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the Specialist Editor: Robert D. Hill, PhD, ABPP
Associate Editor: Michael J. Cuttler, PhD, ABPP
**President’s Column**

Gregory Lee, PhD, ABPP

ABPP continues to grow with many new initiatives and exciting plans for continuing our development. I’ve been impressed by the high level of professional and scholarly activity of board certified psychologists nationally. Just a few of our member accomplishments are highlighted in this issue of the Specialist. We plan to recognize even more of our member achievements in upcoming conferences and programs as well as through our ever improving ABPP webpage. It is my hope that through active collaboration with our Board and Academy leadership that we can continue to acknowledge our outstanding ABPP member achievements.

Here are some recent highlights along with upcoming professional development programming:

The third annual ABPP Summer Workshop Series was held in Philadelphia, PA July 11-14, 2012 at the Warwick Hotel. It was a successful event with some of the most knowledgeable leaders in the field presenting on their areas of expertise. We are grateful for the time and effort that our ABPP presenters invest to make these workshops an excellent continuing education venue. We look forward to the workshop series next year as we are committed to making this a strong ABPP learning tradition for members, future members, students, and all those who have an interest in obtaining high quality continuing educations in professional psychology.

As part of our initiative to spread the word about ABPP and the value of board certification, all specialty boards were offered the opportunity to create a short video describing their board. Five specialty boards made videos at the last BOT meeting in December, and they are now available online at: [http://www.youtube.com/user/ABPPBoards?feature=mhee](http://www.youtube.com/user/ABPPBoards?feature=mhee)

There are six videos in total including an ABPP overview and YouTube vignettes on Clinical, Clinical Child, Cognitive & Behavioral, Counseling, and Rehabilitation. Go take a look at them and please urge your colleagues and students to look at them as well.

The Maintenance of Competence Task Force, chaired by Chris M. Nezu, PhD, met in Washington, DC this past April to further develop a model for self-monitoring and verification of specialists’ continued professional development in the future. A report from this group is included in this issue of the Specialist. Psychology and other professional groups, such as medicine, are moving beyond simple licensing and certification to ongoing maintenance of competence within their specialty areas. This is based on the idea that competent professionals must continue to update their skills, enhance their existing knowledge, and reexamine their professional attitudes throughout their careers. The current version of the model has been sent out for review to the Specialty Boards,
The Board-Academy Relations Workgroup has sent drafts of the affiliation agreements out to all Board and Academy Presidents for their review. Academies and Boards are now in the process of deciding whether to: 1) merge with their specialty board under the ABPP umbrella, 2) remain a separate organization from their specialty board, but still be under the ABPP umbrella, or 3) remain a separate organization and be incorporated independently from ABPP but be affiliated with ABPP. The final version of the agreements should be finalized by mid-June and will then be distributed to the boards and academies for final signatures of agreement.

The ABPP Foundation, our charitable organization which was designed to provide support for continuing professional education and development for psychologists with the intent of improving the health and well-being of the general public, has received a positive response from many specialists. The Foundation will continue to accept nominations for the ABPP Foundation Ambassadors League as well as encouraging donations, of any amount, to qualify as a “founding fellow” of the Foundation through June 2012. Pledges and donations may be made through the direct link at ABPP’s webpage:  
http://www.abpp.org/i4a/pages/index.cfm?pageid=3577

The CE Committee, under the knowledgeable guidance of Bob Hill and Mike Cuttler the editors of The Specialist, began offering CE credits at no cost to ABPP board certified specialists in the Winter issue of The Specialist. There will be another CE article offering in this issue, and the plan is to continue having at least one brief CE article in every issue of the newsletter with a link to the ABPP website where specialists may take the CE quizzes and obtain CE credit online.

I'd like to personally thank our BOT as well as the many BOT and Academy leaders and members who have provided exceptional service in behalf of our ABPP initiatives. It is rewarding to be a part of a distinguished group of professionals and scholars who are so deeply committed to public service.

I’m looking forward to meeting with all of you at the 65th ABPP Convocation and to renew friendships and professional connections at our social hour to be held at the American Psychological Association conference that is scheduled for Saturday, August 4, 2012 from 8:00 a.m. – 9:50 a.m. at the Peabody Orlando Hotel, Grand Ballroom P, 9801 International Drive, Orlando, FL. Please plan to attend and help us welcome our newest board certified specialists as well as honor some of our most distinguished members.
CEO Update

By David R. Cox, PhD, ABPP
Executive Officer

ABPP Summer Workshop Series –
Tandem Specialty Board Examinations

Although I am writing this in advance of the Summer Workshop Series, by the time you read this, the 2012 ABPP Summer Workshop Series will have been held (July 11-14, 2012) at the Warwick Hotel in Philadelphia, PA. Each year, the workshops have been enthusiastically received and provide a unique opportunity interaction with your colleagues. The event also provides an opportunity to meet and interact with influential leaders in the field. APA President-elect Don Bersoff, PhD, JD, ABPP has been a presenter at the 2010 and 2012 ABPP Summer Workshop Series. Dr. Vasquez joined us in Portland in 2011; I am hopeful that we can have Dr. Bennett Johnson join us in 2013 to present some of her work in clinical health psychology and diabetes.

This year, at least three of the ABPP Specialty Boards carried out board certification examinations in conjunction with the week’s scheduled continuing education opportunities. The American Board of Clinical Psychology (ABCP), American Board of Clinical Health Psychology (ABCH) and American Board of Police & Public Safety Psychology (ABPPSP) each conducted examinations in Philadelphia. This type of collaboration and coordination of ABPP activities is strongly supported and we hope to have continued (and increased) specialty board meetings and examinations occur in the future. Indeed, the ABPP Board of Trustees (BOT) will hold a mid-year meeting in conjunction with the 2013 Summer Workshop Series.

Speaking of the 2013 Summer Workshop Series, please mark your calendars for July 10-13, 2013 in Boston at the Parker House Hotel. Boston is always a fun place to visit, and we hope to see you there!

Continuing Professional Development/Maintenance of Certification

ABPP’s Maintenance of Certification task force, chaired by Chris Nezu, has completed an initial proposal, based on capturing the ongoing activities in which ABPP psychologists engage to maintain competence in a specialty area, and provided that to the BOT for review and consideration. It should be reiterated that this is not a re-examination process, but rather a documentation process of activities in which, according to the survey conducted this past year, ABPP specialists are already engaged. As I mentioned in my last update (the Specialist, Winter 2012), ABPP specialists report being involved in a wide variety of activities to maintain competence, and do so at a greater frequency than do non-ABPP psychologists.
Find Referrals More Easily with Updated Search

Recently, we updated the search capability on the ABPP Find a Board Certified Psychologist site (see it on the ABPP home page at www.abpp.org). You (and others) can now locate a board certified psychologist using a zip code and a distance radius from that zip code. This is a feature that, although desired, was previously not available on the platform used, so I am very happy to let you know that it is now implemented!

ABPP YouTube Videos

At the December 2011 Board of Trustees meeting, several specialty board representatives participated in creation of some brief informational videos about ABPP specialty boards, and an overview of ABPP was also created. Thanks go to Charme Davidson (Counseling), Mary Hibbard (Rehabilitation), Alina Suris and Vicki Ingram (Clinical), George Ronan (Cognitive & Behavioral), Phil Kendall (Clinical Child & Adolescent) and Nadine Kaslow (ABPP Overview) for their willingness to become immortalized in this fashion! Check out the videos, if you have not already done so, by clicking on the YouTube icon on the ABPP home page (www.abpp.org).

Periodic Comprehensive Review Process

The ABPP Periodic Comprehensive Review process is nearing completion of the first full cycle! This process began in 2006 and we have completed all reviews at present, with the exception of Group Psychology – that is scheduled for September. Each review has been helpful to the specialty board as well as to ABPP as a whole in the process permits a sharing of ideas and observation of different ways that the board certification is carried out, while remaining true to the overall integrity of the ABPP process. See the notes from the Clinical Child and Adolescent Psychology board in this issue of the Specialist for an example of how this has been viewed by a specialty board recently. I personally want to acknowledge and thank all of the members of the boards that were involved in their PCR process – it is a comprehensive task, and therefore is not easy, yet is vital to the continued quality of the specialty board and ABPP.

Upcoming APA Elections & APA Convention

Finally, this issue of the Specialist includes statements from candidates for President-elect of the American Psychological Association (APA). I encourage each of you to read these; the current slate includes two candidates that are ABPP board certified. However, I also think we should take a moment to recognize the recent presidential role that several ABPP psychologists have had with and thank them: Melba Vasquez, PhD, ABPP (2011), Suzanne Bennett Johnson, PhD, ABPP (2012) Don Bersoff, PhD, JD, ABPP (2013). Please participate in the APA election if you are eligible to do so.

ABPP will, as always, have a booth at the APA Convention. Please drop by to the Central Office staff and you to meet one another. If you can, volunteer to be at the booth to respond to inquiries about your specialty area. Come by to get your questions answered; provide us with feedback and/or just to visit. We hope that those of you in attendance at the APA Convention will join us at the ABPP Convocation (Saturday; details elsewhere in this issue) and that you have a fantastic time!
**ABPP Central Office Update**

This time of year is a particularly busy time in Central Office, as we have just wrapped up the 3rd annual ABPP Summer Workshop Series that was held in Philadelphia, PA from July 11th -14th, and are preparing for the APA Convention. Each year we learn, evaluate, and improve on our processes. Three areas that were improved based on feedback received during the Summer Workshop series include:

- Email blasts – sent bi-weekly promoting a presenter to increase awareness of workshops
- Presenter handouts - sent electronically to attendees one week prior to workshop. This helped aid the attendee in what to anticipate, prepare, and printing cost savings.
- Online CEU Certificate – attendees received an email following workshop with a link to submit and print their CEU certificate

The APA Convention will be held in Orlando, FL, August 2nd – 5th. Key ABPP events at APA include:

**Friday, August 3**
The Peabody Orlando
9801 International Drive
Room TBD
12:30 am – 2:00 pm – Training Directors Open House
(RSVP to nmcdonald@abpp.org; light lunch will be served)

**Saturday, August 4**
The Peabody Orlando
9801 International Drive
Grand Ballroom P
8:00 am - 9:50 am: Convocation (breakfast will be served) Please join us in recognizing 250 newly board certified ABPP specialists

**APA Convention**

**Thursday, August 2 – Sunday, August 5**
9:00 a.m. - 5:00 p.m. (Thursday-Saturday)
9:00 a.m. - 12:00 p.m. (Sunday)
Orange County Convention Center
Halls A4, B1, B2 and B3
ABPP Booth #710
Pick up ribbons here

Please refer to the APA programs listed beginning on page 13 of this issue of the Specialist for all ABPP events at APA. Central Office staff will be in attendance, so please stop by and say hello!

**Ongoing CO Projects:**

- Early Entry Applicants Google Group: Currently there are 207 members that can ask questions regarding the application process. This group is monitored and answered by Central Office and the President of ABPP. Each quarter, an email goes out to our Early Entry Applicants to touch base and inform them of anything new happening with ABPP.
- Online applications are going well. Currently 294 since we started

If you would like more information or details regarding any of the above information, or if you have suggestions to share, please contact the Central Office at office@abpp.org. We value your feedback. Thank you.
As we enter the summer of 2012, the relationship between all 14 pairs of ABPP specialty boards and their corresponding specialty academies continues to evolve. Through conjoint, collaborative efforts between boards and academies, there has developed a healthy respect for the way in which each specialty wishes to define its relationship between the board and academy.

While such organizational restructuring continues, CPPSA remains committed to providing a forum and an organizational structure for the 14 ABPP academies to share perspectives, to learn from each other, and to work together on specific initiatives as it may be advantageous for the academies and the mission of ABPP. While many activities are initiatives of singular academies, there are also many collaborative efforts cutting across academies, boards, APA divisions, and in some cases organizations outside both ABPP and APA. The listings below are just a sampling of some of the recent innovative and continuing activities involving academies. These and other undertakings are likely discussed in greater detail in reports from individual academies elsewhere in this edition of The Specialist; they are presented here in summary fashion to convey the breadth, depth and diversity of activities among the academies:

**Clinical Psychology**
- Promoting ABPP board certification by advertising in multiple SPTA and Division newsletters
- In the process of developing on-line videos to educate potential ABPP candidates
- Mentoring program, currently involving 72 matched mentor-mentee pairs
- Developing a home study course to help examiners and potential examiners learn and fine-tune effective examination skills

**Clinical Health Psychology**
- Restarted a formal mentoring program
- Developed a formal affiliation agreement with Division 38
- Developing a website

**Clinical Neuropsychology**
- Development of a Board Certification Promotion Committee which established a network of 42 regional representatives, covering the entire US. Each representative will establish contacts within his/her region with graduate training programs and provide periodic presentations on the value of (and pathway to) board certification.
- Increased recognition of pediatric specialists through the Pediatric Special Interest Group
- Funding of research grants for outcomes research
- Advocacy efforts on behalf of neuropsychologists in over 20 states during 2011
Cognitive & Behavioral Psychology
- Relationship with the Association for Behavioral and Cognitive Therapies, an independent multi-disciplinary professional association, with most members who are psychologists
- Workshops at ABCT annual convention on preparing for board certification

Counseling Psychology
- Updating all aspects of communication, including newsletter and the launching of website for current and prospective members

Couple & Family Psychology
- For several years, and continuing in 2012, there has been a joint meeting during the APA convention with ABCFP board and many members of APA Division 43.
- Website updating.
- Joint conference in Fort Lauderdale with the American Academy of Group Psychology

Forensic Psychology
- Continued close collaboration with Division 41 (American Psychology-Law Society)
- Beginning collaboration with Division 42 about adding forensic psychology information to the Division 42 website

Group Psychology
- Instituted a Fellows award
- Established an annual dinner for the membership and prospective members

Police & Public Safety Psychology
- Two full-day workshops presented at the June 2011 ABPP Summer Workshop Series
- Four half-day workshops to be presented during the July 2012 ABPP Summer Workshop Series

Rehabilitation Psychology
- Annual mid-year conference cosponsored with the American Board of Rehabilitation Psychology and APA Division 22
- Initiation of a book series with Oxford Press

School Psychology
- Joint presentations with the American Board of School Psychology at the National Association of School Psychologists conference in February 2012
- Hosted a social reception at the NASP conference
- Publication of the Journal of Applied School Psychology, the official journal of the Academy of School Psychology

Notable in almost all of the above activities is collaboration between individual academies and other organizational entities, whether within the specialty, within ABPP, within APA, or within the broadest definition of “psychology.”
CPPSA Funds APPIC Conference Sponsorship

Here is a “first” for CPPSA: With the promotion of ABPP board certification a primary focus of all academies, ABPP, through CPPSA funds, was one of the sponsors of the Association of Psychology Postdoctoral and Internship Centers (APPIC) conference held in Phoenix this past April. There were approximately 250 people in attendance, with most being training directors of internships and/or postdoctoral residency programs. The APPIC conference itself was filled with references to the increasing focus on competency and the expectation of psychologists seeking specialty board certification, which completely corresponds to the ABPP/CPPSA focus on this cultural change. Cynthia Belar presented an opening talk that addressed the importance of accredited training programs and professional psychological competency in integrated healthcare. Ron Rozensky emphasized that other healthcare professionals will, in the world of healthcare reform, expect that psychologists will be board certified. David Cox, ABPP Executive Officer, presented a workshop on Competency and Board Certification that was well attended and received excellent reviews. The APPIC Executive Director, Jeff Baker, indicated he was pleased to see the full room for the workshop and expressed a desire to have the workshop repeated next year, or perhaps have a pre-conference workshop on the topic.

Promoting ABPP in Professional Publications

CPPSA has again taken out a large “ABPP ad” in Psychological Services for all of 2012 and the first issue of 2013. This is the journal that is most widely read by VA psychologists, touting the pay increase with ABPP board certification.

ABPP Summer Workshops in Philadelphia

A joint effort involving academies and boards is the ABPP Summer Workshop Series, which will be held in Philadelphia July 11-14, 2012. The wide range of offerings makes this an ideal opportunity to broaden one's expertise and stay on top of the latest developments.

