B. Kimeldorf	Kelly Jean Luebkert	Hannah Lucy Mills	Kristen Perry
Andrea S. King	Jessica R. Lunsford	Dafne A. Milne	Jessica R. Peters
Sarah C. King	Jordan A. Lyon	Jacqueline Farrah	Nicole Tavano Peters
Carissa Kinman	Timothy L. Lyons	Moghaddam	Trevor J. Petersen
Melinda Victoria Kirschner	Jessica Madrigal-Bauguss	Ashleigh R. Molz	Emma Lee Peterson
Michael B. Klein	Joshua C. Magee	Jennifer Monforton	Nicholas Petikas
Paulo Knapp	Leanne Magee	Jessica Moore	Jenny Petrie
Heather Knous-Westfall	Marisa D. Mahler	Dawn M. Moot	Bojana Petrovic
Lauren Kochanek	Jordan Stuart Maile	Erica Grace Moran	Mark Peugeot
Margaret Fox Koepke	Christian P. Maile	Lucas Paul Kawika Morgan	Ani A. Pezeshkian
Darryl M. Koif	Olivia S. Maldonado	Blair W. Morris	Errol J. Philip
Julie Kolzet	Sarah Mandel	Samantha J Moshier	Laura Mykell Philipp
Daniel Cameron Kopala-Sibley	Nicole Neleh Manns	Ashley Moskovich	Emily M. Pisetsky
Aaron Kraus	Jaime Marrus	Lauren Moskowitz	Stephanie Raye Pitts
Nicole Kreiser	Angelika Marsic	Ryo Motoya	Scott Pizzarello
Jason Krompinger	Andrea L. Martin	Nataliya Moubray	Anica P. Pless
Ashley Eve Kronen	Caitlin Ann Martin	Emily Mouilso	Erin Kathleen Poindexter
Jennie Kuckertz	Jessica Martin	Cara Marie Murphy	Gina M. Poole
Lynn Kufner	Lindsay M. Martin	Amanda Murray	Alvin Poon
Elyse Gabrielle Kupperman	Jennifer Honculada Martinez	Sadia Najmi	Mandy Porter
Katherine G. Kusner	Jessica Katherine Masty	Kentaro Nakajima	Carrie Michelle Potter
Abbie Kwitel	Amanda R. Mathew	Maria Narimanidze	Jennifer Potts
Beth LaGrange	Ali M. Mattu	Andrea L. Nelson	Ashley Elizabeth Powell
Lauren Lane-Herman	Cortney Mauer	Maria Nenova	Patricia Nicole Prescott
Danielle Kathleen LaRaia	Alexis May	Kate Newton	Angela Maria Prieto
Nancy Lau	Heather Mazursky	Mei Yi Ng	Cara Elisabeth Pugliese
Laura Anna Lauko	Amber Elizabeth McCadney	Andrew Ninnemann	Connor Puleo
Richard Jason Lawrence	Charles McClure	Melanie Noel	Adriane Itode Queiroz
Sophie Lazarus	Jennifer L. McCollum	Caroline Norris	Leanne Quigley
Sarah Beth Lazer	Megan McCrudden	Daniel Norton	Yakeel T. Quiroz
Yuen-Shan Lee	April R. McDowell	Kathryn Noth	Erin M. Rabideau
Tiffany Lee	Briana McElfish	Jeremy Novich	Archna Randall
Ember Lee	Tara Caitlin McGahan	Sara Nowakowski	Lance M. Rappaport
Angela Lee-Winn	Morgan Lilith McGillicuddy	Shoshana Nusbacher	Kathy Rasmussen
Kristin Lemaster	Eleanor McGlinchey	Andrew P. Oakland	Ariel L. Ravid
Yat-Ming Jude Leung	Catharine A. McRoy	Olga Obratsova	Kendra Louise Read
Cheri Alicia Levinson	Jared Reginald McShall	Kelli O'Brien	Xoli Redmond
R. Eric Lewandowski	Kate McSpadden	Emily Ocner	Nicole Redzic
Erin Lewis Morrarty	Joshua Luke Medjuck	Shani Ofrat	Melissa Reeves
Betty Liao	Jennifer Meeter	Avital Sarit Ogniewicz	Laura C. Reilly
Jason Lillis	Stacey Lawrence Colton Meier	Megan E. Olden	Michelle M. Reising
	Michael Christopher Meinzer	Jessica Lynn O'Leary	Casey Michelle Reneau