CPPSA in Orlando

CPPSA will be holding its annual in-person meeting during the upcoming APA convention in Orlando. It is scheduled for Friday, August 3, from 8-11am, with the hotel and room to be determined. I look forward to this opportunity to see many of you there.
Editor’s Column and Specialist Submission Guidelines
Specialist Editor, Robert Hill, PhD, ABPP

In addition to interesting news and updates from Boards and Academies, the Summer 2012 edition of the ABPP Specialist contains several noteworthy sections: First, an opportunity to earn continuing education units (CEUs) through a published article from Philip Kendall, PhD, ABPP. This article highlights one of our clinical science Specialists who has made a substantial contribution to the evidence-based practice literature in the treatment of adolescents. It provides some concrete suggestions not only for the treatment of adolescents, but contains general concepts for the design of CBT interventions for all patient groups. The CEU credit that you can receive for reading and studying this article is a free continuing education service that ABPP provides to its members. Second, the Specialist presents contributions from past and current members and leaders of our association. These submissions can be found in the following sections: “Historians Corner” and “Letters to the Editor.” I enjoy reading these because they help me to stay in touch with friends and colleagues through learning about their successes. I was particularly impressed by Roger Brooke’s submission. He describes a special case of advocacy and trauma work that he and others engaged in during the South Africa apartheid era. It is of great value to celebrate the achievements as well as the memories of professional advocacy of our fellow ABPP members who have contributed to the expanding credibility of our organization world-wide through service to others in need.

I encourage you to log on to our Facebook page where we are posting material frequently about ABPP and its activities. Our Facebook page is located at: http://www.facebook.com/pages/American-Board-of-Professional-Psychology/126100780742857?ref=ts&v=wall%20

If you are considering a Specialist submission don’t hesitate to send me a personal email, bhill@ed.utah.edu and we can dialogue further about your ideas.

Below are the Specialist submission guidelines. These appear in each issue of the Specialist.

1. The theme and content of submitted articles should be consistent with ABPP interests and issues: specialization, credentialing, board certification, identification and development of specialty areas, etc., or to the specific interests of ABPP-certified specialists. Articles with content of more general interest, or unrelated to the above topics, should be submitted elsewhere. Questions regarding suitability for the Specialist and other questions may be directed to the Editor, Dr. Hill, at bhill@ed.utah.edu or 801-581-7148.
2. The BOT, Editor, or Communications Committee may initiate requests for submissions on particular themes and topics, for inclusion in Special Sections of grouped articles.
3. The BOT, Editor, or Communications Committee may solicit or invite contributions from individuals and organizations.
4. Submissions may be of any length, but are typically between 5 – 15 pages of word processed text.
5. Submissions may be in any manuscript style appropriate to the content. APA Publications Manual style need not be followed.
6. Submissions should be made by e-mail attachment in Word to the Editor’s attention at thespecialist@abpp.org. The submission attachment document itself should clearly identify the author(s).
7. Article submissions will be subject to review and acceptance or rejection by the Editorial Board. Authors may be asked for revisions based on the review.
8. Submissions or letters to the Editor with particularly controversial content may be referred through the Communications Committee to the Executive Officer and the BOT for possible further recommendation or action.
Update: ABPP Special Task Force on Maintenance of Certification

Christine Maguth Nezu PhD, ABPP; Charme Davidson PhD, ABPP; Brenda Douglas PhD, ABPP; Mary Hibbard PhD, ABPP; Michael Tansy PhD, ABPP & David Cox PhD, ABPP

The ABPP Board of Trustees has concluded that maintenance of certification (MOC) is consistent with the organization's strategic objective to “maintain the value of board certification,” and through the Standards Committee has been actively investigating the pros and cons of maintenance of certification for the past three years. Psychology is but one of many professions that have imposed a level of self-regulation as a means of helping to assure quality care and of protecting the public. Board certification can be helpful in that regard, and is anticipated to be an essential element of professional psychology practice as health care reform evolves (Rozensky, 2011). Maintenance of board certification is also becoming expected by the public (Weiss, 2010). With advances in science and proliferation of access to information regarding professional practice, the “half-life” of knowledge in psychological specialties is diminishing relatively rapidly, thus highlighting the need to stay current in one’s area of specialization (Neimeyer, et al., in press).

A task force, appointed by ABPP presidents Kaslow and Lee, and chaired by Chris Nezu, a past president, has developed a prototype for maintenance of certification which includes the completion of documentation of specialty-specific continued professional development. In contrast to traditional continuing education, continued professional development encompasses many of the functions and experiences performed by specialists in their day-to-day activities. In developing the protocol, the intent of the task force was to be accurate and fair, evolve over time, minimize the burden on specialists, and to not require full re-examination. It is anticipated that once this process is vetted and approved, it will be implemented with all newly board certified specialists after 2014. For specialists who were board certified prior to 2015, participation in the MOC process will be voluntary. The next step in this iterative process will be a review, and completion of the required documents for the MOC by the ABPP Board of Trustees, specialty board and academy presidents, a sample of newly board certified specialists, and other interested parties.

Individuals who are interested in participating in the pilot phase of this project are encouraged to access the following link, complete the proposed documents and provide feedback concerning the experience via MOCfeedback@abpp.org.

The Specialist will continue to provide a forum for updates on the continuing work of the ABPP organization concerning maintenance of certification.

References


Recent ABPP Awards

Dr. Gregory Lamberty: Recipient of the AACN Distinguished Neuropsychologist Award for 2012

Dr. Mary-Joan Gerson: Recipient of the Florence W. Kaslow Award for Distinguished Contributions to International Family Psychology

ABPP Convocation Invitation

You are invited to...

The 65th ABPP Convocation and Social Hour

Saturday, August 4, 2012 • 8:00 a.m.— 9:50 a.m.
Peabody Orlando Hotel • Grand Ballroom P
9801 International Drive • Orlando, FL 32819

Speaker—Kathleen M. McNamara, PhD, ABPP
“Psychology’s Role in Homelessness: Seeking Best Practices”
2011 recipient of the Distinguished Service & Contributions to the Profession of Psychology Award

Congratulations to our award winners for 2012:

The Russell J. Bent Award for Distinguished Service & Contributions to the American Board of Professional Psychology

Mary R. Hibbard, PhD, ABPP
Daniel E. Rohe, PhD, ABPP
James K. Besyner, PhD, ABPP [awarded posthumously]

Distinguished Service & Contributions to the Profession of Psychology

Colonel Hans V. Ritschard, PhD, ABPP

Also

Come to the ABPP booth at the APA Convention
Orange County Convention Center, West Bldg., Halls A4, B1-3 — Booth 710
9:00 a.m. — 5:00 p.m. Thursday - Saturday August 2nd – 4th
9:00 a.m. — 12:00 p.m. Sunday, August 5th
Pick up your ribbons and lapel pins at the booth!

Please RSVP by July 6, 2012 to:
ATTEND@abpp.org

Regrets only to
NOTATTEND@abpp.org
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Thursday, August 2, 2012

8:00 AM

Author(s): Helen L. Coons, PhD, ABPP
Title: Locating a Private Health Psychology Practice in Women’s Primary Care, Ob/Gyn and Oncology Settings.
Date: Thursday, August 2, 2012
Time: 8-9:50 am
Location: CC Room W304H
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation: Psychologists in Independent Practice
Description: Symposium On “Moving Your Practice into Health Settings: Strategies and Contracts.”

Author(s): Jennifer V. Schurman, PhD (ABPP), Matthew C. Wassom, PhD, and Edward R. Christophersen, PhD (ABPP), Children's Mercy Hospital, Kansas City, MO
Title: Collaborative Approaches to Common Primary Care Complaints: Pediatric Abdominal Pain and Encopresis
Date: Thursday, August 2, 2012
Time: 8:00 am-11:50 am
Location: Hilton Orlando Hotel (6001 Destination Parkway)
ABPP Specialty Area: Child & Adolescent Psychology
Division Affiliation: 53 & 54
Description: This INTERMEDIATE workshop presents current biopsychosocial perspectives on etiology and evidence-based treatment approaches to pediatric chronic abdominal pain and encopresis, two common complaints in the pediatric primary care setting that can be challenging for the independent clinical provider to manage successfully. We will provide a broad overview of collaborative treatment models, demonstrate how these map onto actual clinical practice, and discuss practical strategies for establishing effective and sustainable medical–psychological partnerships across a variety of practice settings.

Author(s): David H. Barlow, PhD, ABPP (Chair)
Title: New Modular Approaches to Treating Anxiety and Related Disorders
Date: 8/2/2012
Time: 8:00 am -10:00 am
Location: Convention Center Room W106
ABPP Specialty Area: Clinical Psychology
Division Affiliation: Division 42
Description: Skill Building Session for Continuing Education: Learning Objectives for Participants: 1. To understand the theoretical and evidence-based support for transdiagnostic treatment components in order to more effectively administer them in clinical practice. 2. To learn how to apply transdiagnostic treatment components to a wide range of emotional disorders, focusing on higher order temperamental commonalities.
9:00 AM

Author(s): Susanne Marie Bruyere, PhD, Robert L. Karol, PhD, ABPP, CBIST, Valerie Masten Hoese, PhD, and Shawn Powell, PhD, ABPP, CBIST
Title: Models of Interdisciplinary Research and Practice in Rehabilitation Psychology
Date: Thursday August 02, 2012
Time: 9:00 – 9:50 am
Location: Convention Center - W 107
ABPP Specialty Area: Rehabilitation Psychology and School Psychology
Division Affiliation: Div 22 Rehabilitation
Description: Symposium - panel discussion on three models of interdisciplinary research and practice in rehabilitation psychology.

Author(s): Irving B. Weiner
Title: Assessing Psychological Dispositions to Violence
Date: 08/02/2012
Time: 9:00 a.m.
Location: Convention Center, Room W108B
ABPP Specialty Area: Clinical, Forensic
Division Affiliation: 5, 12, 41
Description: A key consideration in understanding and predicting violent behavior is the role of personality characteristics that are likely to dispose people to behave in violent ways. Certain personality characteristics increase the likelihood of people becoming violent, and accurate assessment of these characteristics in the individual case can prove helpful in estimating violence risk potential.

10:00 AM

Author(s): Co-Chair - Shawn Powell, PhD, ABPP
Title: Presidential Programming – Mentoring Moments for Trainees and Early Career Psychologists
Date: Thursday, August 2, 2012
Time: 10:00 to 11:50 am
Location: Convention Center Rooms W206B and C
ABPP Specialty Area: School Psychology
Division Affiliation: Div 16 School Psychology
Description: This is a roundtable session for students and early career psychologists. Attendees will have the opportunity to be exposed to a variety of disciplines within the field of psychology and talk to recognized experts about various career opportunities within psychology.

Author(s): Paul W. Clement
Title: Practice-Based Evidence from a Private Practice during 45 Years
Date: Thursday, August 2
Time: 10:00--11:50 AM
Location: Room W107 in Orlando Convention Center
ABPP Specialty Area: Clinical Psychology
Division Affiliation: Division 29
Description: presentation in a symposium titled "Practice-Based Evidence of Psychotherapy’s Effectiveness" chaired by Carol D. Goodheart
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Thursday, August 2, 2012 (continued)

11:00 AM

Author(s): Jerilynn Radcliffe, PhD, ABPP; Elyse C. Carlson, MEd; Jennifer Mautone, PhD; Megan Askew, BA; Tara L. Esposito, BS; Huaping Zhao, PhD; Ann L. O’ Sullivan, PhD
Title: Predicting Maternal Engagement in a Home Visiting Program
Date: 8/2/2012
Time: 11:00 AM - 11:50 AM
Location: West Hall A4-B3
ABPP Specialty Area: Child & Adolescent Clinical Psychology
Division Affiliation: 37
Description: The MOM Program is an innovative home visiting program for underserved families. A team of nurse practitioners and community workers provide home visiting services for the first three years at key transitional points in children’s development. The program’s aim is to empower mothers to seek community resources around their children’s developmental needs and to make and keep routine health care visits for children. The research objective was to define maternal demographic, child variables, and program variables that contributed to maternal program engagement. Understanding the interplay between maternal, child and program characteristics is critical to the design of effective home visiting programs in the future. Overall, 86% of the mothers met criteria for “engagement” in the home visiting program. Mothers who were engaged in the intervention were significantly older (on average 23 vs. 21 years of age at time of program entry) and more likely to have a male child than those who were non-engaged. Results are discussed in terms of the importance of evaluating both program retention and engagement to determine program efficacy.

12:00 PM

Author(s): Meghan Lines, Jennifer Curran, Erica Sood, William Tynan (ABPP), Jennifer Pendley
Title: Role of Psychology in Integrated Pediatric Care
Date: 08/02/2012
Time: 12-12:50 PM
Location: W 106 Convention Center
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation: 54
Description: Symposium on the development of integrated Pediatric and Psychology care in primary care pediatrics (Lines), cardiac care (Sood), weight management (Curran) and diabetes (Pendley). Commentary on the growth of the integrated care model from primary care to specialty care (Tynan).

1:00 PM

Author(s): William Tynan
Title: Supporting Healthy Lifestyles for Families
Date: 08/02/2012
Time: 1 PM to 1:50 PM
Location: W311B Convention Center
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation: 43 (Family)
Description: Fellows Address on the development of strategies to support healthy lifestyles in families
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Thursday, August 2, 2012 (continued)

1:00 PM

Author(s): Rodney L. Lowman, PhD, Stewart E. Cooper, PhD, Stephen H. Behnke, PhD, J.D.
Title: Emerging Ethical and Legal Issues in Organizational Consulting Psychology
Date: Thursday 08/02/2012
Time: 1:00 - 1:50 PM
Location: Convention Center, Room W307B
ABPP Specialty Area: Business and Organizational Consulting Psychology
Division Affiliation: 13
Description: In this conversation hour three prominent ethicists discuss on important emerging ethical and legal challenges in consulting psychology. These include problems in defining the client, the limits of confidentiality, and obligations to non-clients.

Author(s): Marlin C. Hoover, PhD, MS, ABPP-CL
Title: Report of the Activities of the RxP Designation Committee
Date: 8/2/2012
Time: 1:00 – 2:50
Location: Room W105B – Convention Center
ABPP Specialty Area: Clinical
Division Affiliation: 12, 55
Description: The RxP Designation Committee of the APA reviews programs which provide education for prescribing psychologists. The mandate of the Board of the APA includes ensuring that the programs are in conformity with the Curricular Requirements set forth by the Board of the APA. Additionally, the committee is required to report to the membership regarding its activities. The criteria for Designation as a training program that conforms to the guidelines of the APA, a summary of the review process, and the outcomes of the Designation process will be presented.

Author(s): Ragusea, Folen, DeLeon, Dunivin, Hoover
Title: Prescriptive Authority -- Critical to the Future of Psychology As a Viable Health Care Profession
Date: 8/2/12
Time: 1-2:50 PM
Location: Convention Center Room W105B
ABPP Specialty Area: Family
Division Affiliation: 31
Description: Update on Prescriptive Authority

2:00 PM

Author(s): Helen L. Coons, PhD, ABPP (Chair)
Title: Interprofessional Team Building in Integrated Primary Care: Competencies and Strategies
Date: Thursday, August 2, 2012
Time: 2-3:50 pm
Location: CC Room W110B
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation: Health Psychology
Description: Symposium
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

**Thursday, August 2, 2012 (continued)**

**2:00 PM**

**Author(s): Robert D. Stolorow**  
**Title:** Mind to World, Drive to Affectivity: A Phenomenological-Contextualist Psychoanalytic Perspective  
**Date:** 8/2/12  
**Time:** 2:00-3:50 PM  
**Location:** Room W304E, Convention Center  
**ABPP Specialty Area:** Psychoanalysis  
**Division Affiliation:** 39, 32, 24, 56  
**Description:** My contribution to a dialogue between psychoanalytic phenomenology and Dasein analysis.

**Author(s): William D Tynan, Myles Faith, Lloyd Werk, Tom Baranowski**  
**Title:** Transforming Systems to Reduce Child Obesity (Symposium)  
**Date:** 08/02/2012  
**Time:** 2 PM – 3:50 PM  
**Location:** W207 B& C Convention Center  
**ABPP Specialty Area:** Clinical Health Psychology  
**Division Affiliation:** Presidential Program Div 37  
**Description:** Symposium will review how to produce systems change in early child care (Tynan), pediatric practice (Werk), school systems (Faith), delivery hospitals (Karch), and children's hospitals (Baranowski) to improve child nutrition and reduce obesity.

**Author(s): Florence Kaslow, PhD, ABPP**  
**Title:** Family Psychology Around the World  
**Date:** Thurs., Aug. 2  
**Time:** 2:00 to 3:50 p.m.  
**Location:** Convention Center, Rm. 109 A  
**ABPP Specialty Area:** Clinical, Forensic, and Couple and Family Psychology

**Friday, August 3, 2012**

**8:00 AM**

**Author(s): Barnett, J., Zimmerman, J., Davis, D., & Lawson, R.**  
**Title:** sym12101: The Ethical Businessperson: Oxymoron or Essential Values of the Profession?  
**Date:** 8/3/12  
**Time:** 8-9:50 am  
**Location:** Convention Center Rm W205A  
**ABPP Specialty Area:** Clinical  
**Division Affiliation:** 42  
**Description:** Psychologists in independent practice are business persons and entrepreneurs. As such, a primary goal of every practitioner is the success of their business. Yet, each psychologist is bound by a set of values that are articulated in the general principles and enforceable standards of the APA Ethics Code. These values must be integrated into business practices to ensure that others’ best interests are promoted. Issues relevant to being an ethical entrepreneur that are addressed in this symposium include how to ethically open and run a private practice, how to advertise and market one's practice, how to integrate the use of various technologies into one's practice, how to establish office policies and procedures to ensure ethical practice, and how to plan for and then implement the closure of one's practice. For each, ethical challenges, dilemmas, and requirements are presented and specific recommendations are made for addressing each ethically, legally, and with our clients’ best interests.
9:00 AM

Author(s): Judy Ho, PhD, ABPP
Title: Challenges of Disseminating Manualized Cognitive-Behavioral Therapy in Two Urban Communities
Date: August 3, 2012 (Friday)
Time: 9 am
Location:
ABPP Specialty Area: Clinical Child and Adolescent Psychology (Judy Ho), This presentation is in the specialty area of Cognitive and Behavioral Psychology
Division Affiliation: Division 45
Description: Part of the Symposium entitled “Square Pegs in Round Holes? Challenges of Evidence-based Practice in Diverse Urban Communities (Chair: Shelly Harrell, PhD)
Judy Ho Presentation Abridged Abstract: This presentation overviews the experiences of disseminating cognitive behavioral therapy in two urban community settings. The presenter will a) review the original goals and objectives for the dissemination of these interventions, b) describe two different urban communities for which the dissemination was conducted, c) discuss the unique strengths and challenges encountered in each of the communities, d) explain problem-solving techniques attempted along the way to address dissemination challenges, and e) provide anecdotal observations and retrospective analysis that addresses whether these were examples of “square pegs in round holes” - the theme of the symposium, and f) make suggestions for future research directions and clinical applications.

10:00 AM

Author(s): Jay M. Finkelman, PhD, MBA; Patricia D. Lopez, PhD
Title: Global Leadership in a Culturally Diverse World – Ethical and Legal Implications
Date: August 3, 2012
Time: TBD (10am – 12:00pm is in his calendar, but the APA online schedule will not be posted until June.)
Location: TBD
ABPP Specialty Area: Forensic Psychology
Division Affiliation: 13, 14, 21.
Description: An exchange of ideas about how international consultants contend with a variety of global management, legal and ethical challenges including misperception of cultural norms by organizations not prepared to anticipate and benefit from the differences.

12:00 PM

Author(s): Ronald Rozensky, PhD ABPP
Title: Impact of the New Education and Training Guidelines—A Taxonomy
Date: 8/3/2012
Time: 12-150
Location: Room W106 Convention Center
ABPP Specialty Area:
Division Affiliation: CRSPPP Programming
Description: The Guidelines will be presented and we will illustrate how they provide a structure for the use of terms within the education and training sequences for each of the APA approved specialties. The overarching goals of these Guidelines are to facilitate clear and consistent communication in the use of terminology for training programs, students, professional organizations and members of the public. The Guidelines address the type and intensity of specialized training opportunities offered by individual education and training programs at the doctoral, internship, postdoctoral and post-licensure stages of education and training. A consistent definition of specialty is presented and reactions to the Guidelines will be given by leaders across the spectrum of the training community including how students can use these guidelines to better understand how programs describe their sequence of training.
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Friday, August 3, 2012 (continued)

1:00 PM

Author(s): Steven Pfeiffer, PhD, ABPP
Title: Best Practices in Gifted Assessment - Debunking Prevailing Myths
Date: Friday, August 3rd
Time: 1:00 pm – 4:50 pm
Location: Hilton Orlando
ABPP Specialty Area: School Psychology
Division Affiliation:
Description: An intermediate-level workshop on best practices in the identification of high ability children.

2:00 PM

Author(s): John E. Lochman
Title: Changes in ICD-11 diagnoses for children and adolescents
Date: August 3, 2012
Time: 2:00-3:50
Location: room W110A
ABPP Specialty Area: Clinical Child and Adolescent Psychology
Division Affiliation: 12, 27, 37, 53
Description:

Author(s): Peter Sheras, PhD ABPP; Monica Kurylo, PhD ABPP; Peter Oppenheimer PhD; Katherine Nordal PhD; Pauline Wallin PhD; and Thomas J DeMaio PhD
Title: Clinical Practice in America Today
Date: 08/03/12
Time: 2 to 4 pm
Location: Room W207A Convention Center
ABPP Specialty Area: Monica Kurylo is Rehab Psych (and Vice Chair of CAPP); Peter Shera is Clinical Psychology
Division Affiliation: 22 - Rehabilitation Psychology
Description: This CE panel presentation will discuss the breadth and depth of services that the APAPO provides to its' practitioner members (psychologists who pay the APAPO practice assessment). Panelists will discuss the legal and regulatory services that help psychologists get properly reimbursed for their services, federal advocacy for psychologists through the government relations department, and more! There will be ample time for questions to the panelists.

3:00 PM

Author(s): Ronald Rozensky, PhD ABPP
Title: Implications of the Affordable Care Act & Accountable Care on Specialty Training and Practice in Professional Psychology:
Date: 8/3/2012
Time: 3-350PM
Location: Room W104A Convention Center
ABPP Specialty Area: 
Division Affiliation: CRSPPP programming
Description: This program will describe how the Affordable Care Act focuses on issues of accountability in healthcare and the impact of that on expectations of quality care. This demand for accountability will have a direct impact on how individual healthcare providers are credentialed within the changing healthcare system and in particular documentation of expertise. Specialty training in professional psychology will be discussed and why the new system might strongly demand documentation of that specialty training as a quality assurance mechanism.
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Friday, August 3, 2012 (continued)

3:00 PM

Author(s): David H. Barlow, PhD, ABPP
Title: Science and Practice in 2012 and Beyond
Date: 8/3/2012
Time: 3:00PM - 3:50PM
Location: Convention Center Room W304C
ABPP Specialty Area: Clinical Psychology
Division Affiliation: APA Membership Board
Description: This invited address will consist of an in-depth discussion of the challenges and triumphs in integrating science into practice in clinical psychology for the benefit of the public over the past sixty years. After a brief review of the progress that has been made and the reasons for the emergence of evidence-based practice, current barriers to dissemination and implementation will be considered. These barriers include the relative (in) efficacy of current psychological interventions, issues of comorbidity and heterogeneity of psychopathology, the ambiguity concerning mechanisms of action in treatments, a continuing emphasis on nomothetic rather than idiographic methodology, and emerging issues of implementation in clinical settings. Lastly the centrality of these issues to public health policy and marked shift this will dictate in emphasis in both research and practice in the coming decade will be covered.

4:00 PM

Author(s): Chu, D., Fernandez, S., Mosdell, C., Piesman, J., Yellin, E., Lo, T., Dent, V., & Goodman, G.
Title: Symbolic play: The link between maternal health and Ugandan preschool children’s school readiness skills.
Date: 8/3/12
Time: 4-4:50 p.m.
Location: West Hall A4-B3, Convention Center
ABPP Specialty Area: Clinical Psychology
Division Affiliation: Division 52 (International Psychology)
Description: Literacy is essential to increasing self-sufficiency, improving economic conditions, and strengthening communities. In 2011, researchers traveled to rural Uganda, where literacy is a major concern, to study the impact of a reading group for children on their school readiness. While many aspects of children’s lives influence individual differences in development of school readiness, researchers chose to study the prediction of primary caregiver health on school readiness. Eighty caregivers and their children, ages 3 to 5 years, participated. Mothers responded to structured interview questions from the SF-36 Health Survey. The researchers hypothesized that the quality of caregiver health will predict children’s ability to engage in symbolic play, which in turn will predict their school readiness. Symbolic play refers to symbolic, or dramatic, play that occurs when children begin to substitute an object to represent themselves, another person, or an object. School readiness refers to the achievement of specific cognitive and behavioral skills children need in order to function successfully in school. Research findings indicate that a child’s symbolic play is a measure of cognitive development (Bretherton, 1984; Trawick-Smith, 1990; Werner & Kaplan, 1963), and is influenced by the social environment specifically mother child interaction (Slade, 1987a, 1987b; Tamis-LeMonda & Bornstein, 1991). Symbolic play was measured by coding children’s completion of stories using a family of dolls. School readiness skills were measured by the Bracken Basic Concept Scale-III (Bracken, 2007). Implications for the importance of caregiver health for the development of symbolic play and school readiness were explored.
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Friday, August 3, 2012 (continued)

4:00 PM

Author(s): De Falco, M., Sauro, D., Blake, B., Andersen, J., Lo, T., Dent, V., & Goodman, G.
Title: Theory of Mind: Linking caregiver depression and symbolic play in Ugandan preschoolers.
Date: 8/3/12
Time: 4-4:50 p.m.
Location: West Hall A4-B3, Convention Center
ABPP Specialty Area: Clinical Psychology
Division Affiliation: Division 52 (International Psychology)
Description: Western literature has shown that children of depressed caregivers have difficulties in a variety of areas. However, there has been little research on the impact of caregiver depression on the acquisition of theory of mind in developing nations. Theory of mind has been linked to the quality of symbolic play, which has been shown to impact many areas of functioning in children such as the development of social skills, cognitive abilities, and academic achievement. However, these effects may be impacted by cultural variables such as lack of resources, psychosocial stressors, or interpersonal relations. Therefore, it is important to study the impact of caregiver depression on children in underserved populations to determine whether the early interactions between a caregiver and child will predict theory of mind and subsequently symbolic play. This study examines 80 children, ages 3 to 5, and their primary caregivers in rural Uganda. Five theory of mind tasks and children’s completion of stories using a family of dolls were used to assess the children’s theory of mind and symbolic play, respectively. Levels of caregiver physical and mental health were assessed with the SF-36 Health Survey. It is hypothesized that depression levels in caregivers will be negatively correlated with the development of theory of mind in their children. Moreover, it is postulated that children’s capacity for theory of mind will be positively correlated with the quality of in children’s symbolic play.

Author(s): S. Duke Han, Emily C. Edmonds, Debra A. Fleischman, Konstantinos Arfanakis, Robert S. Wilson, & David A. Bennett
Title: Cognitive Activity and Resources are Associated with PCC Functional Connectivity in Older Adults*
Date: Friday, August 3rd, 2012
Time: 4:00-5:50pm
Location: Convention Center Room W307A
ABPP Specialty Area: Clinical Neuropsychology
Division Affiliation: 40
Description: Cognitive activity is associated with reduced risk of dementia. Resting-state of MRI has implicated posterior cingulate cortex (PCC) functional connectivity changes in MCI and Alzheimer’s disease. We investigated cognitive activity, cognitive resources, and resting-state PCC functional connectivity in 151 older adults. Cognitive activity was associated with greater PCC functional connectivity to frontal gyri, hippocampi, cerebellum, and parietal cortex. Cognitive resources were associated with greater PCC functional connectivity to the occipital gyrus, precuneus, cuneus, anterior cingulate, and frontal gyri. Cognitive activity and resources were correlated with cognitive function. Cognitive activity may protect against cognitive decline by maintaining functional connectivity in neural networks.
*APA Division 40 Blue Ribbon Award

Author(s): Sally H. Barlow
Title: Foundational and Functional Competencies in Group Specialty Practice
Date: Friday August 3, 2012
Time: 4pm
Location: ABPP Specialty Area: Group Specialty
Division Affiliation: Society 49, Group Psychology and Group Psychotherapy
Description: Participants will 1) gain knowledge of and application in group specialty practice; and 2) be able to delineate between appropriate training and educational developmental levels (pre-doctoral, post-doctoral, advanced proficiency).
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location (continued)

Saturday, August 4, 2012

8:00 AM

Author(s): Stewart E. Cooper, PhD, Sylvia Rosenfield, PhD, Markeda L. Newell, PhD, Carolyn Humphrey, PhD, Christina Grabarek, PhD
Title: Consulting in Education: Considerations for Training and Practice
Date: Saturday 08/04/2012
Time: 8:00 - 9:50 AM
Location: Convention Center, Room W103B
ABPP Specialty Area: Business and Organizational Consulting Psychology
Division Affiliation: 13
Description: Organizational consultation is a useful, innovative modality for enhancing the effectiveness and efficiency of schools and universities seeking to have a significant influence on the successful development of children, adolescents, and young adults.

Author(s): Helen L. Coons, PhD, ABPP & Barry S. Anton, PhD, ABPP
Title: Transitioning Your Psychology Practice to Interprofessional Health and Mental Health Settings
Date: Saturday, August 4, 2012
Time: 8-11:50 am
Location: Hilton Orlando Hotel
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation:
Description: Presidential CE Workshop on Interprofessional Practice

Author(s): Barber, Jacques P. & Summers, Richard F.
Title: Evidence-Based Psychodynamic Therapy---A Clinician's Guide
Date: 8/4/2012
Time: 8:00 to 11:50 CE workshop
Location: Lake Louise Room Hilton Orlando
ABPP Specialty Area: Clinical
Division Affiliation: 12, 29, 39
Description: Psychodynamic Therapy (PDT) is widely used but its evidence base is not well known. The data supporting the role of a dynamic formulation, the therapeutic alliance and specific interventions in determining the outcome of PDT are not well known. This workshop will present information relevant to these areas and will provide a bridge between recent psychotherapy research findings about PDT and clinical practice.