Welcome, New Members

{Student members, continued}

Alexis Resnick
 Jazmin Reyes
 Graham Reynolds
 Sarah E. Ricelli
 Kolette Michelle Ring
 Michelle S. Rivera
 Donald John Robinaugh
 Elizabeth Jenna Robison-Andrew
 Matthew Roche
 Jennifer Lynn Rodman
 Maria Antonia Rodriguez
 Kate Rogers
 Perella Rooz
 Diane Rosenbaum
 Anna Rosenberg
 Brendon David Ross
 Philippe Roy
 Sarah Royal
 Ian Rugg
 Maria C. Russo
 Elizabeth Ryan
 Maria C. Saavedra
 Rebecca Sachs
 Deena Sadiky
 Cristian Camilo Saenz
 Moncaleano
 Mia M. Sage
 Kristin Elizabeth Salber
 Francisco Isaac Salgado-Garcia
 Nadia Samad
 Kristen Sanderson
 Shivali Noel Sarawgi
 Moeko Sato
 Michael Thaddaus Savenelli
 Julia Savina
 Antonina Savostyanova
 Sarah Savoy
 Anne Saw
 Natalie Marie Scanlon
 Heather Schatten
 Nicole Schatz
 Brandon F. Schechter
 Kate Lauren Scherzo
 Erin Renee Schmidt
 Benjamin Schoendorff
 Frederick J. Schoepflin

Meghan Schreck
 Amie R. Schry
 Jessica Schubert
 Elizabeth Barbara Schuster
 Danielle Schwartz
 Jeremy A. Sears
 Abigail Carole Seelbach
 Danielle K. Seigers
 Mayu Sekiguchi
 Joshua Semiatin
 Puja Seth
 Siddhi J Shah
 Sharon Shatil
 Jena Ann Shaw
 Christina Marie Sheerin
 Sean C. Sheppard
 Amanda Sherman
 Keri Shiels
 Nina D. Shiffrin
 Joshua Gregory Shifrin
 Yuki Shimaoka
 Philippe Shnaider
 David A Shwalb
 Marc Anthony Silva
 Caroline Silva
 Emily Ann Silverman
 Lilya Sitnikov
 Meredith Leigh Slish
 Adrienne Sloan
 Susannah Q. Smedresman
 Kimberly Dawn Smith
 Rose C. Smith
 Jocelyn Smith
 Taylor Smith
 Kelly Brook Smith
 Leisha J. Smith
 Rachel Diane Smith
 Rosa Smurra
 Elizabeth Jessica Smyth
 Jeneane Solz
 Laura Coleman Sorensen
 Michael Jonathan Sornberger
 Elina Spektor
 Katherine Simpson Spencer
 Clare Donnelly Spillane
 Amanda M Spray
 Laura E. Sproch
 Todd Squitieri
 Amy Starosta

Amanda Stary
 Zachary Ryan Stearns
 Brittany Sted
 Victoria Stein
 Elizabeth Steinberg
 Emily Rebecca Stern
 Joanna R. Stern
 Maria-Christina Stewart
 Caroline Stewart
 Nina Stoeckel
 Monika Magdalena Stojek
 Jocelyn Stokes
 Dorian Dunn Storbeck
 Madalina Laura Sucala
 Aimee Sullivan
 Corinne Sweeney
 Patrick D. Sylvers
 Yael Taler
 Angelique Teeters
 John Terry
 Michel A. Thibodeau
 Kristine Michelle Thielman
 Abigail Thompson
 Adrian Dion Thompson
 Johanna Thompson-Hollands
 Nicole Thomson
 Timothy Thornberry, Jr.
 Neathery Alejandra
 Thurmond
 Yvonne Tieu
 Meghan Tomb
 Letitia Elizabeth Travaglini
 Lindsay Rae Trent
 Theresa Noel Trombly
 Meagan C. Tucker
 Laura B. Turner
 Jodi Z. Uderman
 Aisha Usmani
 Charles David Valadez, Jr.
 Roberto Ruiz Valdez
 Christine Van Gessel
 Nathaniel Van Kirk
 Anna Van Meter
 Michael Patrick Van Wie
 Julien-Pierre Vanasse
 Laroche
 Marie-Anne Vanderhasselt
 Alison Vargovich
 Vivek Venugopal