Author(s): Edward R. Christophersen, PhD, ABPP, and Carla C. Allan, PhD
Title: Empirically supported treatment procedures in clinical child and pediatric psychology settings
Date: Saturday, August 4, 2012
Time: 8:00 am - 3:50 pm
Location: Hilton Orlando Hotel (6001 Destination Parkway)
ABPP Specialty Area: Clinical Psychology and Clinical Child and Adolescent Psychology
Division Affiliation: Div 12, Div 53, and Div 54
Description: This INTERMEDIATE workshop consists of brief modules reviewing empirically supported treatments for four areas of child psychopathology: disruptive behavior disorders (including ADHD), enuresis/toileting disorders, anxiety disorders, and habit/Tourette disorders. Each module explores practice parameters, issues concerning diagnosis and assessment, and review treatment procedures. We also explore school-based interventions and discuss culturally relevant issues in treating children and families.
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location

Saturday, August 4, 2012 (continued)

10:00 AM

Author(s): Anthony Kontos, PhD & Kim Gorgens, PhD, ABPP (Co-Chairs)
Title: mTBI moving Forward: A Discussion of Perspectives from Sport, Military and Rehab Psychology
Date: 8/4/12
Time: 10-11:50 a.m.
Location: Convention center W303C
ABPP Specialty Area: Rehabilitation
Division Affiliation: 22

12:00 PM

Author(s): Florence Kaslow, PhD, ABPP, Andrew Benjamin, PhD, ABPP
Title: Financial and Ethical Wills – Impact on Family Transitions and Relationships
Date: Sat. Aug. 4
Time: 12:00 to 12:50 p.m
Location: Convention Center, Room W104B.
ABPP Specialty Area: Clinical, Forensic, and Couple and Family Psychology

2:00 PM

Author(s): Helen L. Coons, PhD, ABPP
Title: Primary Care Integration in the Private Sector
Date: Saturday, August 4, 2012
Time: 2-3:50 pm
Location: Convention Center, Room W304B
ABPP Specialty Area: Clinical Health Psychology
Division Affiliation: 
Description: CAPP Symposium on Future and Expanded Practice—Integrated Health Care in the Public and Private Sectors

Author(s): Monica Kurylo PhD ABPP; Terry Gock PhD; David Ballard PhD MBA; Lynn Bufka PhD; Alan Nessman JD
Title: Electronic Health Records for Practitioners Today
Date: 08/04/12
Time: 2 to 4 pm
Location: Room W104B; Convention Center
ABPP Specialty Area: Monica Kurylo is Rehab Psych (and is Vice Chair of CAPP)
Division Affiliation: 22 - Rehabilitation Psychology
Description: Panelists from CAPP, BPA and the APA Practice Directorate and APAPO will provide an update about an APA workgroup on EHR and involvement of the APA and the APAPO on policy in EHR. We will also discuss business of practice/practice management aspects of EHR, and privacy and security aspects of EHR.
**ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location**

**Saturday, August 4, 2012 (continued)**

**3:00 PM**

**Author(s):** Kim Gorgens, PhD, ABPP Chair  
**Title:** Ethical Issues Unique to Research, Training and Practice with Persons with Disabilities (PWD)  
**Date:** 8/4/12  
**Time:** 3-3:50  
**Location:** Convention center W109A  
**ABPP Specialty Area:** Rehabilitation  
**Division Affiliation:** 22  
**Description:** It is imperative that clinical training curricula, research paradigms and models of clinical practice reflect psychology's growing commitment to serve persons with disabilities. This is also true for an aging population in which disability rates increase from a population baseline of 12% to 25%. A dialogue between researchers, clinicians and educators about the application of contemporary ethical principles to these groups will not only promote wide-ranging recognition of the importance of this issue but also highlight gaps in conventional practice.

**Author(s):** Kim Gorgens, PhD, ABPP (panelist)  
**Title:** Does This Ivory Tower Have a Changing Table? Managing Multiple Roles and Social Identities in a Clinical Psychology Doctoral Program  
**Date:** 8/4/12  
**Time:** 3-3:50  
**Location:** Valencia Ballroom D  
**ABPP Specialty Area:** Rehabilitation  
**Division Affiliation:** 22  
**Description:** The four members of the symposium, all faculty members at a university in the Rocky Mountain region, will present current research and observations on a variety of topics related to the intersection of social identities within academia, specifically career development and striving to achieve life/work balance in the context of a clinical training graduate program. Following the four presentations, a “fishbowl” will take place, in which panelists and audience members (if they choose) will continue to discuss the themes and issues raised. The first panelist will frame the discussion by providing some initial statistics and then share her experience of managing these multiple roles and identities through the lens of her South Asian culture. Presenter number two will offer insights into the opportunities and challenges when one is placed in the spotlight while raising a young child. The next presenter will explore the impact that parenting, caretaking for one’s own parent, and attempting to manage a career has on life/work balance. The final presenter will discuss the implementation of work/life values into the policy and practice with faculty, staff and graduate students.

**4:00 PM**

**Author(s):** Erin Andrews, Psy.D, ABPP, Lawrence Pick, PhD, Marlene M. Maheu, PhD, Marlene M. Maheu, PhD, Miguel Gallardo, Psy.D., Neil Charness, PhD, Robert L. Glueckauf, PhD, David W. Hess, PhD, ABPP  
**Title:** Expanding the application of telehealth service models to underserved populations with chronic illnesses and disability.  
**Date:** 08/04/2012  
**Time:** 4:00-5:50 PM  
**Location:** Room W108A Convention Center  
**ABPP Specialty Area:** Rehabilitation Psychology  
**Division Affiliation:** Division 22 Rehabilitation Psychology  
**Description:** The rapid growth of information and communication technologies has led to increased interest in the development and provision of telehealth service models. The integration of these models within the field of psychology has sparked discussions regarding a number of ethical and professional practice issues when providing services to the general public. There has been less emphasis however, concerning the relevance of these models for underserved populations, especially those with chronic illnesses and disability. This symposium will present an overview of the field of study, describe health care delivery to people with chronic illnesses and disability using telehealth service models, and present research findings based on the application of these models to rural and underserved constituencies.
ABPP Convention Presentations at The American Psychological Association in Orlando, Florida: Date, Time, & Location (continued)

Sunday, August 5, 2012

9:00 AM

Author(s): Wiley, M. O., Courtois, C. A., and Marotta, S.
Title: Applied Clinical Issues in Working with Dissociation
Date: Sunday, August 5, 2012
Time: 9:00 - 9:50 am
Location: W205 B and C, Convention Center
ABPP Specialty Area: Counseling Psychology
Division Affiliation: 17 and 56
Description: This symposium will offer an overview of dissociation and the clinical issues in working with dissociative clients in therapy. Case studies and practical clinical strategies will be presented. Dissociation will be discussed in particular as it relates to trauma that occurs over the course of major developmental epochs, especially early-in-life relational trauma (insecure disorganized attachment style on the part of the primary caretaker) and interpersonal trauma that occurs in the family or other closed environments or relationships (trauma that is often repetitive, chronic, progressive, and entrapping and is found in all forms of child abuse and neglect). Trauma of this type is generally understood as complex because it involves 1) a high degree of interpersonal betrayal within primary relationships and 2) second injury or secondary trauma by those from whom protection or help should be forthcoming and is not. Other types of complex trauma can occur across the entire lifespan—these events and experiences may build on a foundation of relational and other childhood trauma and may involve patterns of re-victimization, becoming layered and cumulative.

Author(s): Steven Pfeiffer, PhD, ABPP
Title: School Psychologists Serving Students Who Are Gifted
Date: Sunday, August 5th
Time: 9:00am-10:50am
Location: Convention Center, Room W310A
ABPP Specialty Area: School Psychology
Division Affiliation: 16
Description: A presentation by 5 noted authorities in the gifted field on new and emerging assessment, consultative, and counseling services for high ability students in the schools.

10:00 AM

Author(s): Robert D. Stolorow
Title: Heidegger and Post-Cartesian Psychoanalysis
Date: 8/5/12
Time: 10:00-11:50 AM
Location: Room W101B, Convention Center
ABPP Specialty Area: Psychoanalysis
Division Affiliation: 32, 39, 24, 56
Description: My contribution to a symposium on "Bringing Heidegger Home"

11:00 AM

Author(s): Kenneth Popler, PhD, MBA, ABPP
Title: Evidenced-Based Practices in a Community-Based Children’s Summer Therapeutic Program
Date: 8/5/2012
Time: 11:00 am
Location: West Hall A4-B3
ABPP Specialty Area: Clinical Psychology
Division Affiliation: Clinical Child and Adolescent Psychology
Considering CBT With Anxious Youth? Think Exposures.

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Considering CBT With Anxious Youth? Think Exposures

Philip C. Kendall, Joanna A. Robin, Kristina A. Hedtke, and Cynthia Suveg, Temple University
Ellen Flannery-Schroeder, University of Rhode Island
Elizabeth Gosch, Philadelphia College of Osteopathic Medicine

Following a historical précis regarding exposure and a brief description of a representative cognitive-behavioral therapy (CBT) program for anxiety disorders in youth, we discuss several factors related to conducting exposure tasks in youth. Topics include assessing anxious situations, creating a hierarchy, and using imaginal, as well as in vivo and in-and-out-of-session exposure tasks. We also describe and discuss the posture of the therapist with regard to the development and maintenance of rapport, the process of consulting with the child, the use of shaping and rewarding effort, the restraining from reinforcing avoidance, modeling for parents, and how to deal with the occasional less-than-successful exposure task. Developmental level of the child and contextual factors are examined as they might influence the design and implementation of exposure tasks. Last, we consider professional practice issues of liability, applications in private practice, and the challenges that face new therapists undertaking exposures. Examples and illustrations from actual clinical cases are included throughout.

One of the major advances in the field of youth anxiety has been in the development of effective treatments for these disorders. Specifically, results of approximately 15 randomized investigations show that cognitive-behavioral therapy (CBT) for anxious youth has been found to be effective (i.e., an approximate 65% of youth across studies and treatment conditions no longer meeting diagnostic criteria for their principal pretreatment anxiety diagnosis at posttreatment) across settings, cultures, and age ranges (e.g., Barrett, Dadds, & Rapee, 1996; Ginsburg & Drake, 2002; Hayward et al., 2000; Kendall, 1994; Kendall et al., 1997; Masia, Klein, Storch, & Corda, 2001). Although variations among CBT programs exist with regard to the types of skills introduced (e.g., social skills, relaxation training, communication skills), a common thread throughout all of the successful CBT programs can be said to be child engagement in hierarchy-based exposure tasks (i.e., using a graduated approach, child experiences anxious distress in real or imagined anxiety-provoking situations). Most researchers and theoreticians would agree that successful engagement in exposure tasks is necessary for positive treatment outcome when treating child anxiety. Indeed, Kazdin and Weisz (1998) asserted that a key element of all CBT for child anxiety is exposure to the feared stimuli.

Despite the accepted importance of exposure tasks when treating anxious youth, very little is known about the nature and content of exposure tasks and currently there are no guidelines for conducting effective exposure tasks with youth. For example, what are the components of exposure tasks? What areas should be addressed in advance of conducting an exposure task? How does a therapist plan an exposure task with a child? What factors should be considered when conducting an exposure task? What are the professional issues and ethical considerations? The purpose of this article is to offer our experience in providing researchers and clinicians with guidelines and suggestions for creating and implementing effective exposure tasks when treating anxious youth.

First, a brief historical and theoretical discussion of conducting exposure tasks with anxious youth is presented. Second, a sample CBT program is described to provide a framework for conducting exposure tasks with youth. Third, we describe the common components and core features of conducting exposure tasks, such as creating a hierarchy of feared situations, planning the type (imaginal versus in vivo) and location (in-session versus out-of-session) of exposure tasks, measuring the child’s subjective distress during exposure tasks, and establishing a reward system for the child’s effort. Fourth, we discuss therapist and child characteristics and behaviors that may contribute to exposure task outcomes. We conclude with a discussion of professional and ethical considerations when conducting exposure tasks with youth. In short, we provide a discussion of issues pertinent to anyone who is considering using CBT with anxious youth, and we do so with the intent of encouraging therapists to think about and to use exposure tasks.

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History and Theory
Disagreement and controversy exist regarding the explanation for the positive effect of exposure treatment.
Considering CBT With Anxious Youth? Think Exposures (continued)

Counterconditioning, extinction, habituation, cognitive change, and coping skills development are all examples of the potential mechanisms mediating the relationship between exposure treatment and meaningful decreases in anxiety responses. In this section, we briefly describe each of these potential change mechanisms.

In 1924, Jones reported in a case study that the most successful procedure for reducing fear is the simultaneous presentation of a pleasant stimulus (e.g., food) with the targeted anxiety-producing stimulus (in this case, a white rabbit). Jones’s work was perhaps the earliest example supporting the use of what later came to be termed counterconditioning (Wolpe & Lazarus, 1966), or the elimination of a classically conditioned response following repeated pairing of the conditioned stimulus (e.g., white rabbit) with an opponent or antagonistic unconditioned stimulus (e.g., food). Building upon the work of Jones (1924) and classical conditioning theorists (e.g., Pavlov, 1927), Wolpe (1958) developed an exposure treatment that he called systematic desensitization, which he based on principles of counterconditioning. According to this theory, fears can be counterconditioned by confronting the feared stimulus (i.e., through exposure) while simultaneously engaging in a process called reciprocal inhibition, or suppression of the anxiety response by engaging in a biologically incompatible behavior (e.g., relaxation).

In addition, systematic desensitization involves the creation of an anxiety stimulus hierarchy in which the individual and therapist generate a list of anxiety-provoking situations and sort the situations by level of fear elicited in each situation. Systematic desensitization begins by confronting feared situations low on the stimulus hierarchy while engaging in reciprocal inhibition and then moving up to the next situation on the hierarchy when the previous situation elicits minimal or no fear.

Although Wolpe’s theory has provided the framework for exposure treatments used today, treatment studies with adults have found that reciprocal inhibition may not be a necessary part of exposure tasks; individuals experience decreased anxiety in extinction trials even when relaxation or other anxiety inhibitory responses are not engaged (e.g., Gillan & Rachman, 1974). In addition, individuals have successfully decreased their anxiety responses to hierarchies when presented with the most anxiety-provoking items prior to lesser anxiety-provoking situations, suggesting that neither reciprocal inhibition nor gradual exposure are essential to decreasing anxiety (Marks, 1987; Wilson, 1973). It is worth noting, however, that although gradual exposure may not be necessary for the reduction in anxiety to occur, this approach often makes treatment more palatable and may decrease treatment attrition.

Other behavioral explanations for the effectiveness of exposure tasks include extinction and habituation. Extinction occurs when the unconditioned response (e.g., fear reaction) no longer follows the conditioned stimulus (e.g., giving a speech) over repeated trials. During exposure tasks, operant extinction plays a role as the individual ceases to be negatively reinforced (by a decrease in anxiety) through avoidance of the anxiety-producing stimulus but, instead, experiences a decrease in anxiety while in the presence of the feared stimulus. Habitation occurs when an individual stays in the presence of the feared stimulus until the stimulus no longer evokes a distressing level of arousal (the length of time in the presence of the feared stimulus varies by individual).

In our work with children and adolescents, we have found that a successful exposure trial with one stimulus/situation is often accompanied by a reduction in anxiety to other stimuli/situations. Although one could argue that this represents an extinction generalization effect, investigators and practitioners have speculated that cognitive changes may underlie effective exposure treatment. In general, cognitive mediational models of anxiety reduction suggest that the effects of exposure tasks rely on changes in maladaptive fear schema (Beck, Emery, & Greenberg, 1985) and reductions in negative self-talk (Treadwell & Kendall, 1996). A general cognitive shift can follow exposure treatment and lead clients to reinterprete and change how they see the relationship between the anxiety-provoking stimulus/situation and their reaction to it, the adequacy of their own resources, and/or the saliency of the threat. Indeed, following successful exposure treatment, clients report changes in their expectancy that unwanted anxiety would follow a conditioned stimulus (e.g., flying in a plane; Thompson, 1994; Wilson, 1995).

Coping skills development may also be important to successful exposure treatment. Children rate their ability to cope with feared situations as much higher following exposure tasks (e.g., Kendall et al., 1997), an increase in coping that is associated with decreases in distressing anxiety. This finding is consistent with Bandura’s (1977) formulation of self-efficacy. The knowledge that coping skills are available to manage anxiety may increase self-efficacy and decrease threat, thus decreasing anxiety.

In sum, each of the theoretical explanations for the effectiveness of exposure tasks (counterconditioning, extinction, habituation, cognitive change, and coping skills development) has gained at least some empirical support; however, there is currently no consistent evidence documenting the superiority of one of these potential mechanisms of change. Although, our clinical experience suggests that some or all of these factors likely interact to produce clinically meaningful change during exposure tasks. Further, the mechanism of change may vary across individuals. Thus, aspects of each of these theories
Considering CBT With Anxious Youth? Think Exposures (continued)

will be incorporated into our discussion of and recommendations for conducting effective exposure tasks. With this in mind, we will suspend the theoretical discussion and focus instead on the practical aspects of conducting clinically beneficial exposure tasks. To aid our discussion, we will provide a framework in which exposure tasks are conducted by describing a sample CBT program for anxious youth.

A Sample CBT Program for Anxiety in Youth

Regardless of which theoretical model (e.g., habituation, extinction, coping) a therapist embraces, exposure tasks allow youth (child or adolescent) to face their fears/anxieties while developing adaptive behavior in response to the feared stimulus/situation. There are several adaptations of CBT for use with anxious youth (e.g., see Albano, Marten, Holt, Heimberg, & Barlow, 1995; Barrett et al., 1996; Beidel, Turner, & Morris, 2000; Kendall, 2000; Manassis et al., 2002; March & Mulle, 1998; Piacentini, Bergman, Jacobs, McCracken, & Kretchen, 2002). Our CBT programs (e.g., Howard, Chu, Krain, Marrs-Garcia, & Kendall, 1999; Kendall, 2000; Kendall, Choudhury, Hudson, & Webb, 2002; Kendall, Kane, Howard, & Siqueland, 1989) follow a gradual exposure model in which the child, following educational preparation, is progressively exposed to a hierarchy of anxiety-provoking situations.

The program, referred to as the “Coping Cat Program” (where youth move from being scaredy cats to coping cats), is divided into two segments, each approximately eight, 1-hour sessions. The first segment focuses on skills training and the second segment focuses on skills practice. During the first phase of treatment, the child learns several basic skills that are integrated into a plan for dealing with anxiety (e.g., Kendall, Aschenbrand, & Hudson, 2003). Following rapport-building activities, the child first learns about physiological/bodily reactions to anxiety (both the client’s and the therapist’s) in general and, more specifically, about his or her own particular physiological responses to anxiety-provoking situations. The child is shown how physical reactions can be cues to let us know when we are anxious and to signify that we need to help our body relax. The second step involves helping the child recognize and attend to his or her self-talk. This involves the child identifying what his or her expectations and fears are about a specific situation. The third step involves problem-solving about what actions and attitudes can be taken. This may involve changing one’s self-talk (using coping thoughts) or taking specific actions that help us cope more effectively in the situation. The final step involves evaluating the effort that was made and rewarding oneself accordingly. These four concepts comprise the FEAR plan:

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<td>F</td>
<td>Feeling frightened? (awareness of physical symptoms of anxiety)</td>
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<tr>
<td>E</td>
<td>Expecting bad things to happen? (recognition of anxious self-talk)</td>
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<td>A</td>
<td>Attitudes and Actions that will help (behavior and coping talk to use when anxious)</td>
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<td>R</td>
<td>Results and Rewards (self-evaluation and administration of reward for effort)</td>
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Once a child demonstrates understanding (based on therapist clinical judgment) of the concepts within the FEAR plan, the child is ready to apply and practice the FEAR plan in anxiety-provoking situations—an important component of CBT that is accomplished through exposure tasks. In general, exposure tasks involve having the child experience anxious distress in real or imagined anxiety-provoking situations, become accustomed to the provocative situation, and practice using various coping strategies. Prior to an exposure task, the therapist and youth discuss and develop an application of the FEAR plan (see Table 1 for a sample of a FEAR plan to be used in an exposure task).

But this is just the start. There are several other factors involved in conducting exposures with anxious youth. Teaching the FEAR plan in the first phase of the treatment prepares the child for the exposure phase, but the challenging work for the therapist has just begun. The therapist, in collaboration with the child, plays an active role in planning and conducting effective exposure tasks. The therapist’s role is akin to that of a supportive yet challenging coach whose goal is to both assist the child with genuine engagement in feared situations and to have the child

<table>
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<td>A Sample FEAR Plan Developed for Application in an Exposure Task</td>
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| Exposure Task: Child to ask a security guard for directions to his therapist’s office. |
| Feeling Frightened? Yes! I am scared. My heart is pounding. My SUDS is a 5. |
| Expecting bad things to happen? I am afraid he won’t know where my therapist’s office is. What if I mess up? What if he ignores me? Maybe he will laugh at me. |
| Attitudes and Actions that can help I can take deep breaths and use my relaxation. I can think to myself, I can do it. I just have to try. So what if I mess up in front of him, everyone makes mistakes. He probably won’t laugh at me. That’s okay if he does not know where my therapist’s office is. I can call her because I have her phone number. |
| Results and Rewards I will ask and I will feel proud of myself for being able to talk to strangers. I will know that I can do it. |
do it on his or her own. In the next section of this article we describe how the therapist assesses the child’s anxiety with regard to exposure tasks, develops a fear hierarchy, creates in- and out-of-session imaginal and in vivo exposures, and teaches self-reward to children for effort.

**Features of the Exposure Task**

**Assessing Anxious Situations and Creating a Hierarchy**

Conducting effective exposure tasks involves an accurate assessment of what prompts the child’s distress. When working with youth, it is important that the therapist not make assumptions about the child’s fears. Instead, the therapist assesses the situation, the exact nature of what is feared, and what the youth expects will happen when faced with his or her feared situation. Parent report, youth report, and observational assessments help pinpoint the nature of the child’s anxieties.

Throughout treatment, the therapist gathers additional data to help develop and arrange the hierarchy. The hierarchy is a collaborative effort between the therapist and the child, and is best constructed when the therapist is knowledgeable about the child’s fears and anxieties before actually writing down the entries of the hierarchy. Some children are not able to generate specific situations that make them nervous, but the therapist can facilitate the hierarchy by offering suggested entries.

The first step in developing a fear hierarchy involves the therapist and child generating anxiety-provoking situations. These entries are eventually sorted into easy, medium, and challenging categories. A friendly dialogue helps the therapist obtain specific situations from the child regarding his or her anxieties. For example, if a child suggests “talking to new people,” the therapist can help the child be more specific, perhaps dividing the entry into two: “talking to new kids my age who I have never met” and “talking to kids my age who I have met before.” The situations are written down on a worksheet, in the *Coping Cat Workbook* (Kendall, 1990; Kendall, Choudhury, Hudson, & Webb, 2002b), for use later in treatment. Figure 1 provides an example of a fear plan for a child diagnosed with social phobia.

**Assessing Subjective Units of Distress**

After the child and therapist identify challenging situations, the child rates how anxiety-provoking the feared situations are on a Likert-type scale called the Subjective Units of Distress/Discomfort Scale (SUDS; Wolpe, 1969). SUDS were originally used with ratings on a 0 to 100 scale (0 = no distress and 100 = highest level of situational distress). Recently, SUDS have been measured on smaller scales, such as 0 to 10 (Wolpe, 1991) or 0 to 8 as implemented in the Coping Cat programs (Kendall, 2000; Kendall et al., 2002a). When working with children, the smaller range helps to simplify and ease the child’s decision-making process. It is also helpful to use a visual aid when explaining the SUDS rating system. For example, we use a “feelings thermometer” or “feelings barometer” that ranges from 0 to 8 (or 0 to 10) and has simple descriptors next to each number, such as “this is a cinch” (for 0) or “this is the scariest!” (for 8). Cartoon faces ranging from a smiling face (for 0) to an extremely frightened face (for 8) also facilitate a child’s understanding of SUDS ratings. Children can also personalize their SUDS rating system by making their own descriptors/anchors for the different levels.

Once the rating system is in place, the child provides a SUDS rating for how nervous the child would feel in each of the identified anxiety-provoking situations. The therapist uses this information, with the child’s guidance, to place each situation in a hierarchy. A wide range of feared situations with varying levels of SUDS is preferred. When designing the first exposure task, the therapist starts with a minimally challenging situation. Importantly, the therapist checks in with the child regarding his or her

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**Figure 1.** A sample fear hierarchy to be used for exposure tasks with a socially phobic child.
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can repeat the exposure task until the SUDS ratings decrease. Keep in mind that, whether determined through decreasing SUDS ratings or through repetition, the main goal for the therapist during an exposure task is to assist the child in confronting what is feared until the child feels an acceptable level of comfort in the feared situation.

Although we have found children to be fairly reliable reporters of their own anxiety levels when creating the fear hierarchy and during the exposure tasks, sometimes children report SUDS ratings that seem inconsistent with their appearance and/or behavior (i.e., higher or lower than the therapist would anticipate). In the section pertaining to developmental factors, we will discuss in more detail a potential explanation for this inconsistency (e.g., child difficulty with emotional identification); however, it should be noted here that objective SUDS ratings made by the therapist for the child can be useful in reconciling seemingly inconsistent child reporting (regardless of the reason). Therapist ratings are based on several factors, including the child’s appearance (e.g., facial expression, posture), behavior (e.g., avoidance, reluctance, shaking, trembling voice), and verbal expressions (e.g., expressing a desire to leave). The therapist’s perception of the child’s anxiety may be different from the child’s self-reported discomfort. For example, a child may report SUDS ratings that decrease during an exposure task, whereas the therapist observes and rates that the child’s SUDS ratings are remaining the same during the exposure task. If through observation and clinical judgment the therapist believes that the child’s ratings are not accurate, the therapist can use his or her own SUDS ratings to guide the length or number of the exposure tasks and as data to present to the child.

Imaginal and In Vivo Exposure Tasks

After the hierarchy is constructed and SUDS ratings are explained to and understood by the child, two types of exposure tasks can be implemented: imaginal and in vivo. Imaginal exposure tasks are often used when first starting exposures with the child, but can be used throughout treatment. By having the child role-play the feared situation by him- or herself or with the therapist, imaginal exposure tasks allow the child to practice coping before the in vivo exposure task. When working with younger children, props, puppets, and toys can be used for “play acting” the feared situation.

Imaginal exposure tasks are useful with children who have more abstract worries. For example, children with generalized anxiety disorder (GAD) may worry about death or illness of a family member, local violence or international war, or family financial problems. These situations can be adapted to imaginal exposure tasks where the therapist has the child describe and role-play the situation in detail—discussions of the feared (anticipated)
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Catastrophes. The exposure task will be most successful when the child explains or role-plays how the situation will progress and end. Other imaginal exposure tasks include having the child write a story about the feared catastrophe and then read it out loud to the therapist repeatedly until the anxiety decreases. For example, a therapist working with a 7-year-old girl with GAD who worried about her parents dying, created an exposure task about “what would happen.” The child and therapist acted out what would happen if her parents died, including the child’s affective experience, who would take care of her, where she would live, what would happen to her parents after they died, and what would happen to her brother and sister. Although it was reassuring for the child to know that her parents were in good health, it was beneficial for the child to have discussed her irrational fear and address several of her related fears.

In vivo exposure tasks involve the child facing the feared situation “live and in person.” The child enters the feared situation while actively dealing with (coping with) anxious arousal. Prior to conducting an in vivo exposure task, the therapist has the child practice through role-play and imaginal exposure. Exposure tasks are tailored for the child’s fears and can be changed to make them more or less challenging/difficult. For example, when beginning exposures with a socially phobic child, an initial exposure task may involve giving a speech to another therapist who is warm, smiles at the child, and praises the child for performance. As the child progresses in treatment, a more challenging exposure task may be used: giving a speech when the therapist in the audience whispers to someone, closes his or her eyes, looks bored, or even asks a difficult question. It is important for the child’s therapist to address the child’s expectations, prepare the child for a variety of negative events, and help the child problem-solve how to cope with these situations. Through this experience the child learns to challenge expectations, cope with anxiety-provoking situations, and feel a sense of mastery.

In- and Out-of-Session Exposure Tasks

The exposure tasks mentioned thus far are typically conducted within the therapy session, but exposure tasks take place both in and out of session (see Table 1 for examples of in-session and out-of-session exposure tasks). There are times when the optimal exposure task cannot be conducted in the therapy office. When an exposure task is to occur outside the session (and/or out of the office), the therapist prepares the child through imaginal exposures. The therapist may also need to work with other adults in the child’s life to facilitate successful out-of-session exposure tasks. For example, a therapist in our clinic was working with an 8-year-old boy who was excessively anxious about separating from his mother. Because the child’s separation anxiety involved his mother, it was important to have her be a part of both the in- and out-of-session exposure tasks. Indeed, some parent training and practice had to be implemented. The therapist instructed the mother about how to use a fear hierarchy, obtain SUDS ratings before and after the exposure task, and not to reinforce avoidance. Both in- and out-of-session exposure tasks were used. Notice that the situations are graded in difficulty.

In session:
1. The parent stood outside the waiting room.
2. The parent went to a different floor in the building.
3. The parent took a walk in the neighborhood during the session.
4. The parent drove in the neighborhood while carrying out errands.

Out of session:
1. The child played in her room while the mother did laundry in the basement.
2. The child stayed in the house while the mother gardened outside.
3. The mother walked around the block while the child remained in the home.
4. The mother left the child with a babysitter for increasing amounts of time.

Rewards for Effort

Following an exposure task it is important that the therapist and child evaluate the outcome and that the therapist reward the youth for his or her effort. Time needs to be set aside so that the therapist and youth can discuss features of the exposure task, including how the child was feeling, what the child was thinking, and how the child chose to cope. The therapist and child talk about what made the exposure task easy or difficult, what obstacles the child encountered, and whether or not the child would respond the same way in the future. The therapist praises the child for his or her effort and communicates clearly that the reward was for the effort, even if the exposure task was viewed to be only partially successful.

Confronting anxiety-provoking situations is difficult work for the youth and should be recognized as such. Positive reinforcement increases the likelihood that the child will engage in the next exposure task and provides a sense of accomplishment and confidence that anxious youth often lack. Rewards are typically discussed prior to engaging in the exposure task. The therapist and child, and possibly the child’s parents, develop a list of potential rewards that are consistent with the child’s likes. External rewards can be provided by a parent or the therapist and can include gift certificates, toys, candy, games, or social activities such as going out for an ice cream or spending
time at the end of the session playing a game with the therapist. Rewards need not be large or extravagant, even with adolescents, as most youth respond to even modest rewards that are tailored to their likes.

Another type of reward is self-reward. Anxious youth often set the bar too high and engage in self-reward far too infrequently. Parents and therapists will not be with the youth during every exposure opportunity, so children are encouraged to reward themselves after facing a challenge (e.g., participating in an exposure task). Self-reward can be as simple as having a child give him- or herself a "pat on the back." The therapist and youth make a list of enjoyable activities that can be done as a way of rewarding him or herself, such as quiet reading time or playing with the family pet. Importantly, regardless of the particular type, rewards should be given after the child has attempted an exposure task both in session and at home, even if only partial success is achieved. Feedback and rewards are best when presented immediately following an exposure task, when possible.

This section emphasized that exposure tasks in CBT for anxious youth can be executed in diverse ways (e.g., imaginal or in vivo) and locations (e.g., home, school, therapy room). Cognitive work before and after the exposure task promotes the generalization of coping in future challenging situations. Using SUDS ratings provides invaluable data regarding anxiety level during exposure tasks. The next section will outline how the therapist executes these goals while maintaining therapeutic rapport with youth and parents.

Posture of the Therapist

At first blush, exposure tasks may appear counterintuitive. Effective interventions should mitigate, not exacerbate, anxiety. If one takes this perspective, exposure tasks could certainly be viewed as unnecessarily cruel and antitherapeutic. In our experience, parents and children may mistakenly hold this view initially. Research suggests that some therapists may be reluctant to start exposures. Barlow (1994) reported that the number of behavior therapists using exposure tasks was fewer than would be expected. It is possible that exposure tasks are viewed as running counter to the therapeutic “safe haven” that many therapists wish to create for their clients (Friedberg & McClure, 2002). Alternatively, it may be exceedingly uncomfortable for some therapists to “create distress.” Therapists may have difficulty tolerating their own anxiety during a child’s exposure task or, alternatively, may perceive themselves as ill-equipped to manage the child’s (or parents’) anxiety during the exposure tasks. Parents and children alike often need to be oriented to the rationale and empirical foundations underlying the use of exposure tasks.

It is important for therapists to weigh the short-term discomfort created during an exposure task with the long-term gains provided by such procedures. Exposure tasks provide unique opportunities for the therapist to view the child’s anxiety in real time and to evaluate the level of anxiety associated with different situations and events. More importantly, however, exposure tasks provide otherwise unavailable opportunities for youth to practice the skills learned in therapy and to work toward mastery and nonavoidance. It is advised that therapists monitor and address any failures to complete of out-of-session exposure tasks and to correct any lingering or newly surfacing misconceptions.

Developing and Keeping Rapport

The relationship between the child and the therapist is one of collaboration. That is, the therapist and child together negotiate and plan for current and future exposure tasks, and the exposure tasks are viewed as “experiments.” Thus, the therapist does not “tell” the child what is likely. Instead, the therapist and child together arrange for the collection of “data.” The involvement of the child in the selection of difficulty level, order or sequence, and degree of therapist involvement allows the child to view an exposure task as one of his or her own making. Involvement in planning promotes an increased likelihood of successful completion of the exposure task.