Matthieu Villatte
 Anna L. Villavicencio
 Kristine Vindua
 Maria Vital
 Rebecca K. Vujnovic
 Lisa Wajsblat
 Amber Lea Walser
 Yanping Wang
 Kathleen Erin Watson
 MacDonell
 Ashley L. Watts
 Chiaying Wei
 Christina Wei
 Jason S. Weingarten
 Miryam Welbourne
 Elena A. Welsh
 Johanna Whitney Wendell
 Angela Roethel Wendorf
 Julia A. West
 Alyssa Kai Wheeler
 Mandi White-Ajmani
 Kerry Whiteman
 Sarah Ramsey Williams
 Jessica Marlene Williams
 Caitlin Wilpone-Jordan
 Jennifer Ann Wilson
 Susan Marie Wilson
 E. Samuel Winer
 Jessica K. Winkles
 Nick Wisdom
 Kate S. Witheridge
 Noam Wittlin
 Sheri Wolnerman
 Maggie Lucile Woodrum
 Don Wooldridge
 Abigail Lyn Wren
 Kristin Wyatt
 Jennifer Yardley
 Ilya Yaroslavsky
 Vivian M. Yeh
 Yeo-Gin Yun
 Ana Zdravkovic
 Karen Michelle Zhang
 Jiaojiao Zheng
 Rupa Puri Zimmermann
 Erica Zucker
 Karen Beth Zwillenberg
 Daniel Paul Zwillenberg

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Call for Web Editor

ABCT is seeking a Web editor to assist in updating material in, and developing policies for, its Web site. The position is funded with both an honorarium and editorial support. The role principally involves helping to develop content for the Web site and determine the site and navigational structure best suited to our audiences. Technological knowledge is less essential. The following mission statement and strategy statement detail information on the proposed aims, activities, and audiences of this new Web site effort.

Web Page Mission Statement

The Web page serves a central function as the public face of ABCT. As such, it has core functions linked to the mission and goals of the organization: facilitating the appropriate utilization and growth of CBT as a professional activity and serving as a resource and information source for matters related to CBT.

Informational and resource activities are directed toward three conceptual groups:

- **Members**—with emphasis on providing an interface for many of the administrative functions of the organization, including conference information, dues, public listing of therapists, etc.
- **Nonmember Professionals**—to advertise the comparative efficacy, diversity of styles, and methods of cognitive-behavior therapy, with additional information on training opportunities, available syllabi, and new findings in the scientific literature.
- **Consumers**—to provide information and treatment resources on disorders and their treatment, with emphasis on the style, “feel,” and efficacy of cognitive-behavior therapy, as well as information on additional issues that consumers confront in treatment (e.g., combined treatments, relapse prevention, etc.).

Web Page Strategy Statement

One of the broader changes in the architecture of the Web page is that our content will now come up on searches. Accordingly, we need to plan content that will bring professionals and consumers to our site. The Web editor will need to liaise with associate editors, periodical editors, committees, and SIGs for content. Such content includes:

- Diagnosis-specific information pages (e.g., information on depression and its treatment)
- Efficacy information (comparative, combination treatment issues)
- The “feel” of cognitive-behavioral treatment
- CBT, BT, DBT, RET . . . what is in a name?
- Recent research findings
- Position statements—regarding issues in the field (to clarify what our organization stands for)
- Speakers bureau
- Links to publications
- Helping media find the right person to discuss a topic
- CBT curricula
- Featured therapist of the month
- Research funding available
- Learning opportunities

ABCT’s web site is now a mature site, having undergone several structural revisions. Now, we are looking for a member to help us maximize our own web’s outreach potential and grow it while maintaining structural integrity. In addition, candidates can apprentice with our current web master, learning the interface among web editor, web master, and central office.

How to Apply

ABCT members interested in applying for this position should contact David Teisler, Director of Communications, ABCT, at teisler@abct.org.

DEADLINE: May 15, 2010

the Behavior Therapist
Association for Behavioral
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voting
begin!*



Remember to cast your electronic vote.
If we *do not* have your email in our system,
then we mailed you a paper ballot.
If you did not receive voting materials
in any form, please contact the central office.