Given that the therapist will be asking the child to do challenging tasks, it is critical to remain focused on the child-therapist relationship throughout the exposure sequence. In the midst of an anxious moment, it may be easy for a child to lose sight of the long-term benefits of exposure tasks. The upkeep of the previously established (preexposure) rapport may be a challenge with some children, but it is our experience that well-planned and implemented exposure tasks facilitate, rather than hinder, the therapeutic relationship with the child. To this end, therapists should take great care to collaborate with the child in the preparations before the exposure task as well as jointly assessing coping attempts during and after. Emphasis is placed on attempts to cope (effort) and not solely on specific outcomes.

Consulting With the Child: But Not in the “Negotiation Trap”

Consultation and negotiation are critical components in planning and executing exposure tasks. Initially, the child and therapist confer in the arrangement of an exposure task, during which time problems may arise. In the “negotiation trap,” the child may select exposure tasks that are not likely to elicit anxiety (i.e., too easy), argue that a proposed exposure task is too easy (with the hopes of avoiding it altogether), or may attempt to direct the focus of the exposure task to an area in which he or she feels more competent. For example, a separation-anxious child balks at the thought of a separation expo-
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Sure task and suggests a social/peer exposure task instead. The provision of choices for current and future exposure tasks is an effective method to stay out of “the trap.” Therapists may select several possible exposure tasks that he or she deemed appropriate in difficulty level, sequence, and content and then allow the child to select a specific exposure task. On occasion, verbal contracts can be used in the planning of an exposure task (e.g., “Let’s make a deal: If you — , then . . .”). The therapist permits more difficult exposure tasks in an area in which the child feels competent. In our experience, reminders about the rewards of coping (e.g., feelings of pride, privileges) can also sidestep the “trap.” Exposure tasks toward the end of treatment tend to be less susceptible to the trap as children become collaborative architects of their own exposure tasks. Exposure tasks later in treatment require less therapist direction as the child prepares for coping in the absence of the therapist after treatment.

Shaping Processes

There are occasions when shaping is useful to achieve the “gold standard” (ideal) exposure experience. Gold-standard exposure tasks are prolonged, repeated, and potentially prevent the use of distraction and/or safety behavior. However, the completion of an ideal exposure task may not be possible without compromise on one of these standards. For example, a child with separation anxiety disorder (SAD) who also had a phobia of the dark would not remain alone in the dark without counting down the time to completion of the exposure task. Although counting is a form of distraction, it was permitted in an effort to increase compliance with exposure tasks and enable the child to feel a beginning sense of self-control and mastery. The counting was phased out in subsequent exposure tasks.

Careful: Do Not Reinforce Avoidance

Unfortunately, the gold-standard exposure task may also be compromised by indications of subtle avoidance. Avoidance might be evident when a child makes light conversation during the exposure task to avoid fully experiencing the anxious arousal or to avoid completing the exposure task. Failure to complete an exposure task may be the result of (a) real events, (b) pseudo-events (excuses), or (c) outright refusal to engage in exposure tasks. The latter however, has been rare in our work with anxious children.

Real events are those life occurrences that are unexpected, yet truly result in a child’s inability to complete an exposure task (e.g., child illness). Pseudo-events are those proposed by parents and children as real intervening variables but are, in fact, thinly veiled avoidance. For instance, a child reports noncompletion of an out-of-session exposure task. Upon therapist questioning, it comes to light that the exposure task might have been “doable” if the child had made a slight modification to the plan. But the child didn’t make the adjustment and, instead, said it couldn’t be done. Specifically, the child was assigned an exposure task that involved asking her teacher a question during class. The child reported that the exposure task was not completed because the child’s teacher was ill and a substitute teacher taught the class.

The child could have changed the exposure plan (ask a different teacher a question in class) and completed it successfully. On occasion, it may be the parents who join with the child to avoid an anxiety-provoking situation. In both circumstances, it is important for the therapist to monitor for such pseudo-events and to address them as soon as they are detected.

Modeling for Parents

Parents of anxious children can display a variety of reactions to their child’s anxiety, including being overly empathic and protective and overly critical and intolerant. Parenting an anxious youth can be difficult, and the preferred approaches to quell excessive anxiety are not necessarily intuitive. Accordingly, it is the role of the therapist to model for parents the recommended ways to manage and minimize youth anxiety. Therapists can model exposure task selection and implementation, enthusiasm for the treatment, acceptance of the child, pride in the child’s efforts and accomplishments, and unwavering support of the child’s attempts at coping. Additionally, the therapist models acceptance of and tolerance for the child’s anxious distress. Well-meaning parents can have difficulty in tolerating their child’s anxious distress and, unwittingly, behave in ways to reduce/minimize their child’s negative affect (a short-term solution). The therapist models the alternative and beneficial approach.

Dealing With Less-Than-Successful Exposure Tasks

Despite excellent planning, and though rare, some exposure tasks are not fully successful. Less successful exposure tasks may result from a therapist’s underestimations of child anxiety and coping skill, parental interference, chance occurrences, and other unfortunate events. For example, a therapist might plan an exposure task involving separation between a child and parent. If the exposure task is beyond the child’s coping (e.g., too long a duration), the child may seek out the parent before the end of the intended period of separation. Such a less-than-successful exposure task is never truly a failure as it is always the source of valuable information. In this case, it became clear that the duration of the exposure task underestimated the severity of the child’s separation anxiety. In one sense, exposure tasks are practice opportunities, and therapists can emphasize that,
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as with all practice, there will be setbacks. Practice is intended to lead to improvement, so repetition is the key. Additional exposure tasks are oftentimes warranted and recommended.

Dealing With Resistance

The stage is set for an exposure task: the therapist has done preparatory work and the child arrives for the session. In this instance, a SAD child had recently succeeded in coming to the sessions without his mother. The scheduled exposure task is to ride to a local candy store and purchase some candy. Upon arrival at the session, the therapist reminds the child of the scheduled exposure task, but the child resists. The child cries and says he won’t do it. How to proceed?

It is not recommended that the exposure task be done when the child is in such distress, but it is also not recommended that the task be avoided. Rather, the therapist buys time, recognizing that the tears will dissipate and that, after a few minutes, the task will be seen differently. During the wait, the therapist can help provide the child with a sense of control. Do you want to ride in the front or the back of the car? Do you want to listen to the radio or play a CD? Do you want to pick the CD? Do you want to drive? This last question resulted in a stoppage of tears and a smile and laugh. “I can’t drive” was the comment. With similar questions and pauses, the child was soon dry-eyed and the therapist made the decision to restate the plan, and the choices that were made (i.e., sit in back, listen to a CD, etc.) and proceed. Resistance to the exposure task was not met with rigidity, but with an adjustment, a delay, and eventual cooperative undertaking. The child cooperated and the exposure task went well.

Youth Characteristics

We have already highlighted the role the therapist plays when conducting exposure tasks with anxious youth. The therapist and child collaborate on the design and implementation of exposure tasks and the therapist encourages coping and discourages avoidance. During exposure tasks, the therapist is aware of the child’s level of distress and is concerned with how he or she models behavior for parents—both while maintaining a therapeutic alliance with the family. We now discuss how characteristics unique to each child (e.g., developmental level, contextual factors) are incorporated into design and implementation of exposure tasks.

Developmental Level

Anxiety treatment experts have written in general terms about the importance of attending to a child’s developmental level when designing and implementing treatment programs (e.g., Barrett, 2000; Hudson, Kendall, Coles, Robin, & Webb, 2002; Kendall, Lerner, & Craighead, 1984; March & Mulle, 1998; Silverman & Ollendick, 1999). For instance, Kendall et al. (1984) described the unfortunate state of the “developmental uniformity myth” where children are all seen as the same, and further argued that “children” are not a homogeneous group that will all benefit from the same exact application of treatment strategies. Rather, “children” are highly varied developmentally and a child’s developmental level requires consideration when intervening. This section discusses the developmental and contextual factors when conducting exposure tasks.

Age is often an easy, albeit inexact, proxy for developmental differences. Indeed, social, physiological, cognitive, and emotional developmental differences are inexact captured by chronological age. Nevertheless, age is a potentially useful proxy for more sophisticated measurements. The need to attend to developmental level when conducting exposure tasks begins when the clinician is providing the child or adolescent with a rationale for the exposure tasks. Younger children will likely benefit more from a simplistic explanation whereas adolescents may appreciate a more detailed, and even slightly technical discussion about exposure tasks (e.g., using terms such as “hierarchy,” “habituation,” etc.). Appreciating the child’s developmental level will aid with rapport building and facilitate the attainment of germane developmental tasks. For example, in the case of an adolescent, a detailed discussion regarding exposure tasks might make the teen feel “older” and more mature, thus increasing the teen’s ownership of his or her distress. Increasing ownership (and autonomy) may in turn facilitate treatment compliance.

Exposure tasks provide an opportunity to challenge maladaptive cognitive schemas in anxiety-disordered children (Kendall, Choudhury, Chung, & Robin, 2002). Successful challenging of such schemas via exposure tasks depends, at least in part, on the youth’s level of cognitive development and ability to articulate the nature of their unrealistic fear or worry. Consider a school-avoidant teen, who may avoid school for any number of reasons (e.g., separation, social phobia, performance concerns). For the younger or cognitively delayed child, articulation of the nature of the child’s fear may be difficult. In this case, it is helpful to the clinician to secure parents’ or other family members’ help in identifying the specific nature of the youth’s fear. When working with cognitively immature or delayed individuals, more information about the nature of the youth’s anxiety may be learned from careful behavioral observation than from discussion. Related, it may be advantageous to have parents use a behavioral chart to record, at home, specifics about the youth’s anxious behavior.

Consideration of social development is also key when conducting exposure tasks, particularly when working with
Considering CBT With Anxious Youth? Think Exposures (continued)

socially anxious children and adolescents. Some anxious children may have knowledge of age-appropriate social skills (e.g., importance of smiling, making eye contact, etc.) but need coaching and encouragement. Others, however, may have “knowledge deficits” requiring explicit teaching in social skills prior to an exposure task. Failure to assess level of social development and address deficits prior to implementing an exposure task may inadvertently set the stage for a less-than-successful experience.

Two areas of emotional development are relevant to this discussion of exposure tasks: emotion identification and emotion regulation. Considering emotion identification, children who are more skilled at identifying emotional experiences are more likely to provide the clinician with reliable SUDS ratings than are children who are less skilled in this area. For children who have difficulty in differentiating between mild, moderate, and intense emotional experiences, providing SUDS ratings can be challenging. In this case, an emphasis on emotion identification is undertaken prior to the implementation of exposure tasks. Similarly, some children are better at regulating their emotional experiences than are others. Indeed, anxious children have been shown to have difficulties managing emotional, evocative situations (Suveg & Zeman, 2004). Children who have greater difficulty managing the physiological components of anxiety might need more assistance in relaxation prior to exposure tasks.

Attending to the child’s developmental level will also help guide the clinician in determining the extent to which families should be included in treatment. Research is beginning to suggest that younger children may benefit more from including families than older children (e.g., Barrett et al., 1996; Cobham, Dadds, & Spence, 1999). This makes sense when one considers that some fears that involve the family (e.g., SAD) are more common in younger children (Kashani & Orvaschel, 1990; Velez, Johnson, & Cohen, 1989). In these cases, exposure tasks necessarily involve the family. Further, younger children are more likely to need assistance from family members to complete out-of-session exposure tasks. On the other hand, adolescents may value more autonomy (less family participation). Although it is certainly reasonable that an adolescent be given more autonomy in treatment, it is also important to monitor whether he or she actually carries out the exposure tasks. If not, the clinician will need to negotiate with the adolescent and perhaps secure the assistance of a family member or friend when implementing the out-of-session exposure tasks.

Contextual Factors

This section highlights examples of ways that contextual factors can be considered when conducting exposure tasks with children and adolescents. Through the use of examples, we suggest that attending to such factors facilitates treatment progress and success. For a more in-depth and theoretical discussion of the importance of considering developmental level and contextual factors (e.g., ethnicity, culture, gender, and religion) in the treatment of childhood disorders, the reader is referred to Piacentini and Bergman (2001) and to Silverman and Ollendick (1999).

Contextual factors encompass ethnic, cultural, gender, and religious issues. The clinician need not automatically assume that each of these areas is of central concern to the child and/or his or her family. Rather, it is the clinician’s responsibility to consider which of these areas, if any, need to be weighed as a factor in treatment. Consider the case of a 12-year-old boy who presented with religious obsessions (i.e., fear of doing something bad and that God would be mad at him) and compulsions (i.e., reciting prayers in his head and blessing himself throughout the day at school). During the initial interview with the child and his family, the clinician learned that he attended a private religious school and that his family held strong religious beliefs. When explaining the treatment of the child’s obsessions and compulsions (i.e., exposure and response prevention), the family was very concerned and felt conflicted given their strong religious beliefs. The child also expressed serious concerns, not only because the treatment itself was anxiety provoking but because of the perceived moral implications of treatment and a concern about being punished. A sensitive discussion with the child and his family regarding their beliefs and the treatment allayed their concerns and matters proceeded well and favorably.

Professional Practice Issues

For the practitioner, we acknowledge that there are questions about the application of exposure tasks, especially out-of-office exposure tasks. What about liability when out of the office? How can a private practitioner, or someone in practice in isolated settings, arrange for exposure tasks? What about billing? Last, there are challenges that face a therapist who is inexperienced with the planning and conduct of exposure tasks. We discuss each of these issues. It is worth noting that once the decision to use exposure tasks has been made and once all the cautions are considered, the actual conduct of an exposure task is quite doable.

Questions about liability can be raised when the child is outside the therapist’s office on an exposure task. What if, for example, when the exposure task has the child at a shopping mall on his or her own, the child gets lost or is kidnapped? What happens when, as an intended step in a hierarchy, the youth is taken for a ride in a car? What if there is a crash? Although we recognize that there are some legitimate concerns, we also point out that these
# Considering CBT With Anxious Youth? Think Exposures (continued)

## Table 2
Examples of Different Types of Exposure Tasks

<table>
<thead>
<tr>
<th>Brief Description of the Exposure Task</th>
<th>Target Problem/Disorder</th>
<th>In Session</th>
<th>Out of Session</th>
<th>Props Needed</th>
<th>Other People Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving a speech:</td>
<td>SoP</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1) have people whispering during the speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) have people ask questions (planned or unplanned) during the speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) vary the size and/or age of the audience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tripping in front of people</td>
<td>SoP</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1) sitting in the waiting room of the clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) in other parts of the building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) outside of the clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The therapist and child walk around either inside or outside the building looking messy or unkempt, and making funny faces</td>
<td>SoP</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Playing a board game, where the therapist changes the rules during the game.</td>
<td>GAD (perfectionism, rigidity)</td>
<td>X</td>
<td>X</td>
<td>Game</td>
<td></td>
</tr>
<tr>
<td>Conduct a survey to gather information about a belief (e.g., a mean teacher: asking others “Have you ever had a mean teacher?”)</td>
<td>GAD, SoP</td>
<td>X</td>
<td>X</td>
<td>Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Have the child do something incorrectly (a minor infraction) and be reprimanded.</td>
<td>GAD</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask the parent to be late when picking up the child from the therapy session:</td>
<td>SAD, GAD</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) anticipated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) unanticipated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) vary the duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go to a store and purchase something from a clerk, without any help from the therapist.</td>
<td>GAD, SoP, SAD</td>
<td>X</td>
<td></td>
<td>Small amount of money</td>
<td></td>
</tr>
<tr>
<td>Blowing up balloons until they burst.</td>
<td>GAD; specific phobia</td>
<td>X</td>
<td></td>
<td>Balloons</td>
<td></td>
</tr>
<tr>
<td>Reading poetry in front of the therapist (or a small audience) in the voice of someone famous (e.g., Sylvester Stallone). With or without an audience.</td>
<td>GAD; SoP</td>
<td>X</td>
<td>X</td>
<td>Poetry</td>
<td>X</td>
</tr>
<tr>
<td>Pay for a purchase with slightly less than the correct amount of money.</td>
<td>GAD</td>
<td>X</td>
<td>X</td>
<td>Money</td>
<td>X</td>
</tr>
<tr>
<td>1) friendly clerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) less friendly clerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet exposure. Have youth surf news sources and report their feelings.</td>
<td>GAD</td>
<td>X</td>
<td></td>
<td>Computer with internet</td>
<td></td>
</tr>
<tr>
<td>The youth and therapist discuss any worries that develop. Talk about the likely conclusions of each news story and the several possible perceptions of the same news.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk around the outside of the house at night in the dark.</td>
<td>Specific phobia, GAD</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Saying something silly/stupid on purpose while talking to a clinic confederate or to the client’s friend.</td>
<td>SoP, GAD</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Taking a fake test (out of date IQ measure) and provide “red marks,” a “see me” note, or other questionable feedback.</td>
<td>GAD, SoP</td>
<td>X</td>
<td>X</td>
<td>Fake test</td>
<td></td>
</tr>
<tr>
<td>Having a parent be increasingly away from the session</td>
<td>SAD</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) away by distance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) away for longer durations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The child writes a composition with the nonpreferred hand and then lets someone else read it without explanation.</td>
<td>GAD, SoP</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The therapist and child practice buying things in front of other people (e.g., at a local store, at a vending machine), asking questions or looking lost.</td>
<td>SoP, GAD</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Arrange for the child not to sleep in the parents’ bed.</td>
<td>SAD</td>
<td>X</td>
<td></td>
<td>Alternate activities (e.g., books to read)</td>
<td>X</td>
</tr>
<tr>
<td>1) having alternate activities for the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) having mom/dad take child back to bed and wait for him/her to fall back asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping in a swimming pool (without toe-testing the temperature)</td>
<td>GAD, SoP</td>
<td>X</td>
<td></td>
<td>Pool access</td>
<td>X</td>
</tr>
<tr>
<td>Calling an expert to get information (e.g., child fears health of a parent) about health issues.</td>
<td>GAD; SAD</td>
<td>X</td>
<td></td>
<td>Phone access</td>
<td></td>
</tr>
<tr>
<td>Joining (starting) a club at school (or in the community).</td>
<td>SoP; GAD</td>
<td>X</td>
<td></td>
<td>List of extra-curricular school activities</td>
<td></td>
</tr>
<tr>
<td>Going to the mall, shopping alone, and meeting at a time and in a place that is not “nalled down” in advance.</td>
<td>GAD; SoP; SAD</td>
<td>X</td>
<td></td>
<td>Mail access</td>
<td>X</td>
</tr>
<tr>
<td>Riding public transportation (appropriate for the age of the child)</td>
<td>GAD, SAD, SoP</td>
<td>X</td>
<td></td>
<td>Shopping area access</td>
<td>X</td>
</tr>
<tr>
<td>Calling a classmate on the phone to get info about a class assignment</td>
<td>SoP; GAD</td>
<td>X</td>
<td></td>
<td>Schedules, money</td>
<td></td>
</tr>
<tr>
<td>Entering and sitting with someone at the school cafeteria</td>
<td>SoP; GAD</td>
<td>X</td>
<td></td>
<td>Phone access</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* SoP = Social Phobia; GAD = Generalized Anxiety Disorder; SAD = Separation Anxiety Disorder.
Considering CBT With Anxious Youth? Think Exposures (continued)

several “what ifs” sound remarkably akin to the musings of an overprotective parent. Few children are kidnapped from shopping malls, and serious automobile accidents are not at all common. The risks are actually quite low. And, even if something were to happen, insurance coverage (as is the case for all unlikely events) is available and provided. There is another liability issue to be considered: that associated with not using exposure tasks. Based on the available evidence, providing exposure tasks as part of therapy is the preferred treatment for anxiety disorders and to not do so would be practicing less than “best practices.” With an increasingly informed consumer/public, there are liabilities that are linked to use of non-empirically supported treatments, and to a failure to maintain continuing education about and practice of “best practices.”

Though easier than planning a wedding, making the arrangements for some exposure tasks might seem foreboding. Arranging for a trip to the local high school’s history class not only necessitates planning a specified day, but also may require prior contacts and discussions with school personnel. Also, estimation of the total time needed to complete the exposure task is important so that billing concerns and hourly rates can be addressed with the family in advance. Out-of-office exposure tasks may last greater than 1 hour in duration and entail consideration of travel time and other expenses (e.g., bus fare). We encourage the therapist to be flexible and fair and communicate with the family candidly regarding additional fees, if any. Sometimes, the best exposure tasks take the greatest amount of preparation.

However, effective exposure tasks can be much simpler than the example just mentioned (trip to school). For starters, refer to the entries in Table 2, where a variety of diverse types of exposure tasks are provided. If the preferred task is to have the child talk in front of an audience of peers, perhaps an adequate exposure would be to have the child present in front of several adults and one or two peers. The demands of orchestrating this exposure task would likely be much less than needed for an audience of youth. If this adjusted plan is still seen as too demanding, then a walk into a local store where there are other people can be orchestrated and the child can interact with clerks (buy something, ask questions) and other patrons. This exposure task can be undertaken without complicated preparations or arrangements. Not unlike the child (or parent) who tries to not do the exposure task due to a pseudo-event (excuse), it is typically the case that creative modifications (by the therapist) will result in an exposure task that is available and achievable, as well as therapeutic for the child.

Undertaking any new therapeutic procedures comes with the challenges that are linked to being inexperienced. With exposure tasks and anxious youth, the inexperienced therapist has to be especially careful not to be overprotective of the child. In some ways, anxiety disordered youth are quite adept at getting parents and other adults to adjust so that the anxious youth can avoid situations thought to cause distress. The therapist needs to be alert to being protective. In contrast, the therapist is confident for the child and exudes confidence in the task, the procedure, and the child’s ability to complete the exposure task. It’s not a “Maybe,” it’s a “You can do it.”

Closing Comment

We close by sharing the observation of an interesting “side effect” of exposure tasks. Not only do exposure tasks empower the child, but they have also been known to affect the therapist. A therapist trainee who verbally identified herself as “a CBT therapist” was nevertheless otherwise quite modest in her endorsement of exposure tasks (an experienced CBT therapist could tell that she was inexperienced). Following her use of exposure tasks, her attitudes and beliefs were changed. She came to supervision with an enthusiastic statement about “Wow this stuff really works. The kid came alive. He was so proud he could do it.” Are you considering working with anxious youth? Don’t just think about exposures, try them out!

References


Considering CBT With Anxious Youth? Think Exposures (continued)


The authors thank the therapists and colleagues of the Child and Adolescent Anxiety Disorders Clinic for their many suggested entries into the clinic’s list of exposure tasks. We also thank the youth and families for their cooperative participation in our clinical research undertakings.

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Understanding ABPP Finances and Activities

Randy Otto, PhD, ABPP
President-Elect, American Board of Professional Psychology

At the end of each year ABPP-certified psychologists submit an attestation, accompanied by a payment of $185. It is often the case that questions arise among board-certified psychologists regarding ABPP’s income and expenditures. Provided below is a broad overview of how ABPP handles its finances for interested board-certified psychologists.

Where Does ABPP’s Money Come From?

In the most recent fiscal year (2011), a little over half of ABPP’s total income (56%) came from attestation fees (the money board-certified psychologists submit at the end of each calendar year), approximately 30% of ABPP’s income came from certification fees (the money candidates submit with their applications), and approximately 6% was generated by the annual continuing education conference. The remaining 8% was generated from additional sources, such as board certification verification fees, bank interest, and rental income.

Where Does ABPP’s Money Go?

As in previous years, ABPP’s largest expenditure in 2011 was for ABPP Central Office salaries and wages (32% of expenses). At the current time, we have four full-time staff members who provide important and essential support functions-ranging from fielding candidate calls, maintaining a presence at the annual APA convention, processing applications from new boards seeking ABPP-affiliation, assisting ABPP boards in managing the application and review processes, organizing the summer continuing education program, and planning convocation and other meetings. The next biggest expenditure was for specialty board operations, which accounted for approximately 24% of our expenses. These funds are used to support the 14 ABPP boards as they examine candidates and operate more generally. After that, there is a considerable drop in expenditures, in rank order: summer workshop series (7% of expenditures), ABPP office rent (5% of expenditures), credit card processing fees and related bank charges (4% of expenditures), Board of Trustees winter meeting costs (3% of expenditures), and APA meeting costs (3% of expenditures).

Historically, ABPP was run on a “shoestring budget” and lacked any meaningful financial reserves from which to operate in times of crisis. More recently, as a result of increased income and more careful spending, ABPP has been able to contribute monies to a reserve fund that are available if and when needed, and ensure the long-term stability of the organization. Upon his arrival in 2006, ABPP Executive Officer David Cox, PhD, ABPP recommended that the Board of Trustees budget a minimum of $25,000 annually to go towards establishing a reserve fund. Since that time, the Board of Trustees has done this, and sometimes supplemented this with additional monies not spent during the fiscal year. Most recently, the Board of Trustees developed a formal investment policy and will distribute these monies into various short-term and long-term vehicles with the assistance of financial advisors.
What Are Some of the More Recent ABPP Initiatives That Have Required Financial Investment?

ABPP Summer Continuing Education Program

This summer, ABPP will sponsor its third annual continuing education workshop series. The first two meetings were in Portland and San Francisco, and this summer we are meeting in Philadelphia. The meeting provides opportunities to advertise the ABPP brand, communicate to others the value of board certification and interest them in the certification process, highlight some of ABPP’s brightest talents, access some of the best continuing education offerings at deeply discounted rates, and re-connect with old friends and colleagues and make new ones. In addition, ABPP member boards are encouraged to convene at this meeting and, indeed, some are examining candidates and holding other meetings in Philadelphia as well. Last year the ABPP conference turned a slight profit, and this trend should continue.

Ongoing Development of the ABPP Website and Other Media

ABPP continues to invest in its presence on the web-through continued updating and expansion of the website, and we have also established ourselves in other media (e.g., Facebook). This is considered very important, particularly in ABPP’s attempts to stimulate interest among early career psychologists as well as psychologists in training.

On-Line Continuing Education

In an attempt to further serve board certified psychologists, ABPP has begun offering free continuing education credits through articles published in The Specialist. Also in development are plans for more involved continuing education programs to be offered through ABPP’s website for board certified psychologists.

Establishing the ABPP Foundation

In 2010, ABPP expended funds to establish the ABPP Foundation (Foundation). The Foundation is a 501(c)(3) charitable organization the purpose of which is to support activities that foster competent psychology practice. Interested persons can make tax-deductible donations that are earmarked for particular specialties or activities, or donate more generally. The Foundation now functions autonomously under the leadership of Chris Nezu, PhD, ABPP.

Representing ABPP and Board Certification in the Community

ABPP central office staff, the Board of Trustees, and every ABPP-certified psychologist understand the value of board certification. We are now working actively to spread the word regarding the importance of board certification to all psychologists and the public. Given changes in psychology training, the marketplace, and consumers’ needs, the ABPP Board of Trustees is more committed than ever to educating all relevant constituencies about the value of board certification and related issues. ABPP’s efforts to increase the number of psychologists and psychologists-in-training who are seeking and gaining ABPP-certification (e.g., the Early Entry Program, provision of scholarships for some candidates, educational programs) have been successful, and ABPP continues to make sure that it has a “place at the table” when important issues regarding the competent practice of psychology are addressed by other organizations, including the American Psychological Association and the Association of State and Provincial Psychology Boards.
Where Does ABPP’s Money Not Go?

At the current time, there are 21 trustees (one trustee representing each member board, one trustee representing the public, one trustee representing the specialty academies, the ABPP secretary, the ABPP treasurer, the ABPP past-president, the ABPP president-elect, and the ABPP president). Trustees volunteer their time and are only reimbursed for travel expenses.

ABPP does not own any real estate and does not engage in political lobbying of any type, although it does provide education about board certification and psychology issues.

Summary

Since 1947, ABPP has certified the competence of psychologists in a number of specialty areas. In the beginning, ABPP was briefly located in Washington, DC, then operated out of a small office in Jefferson City, Missouri with only a minimal part-time staff. After a brief time in Savannah, Georgia the ABPP offices relocated to Chapel Hill, North Carolina. Currently, four full-time office staff and 21 volunteer trustees meet the needs of 14 member boards, over 3500 board-certified specialists, and an average of 1000 active candidates (at any one time). ABPP is more vital now than it has ever been. There are more specialty boards than ever, the number of ABPP-certified psychologists is at an all-time high, and the number of psychologists seeking board certification continues to increase. These trends should continue, with benefits accruing to all ABPP constituencies as a result.

APA Candidates for President-elect - Responses to ABPP Questions

All 5 candidates for APA President-elect were requested (via the email address in their APA membership listing) to submit their responses to the following questions from ABPP. The following are from those candidates that responded to the request.

APA Presidential Candidates’ Statements

Each year, ABPP invites the APA Presidential candidates to respond and comment on several issues. This year, the questions posed were:

1. What are your views regarding board certification in psychology?  
2. What are your views regarding specialization within psychology?  
3. If elected, how can APA and ABPP work together toward improving our field?  
4. If elected, how can ABPP help with your presidential agenda?

The candidates’ responses follow. In alphabetical order.
Paul L. Craig, PhD, ABPP

“The Year of Our Youth”

Thank you for inviting me to submit a statement to ABPP for consideration by my fellow diplomates within ABPP.

As a candidate for APA President-elect I would encourage you to read the candidate statements and bios published in the APA Monitor on Psychology. Also, please visit my website www.craigforapapresident.net for access to my CV and to learn more about my neuropsychological practice in Anchorage, Alaska. The theme of my presidential campaign is “The Year of Our Youth.”

What are your views regarding board certification in psychology?

During graduate school in the late 1970s, board certification through ABPP was one of my long-term professional goals – a goal I accomplished in 1992 when Dr. Nelson Butters and others signed my ABPP certificate in clinical neuropsychology. Later, I served on the Board of Directors of the American Board of Clinical Neuropsychology, have been a work sample reviewer, and an oral examiner for ABCN. I am a firm believer in the value of board certification through ABPP and frequently encourage colleagues to pursue the ABPP credential.

Board-certification through ABPP is a standard of excellence to which all professional psychologists should aspire. It should be viewed as an elite credential confirming competence in a field of specialization but it should not be viewed as a credential restricted to only a small percentage of elite psychologists. Rather, all professional psychologists trained in one or more of the specialties in which ABPP certification is available should be encouraged to attain the level of professional competence necessary to become board certified. And, all of these early career professionals should be encouraged to pursue the ABPP credential to communicate to others that they have demonstrated the level of competence necessary to practice in a particular field of specialization within professional psychology. ABPP is the gold standard of competence in our profession and should therefore be pursued as a credential by many more psychologists than those who currently are board certified.

In a similar manner as medicine which has used board-certification as the standard for practice in various specialties, psychology should promote board-certification through ABPP as our profession’s standard of practice. Board-certification is very important and should be promoted within our profession and to the public.

What are your views regarding specialization within psychology?

In addition to clinical neuropsychology, I am a specialist in rural health. I was a founding member of the APA Rural Health Task Force, now the Committee on Rural Health. In 2006, the US Secretary of Health & Human Services, Michael Leavitt, appointed me to serve on the National Advisory Committee on Rural Health and Human Services where I was able to use psychology research and the experiences of psychologists in practice settings to make recommendations regarding emergent federal health policies and programs. Clearly, as an ABPP clinical neuropsychologist, I am very much in favor of specialization. At the same time, I am aware that in rural America where resources are sparse, at best, psychologists are called upon to function as generalists. When I served as the director of a rural community mental health center in Homer, Alaska in the early 1980s, I frequently called upon specialists in the Lower-48 to provide consultation and guidance when I encountered a unique emotional or behavioral problem about which I was not yet adequately trained. In summary, specialization is very important but there must also be ample room for generalists in our profession. Whether a particular psychologist is a generalist or a specialist, it is important for each of us to be very aware of our strengths and limitations and for each of us to call upon others for consultation when the problems we are addressing as professionals are outside our respective boundaries of competence.
If elected, how can APA and ABPP work together toward improving our field?

The theme of my presidential campaign is “The Year of Our Youth.” Specifically, the foundation of my presidential platform is built on addressing the needs of our diverse students, early career and midcareer psychologists in the context of their educational, scientific, and practice pursuits. To the extent APA’s leadership tenaciously focuses on the well-being of our next generation of psychologists, the future for all members of our profession will be brighter. I firmly believe that encouraging young professional psychologists to strive toward board certification through ABPP will be in the interest of the APA, ABPP, and – most importantly – young psychologists.

If elected, how can ABPP help with your presidential agenda?

If elected, I want to immediately begin identifying issues of greatest importance to young psychologists. I do not want these issues to simply be identified by me and other senior members of our field. Rather, I want early career psychologists to actively participate in identifying the issues of greatest importance to them and their colleagues. To the extent ABPP can help in this process, I believe that ABPP can work with me as President-elect to create a bright future for our early career colleagues. Doing so will benefit all psychologists and certainly will benefit ABPP insofar as many of the early career psychologists will seek board certification if “The Year of Our Youth” is a fruitful endeavor.

Thank you for considering me for your #1 vote for APA President-elect.

Todd Finnerty, PsyD

I appreciate ABPP specialists taking a moment to consider my candidacy and to learn how we’ll move APA beyond the status quo together. If desired, ABPP specialists will have an opportunity to also rank the two presidential candidates in this election who are ABPP specialists. However, if ABPP specialists take a moment to read my statement and visit my website at www.toddfinnerty.com they’ll see why ranking me #1 in this election is the best thing for psychologists. This election isn’t about me and it’s not about any one of the other candidates. This election is about innovating and adapting our organization and innovating and adapting as a health care system. We don’t need more of the same. Ranking me #1 will communicate to APA the importance of bringing much needed reforms to our organization and ensuring that health care reform benefits (not harms) psychologists and the people we serve.

I’m the candidate that stands out to you. The status quo and old ideas are well-represented by other candidates. I have a fresh outlook and am proposing strategic organizational changes. We must be prepared for the pressing concern of implementing health care reform in 2014. Health care reform can benefit psychologists and the people we serve, however it may also harm psychologists if we are not actively involved with how it is implemented. Please rank me #1 in the election to ensure that our presidential initiatives in 2014 are keenly focused on these important issues as opposed to having our national attention being distracted from them. Most of the other candidates are qualified as well, however there will be another year for them. This year we cannot focus on the pet issues of the president or be “asleep-at-the-wheel” anymore. Your #1 ranking can stand for innovation, organizational adaptation and focusing on opening up new markets for psychologists.
Beyond the Status Quo

It’s time to take APA beyond the status quo:

- We’ll end the practice assessment as we know it. Let’s revamp and rename the practice assessment and provide easier payment options for these voluntary donations— including monthly smaller ones instead of annual lump sums.
- The American Psychiatric Association is temporarily in a vulnerable position and their influence can be reduced. Let’s recognize the ICD as the “international standard” for making diagnoses instead of using the DSM-5. We’ll take a lead role in training professionals to use the ICD and not make our students buy the DSM-5. We won’t send another dime to a psychiatric association that actively advocates against our interests in Washington, including advocating vehemently against psychologists being included in Medicare’s physician definition.
- As APA President I would support ABPP developing a maintenance of certification program and I would help advocate for MOC-participating ABPP psychologists receiving the same financial incentives with Medicare as board certified physicians do.
- Psychological research shouldn’t be hidden behind expensive corporate pay-walls or buried undiscovered in a junior colleague’s file drawer. Let’s reduce publication bias by increasing electronic-only supplemental journal issues that publish replication studies and those without significant findings. We’ll mentor graduate students and early career professionals to assist in producing and peer-reviewing these works.
- Let’s train our “national internship class” as well as current practitioners in evidence-based approaches with an online, weekly APA Grand Rounds.
- Let’s improve the bridge between research and practice and explore how interventions work under field conditions by creating a Practice Research Network of practitioners willing to collaborate on research.
- Let’s launch The Psychology Innovation Challenge to “crowdsource” innovations that can compete for the connections to grant funding and national attention that APA can provide.
- Let’s never again let APA offer a position that is even in a gray area on human rights. We don’t support torture; as President I’ll personally invite back each member who resigned from APA over this issue. We need their passion now.
- Let’s make membership in state and local psychological associations automatic with national APA membership. Money and APA Council positions flow to an SPTA; members from the national APA should also flow to that SPTA. We can increase member recruitment and engagement and promote a culture-of-advocacy by reducing bureaucratic roadblocks between national, state and local associations. We’ll bring APA home to members and organize them to advocate in an integrated way on a local, state and national level.

In the future we’ll need more psychologists not fewer psychologists. Lots of people need psychologists— we just can’t get paid to see them. Psychology saves health care costs. We’re experiencing the greatest opportunity in a generation to bring high quality, affordable care to the millions of Americans who need our help but can’t access it. Their story, not ours, motivates advocacy, legislative action and improvements for psychology. It makes great business-sense for psychologists to open up this market, but it also reflects our ethical principle of justice. Delivering evidence-based care is our future. Join us in “evenly distributing” our future and ensuring that all people have access to timely, high-quality care from psychologists— no matter where they live, how much they make or who their ancestors were.
My business PsychContinuingEd.com, LLC offers continuing education courses for psychologists. I started PsychContinuingEd.com with my wife to promote ethical, data-driven decision making along with maintaining a strong therapeutic alliance. I'm a hockey fan that has lived in New York, Missouri and Ohio. I consult on Social Security disability claims in Ohio’s DDS. My wife Jennifer is originally from Pittsburgh and is a health psychologist with the VA. Our daughter Erin's name was inspired by a trip we took to Ireland. She was born not long after I returned from Mississippi volunteering with the Red Cross after Hurricane Katrina.

Ranking me #1 will emphasize the importance of adapting beyond APA’s status quo and instilling a more effective APA organizational structure and culture. Ranking me #1 will help stimulate innovation in psychology, reduce publication bias and reduce disparities in how mental health care is delivered in our country. Learn more at www.toddfinnerty.com and twitter.com/DrFinnerty

Doug Haldeman, PhD

1. What are your views regarding board certification in psychology?

Board certification in psychology is one of the most important ways for psychologists to demonstrate a higher level of competency in their areas of specialization. It is the one metric post-licensure that is universally accepted as the gold standard for specialization. The implications of board certification are significant, in my view, from the standpoint of integrative health care, accreditation and training, and of course as a valuable activity for psychologists.

Psychology’s inclusion in integrative health care involves legal and regulatory change, part of which is dependent upon acceptance by physicians. Many in medicine are starting to accept psychology as a viable partner in health care at face value, but there are others who look for verification. Specialization is a foundational element of medicine, and is thus an important dimension when it comes to physicians determining who is included in health care. The ability to offer specialized care is clearly one of the most compelling criteria for physicians, and our ABPP certification in this regard is of inestimable value when seeking inclusion with medicine in the integration of health care.

Likewise, medicine looks to standards of accreditation in evaluating psychology for parity in discipline status. Accreditation is another critical area in which ABPP brings Psychology important value. The fact that our professional concentrations are demonstrable through a rigorous process of specialty credentialing (ABPP) sets psychology apart from other mental health disciplines.

Lastly, but certainly not least, specialization is a valuable activity in and of itself for psychologists. For professional psychologists, for instance, there is no formal process post-licensure in which our work is scrutinized by colleagues, let alone experts. The process of ABPP certification is an opportunity to engage in an in-depth examination of one’s knowledge base, theoretical constructs and practical skills at a more advanced point in the professional lifespan.

2. What are your views regarding specialization within psychology?

Specialization at the post-doctoral level is an important component of professional maturation. The parallels between psychology and medicine are apt with regard to specialization, given the ABPP’s valuing of knowledge base and practical application. Specialization is a way in which we define content criteria for long-term professional development, as well as the means by which we create clear boundaries for what constitutes competence in both traditional and emerging fields of practice.
3. If elected, how can APA and ABPP work together toward improving our field?

The connection between APA and ABPP, the organization that certifies psychologists as specialists, should be strengthened. In particular, as we move toward integrative models of health care, I would ensure the inclusion of ABPP-certified individuals (identified as such) included in advocacy efforts around legal and regulatory affairs. As noted above, specialty certification should be clearly made a visible aspect of APA's efforts regarding inclusion in the definition of “Physician”, and APA's overall program in health care reform.

ABPP certification should also be included in the APAPO's Continuing Education and mentorship programs, so that psychologists who wish to pursue ABPP certification can be offered a coordinated program of study and education. Finally, I would support identifying ways in which diplomates of ABPP can become more visible in APA's leadership and governance.

4. If elected, how can ABPP help with your presidential agenda?

My Presidential agenda involves a coordinated effort among the various Practice entities to stabilize the APAPO, and advance the above-mentioned advocacy initiatives on health care reform. I would envision ABPP's visible involvement in these efforts. In addition, I have three special initiatives – the Body/Mind Connection, the Evolving Family, and Trauma in Everyday Life. All three of these have links to ABPP specialty boards. It is my intention to find ways to partner with those boards around the initiatives.

Nadine J. Kaslow, PhD, ABPP

Unifying Psychology for the Future

What Are Your Views Regarding Board Certification in Psychology

Put simply, I am a strong proponent for board certification within professional psychology. The following are some examples of the high value I place on the board certification process.

- I have been board certified by the American Board of Professional Psychology since 1994 and I am board certified in clinical psychology, clinical child and adolescent psychology, and couple and family psychology.
- As further evidence of my commitment to board certification, I have been extremely involved in the American Board of Clinical Psychology (ABCP)
  o Board Member – 2003-2009
  o President - 2005-2009
  o Representative to the ABPP Board of Trustees – 2004-2006
- Additional indication of my investment in board certification and ABPP is reflected in my leadership role on the ABPP Board of Trustees
  o Secretary – 2006-2008
  o President-Elect – 2008-2009
  o President – 2010-2011
  o Past-President – 2012-2013
  o Chair of the Standards Committee – 2012-2013
  o Chair of the Education and Training Committee – 2012-2013
- I have published on the value of a competency-based approach to board certification (Kaslow & Ingram, 2009)
What are Your Views Regarding Specialization within Psychology

With healthcare reform underway, the TIME IS NOW for specialization within psychology. Specialization is increasingly the norm in other healthcare specialties and must become the norm within professional psychology. At the 2011 Association of Psychologists in Academic Health Centers Conference in Boston, MA, I gave a keynote address entitled “Specialization in psychology: What it means with healthcare reform.” Recently, I published a paper related to this address in the Journal of Clinical Psychology in Medical Settings (Kaslow, Graves, & Smith, 2012). In this talk and publication, I highlighted some of the most salient reasons that specialization and board certification are valuable to psychology in academic health sciences centers and other medical settings. I believe that many of these same reasons are true for psychologists in other contexts.

- Consumers desire specialization
- Academic health centers and insurance companies expect board certification
- Changes in healthcare policy call for it
- Parity is in our favor
- Quality improvement and public accountability programs demand it
- Patient-centered healthcare homes have a place for us
- The workforce needs us
- Access to care for all is more likely with a well-trained specialty workforce
- Integrated healthcare teams respect us
- Pay is linked to quality

If Elected, How Can APA and ABPP Work Together toward Improving our Field

- Develop consistency across organizations with regard to what areas within psychology are specialties to reduce confusion within the profession and to the public
- Work collaboratively to operationalize and implement the new Education and Training Guidelines: A taxonomy for education and training in professional psychology health service specialties

If Elected, How Can ABPP Help with your Presidential Agenda

- Presidential initiative #1: Healthcare Reform – My first presidential initiative relates to psychologically-informed child- and family-centered health care that is accessible to all. Given the central role of board certified psychologists in healthcare settings, they can play a critical role in the inclusion of psychology in patient-centered medical homes. Bringing their specialty emphasis to the development and implementation of these collaborative and interdisciplinary healthcare programs will ensure that youth and their families receive the highest quality of evidence-based services possible.
- Presidential initiative #2: Students and Early Career Psychologists – ABPP has done an outstanding job reaching out to students and early career psychologists through its Early Entry Program. I believe that one way to help ensure that future generations of psychologists engage, advance, and excel within the profession is to encourage them to specialize and become board certified. Thus, working with ABPP to reach out to students and recent graduates, encourage them to be board certified, and mentor them through the process would support my efforts to make the job market for early career psychologists less challenging and more positive and enjoyable.
- Presidential initiative #3: Science within psychology – It is imperative that we gather more data to support the added-value of board certification and specialty practice within psychology, just as has been done in other healthcare professions. Thus, bringing to bear a scientific perspective to investigate and highlight the added-value of our efforts would be consistent with my interests in having APA, as well as ABPP, serve as more positive and meaningful homes for scientists.

For more details on my presidency, please visit my website at www.nadinekaslow.com

GEORGE S. SPEER: A PIONEER

George S. Speer (1908-1992) was one of the first psychologists to have become ABPP Board certified in Counseling Psychology (then 'Counseling and Guidance') in March of 1948. He founded the Institute for Psychological Services at the Illinois Institute of Technology in 1945, served as its Director until his retirement in 1978, and attained the rank of Professor. His areas of scholarship included interest patterns of various professions (emphasizing engineers), psychological testing and consultation applied to business and industry, personal conflicts as reflected in the aspirations of college students, and negative responses to college counseling.

Although trained at the master’s degree level (M.S., University of Chicago, 1936), common for psychologists of his era, Professor Speer’s achievements were considerable. Within APA, he served on the Board of Professional Affairs (1958-1960) and was a Fellow of the Divisions of Clinical Psychology and Counseling Psychology. Reflecting his counseling background, he was a Member of Council of the American Personnel and Guidance Association in 1951. Also on the national level, he served as Secretary-Treasurer of the Conference of State Psychological Associations in 1958. In addition, he was a leader in many state and local organizations, including the Illinois Psychological Association (President), Illinois Association of Professional Psychologists (BOT Chairman), and the Chicago Guidance and Personnel Association (President).

With respect to credentialing and specialization in psychology, Professor Speer was at the forefront of those grappling with these issues, which emerged at the conclusion of World War II. For example, he published an article entitled “Certification of Counselors and Psychological Services by Professional Organizations” (Occupations, February 1949) detailing professional efforts by APA and the National Vocational Guidance Association to address this emerging concern. He foreshadowed the contemporary emphasis on protection of the public by advocating for the endorsement of practitioners as possessing discrete competencies in relatively focused professional areas.

At the ABPP Midwest Board October 1987 exams held in Chicago, Professor Speer graciously provided an account of the first round of ABPP exams (conducted in 1948) to Dr. Jane A. Domke (then Editor of The Diplomate) to mark ABPP’s 40th Anniversary. It is presented again for a new generation of Board-certified specialists:

“At the time, ABEPP was just getting ready to administer its first examination, which was to be written, and excitement was high, especially on the part of those who were to be the first to attempt the new idea. There was a great deal of speculation about the probable form of the exam, the content, the level of difficulty and so on. Naturally, then, when I was invited to be one of the examiners, I was very pleased and accepted with alacrity.

“At that time, the Illinois Institute of Technology had 20 or more departments and offices scattered throughout Chicago, reflecting war-related problems for construction and leasing. The Institute for Psychological Services was very conveniently located in the Loop, with adequate space, central location, and convenient access.
“I believe that the group that appeared on October 20 and 21 [1948] numbered about 12, but this far away from that date I would not swear to the accuracy of my memory. I had been active in various psychological association affairs and so knew practically all of the candidates who came from the Midwestern area. We had a rather excited and noisy get-together.

“The first sight of the exam questions sobered us all very quickly, even the lucky ones who did not have to take the test! There were ‘True-False’ items, multiple choice, ‘which ones do not belong,’ identification, and essay questions regarding history, theory, treatment, and diagnosis. The exam was conducted in almost complete silence. At the end of the first day, there was an explosion of comment, question, and discussion, with vigorous disagreement on the proper answers to some questions.

“The examination was of tremendous significance professionally and had been anticipated and speculated about for some time. Reality and the actual experience released a great amount of tension in both the examiners and the group of candidates! The sense of freedom demanded some self-reward of recognition and the means were easily at hand. After fairly brief discussion, our whole group adjourned to a nearby watering hole for refreshment and, later, dinner.”

Rereading this account, I was struck by the collegiality among examiners and candidates, quite at odds with the common belief of a very formal, stuffy process in ABPP’s early years.

At those same 1987 examinations, I met Professor Speer for the first and only time. I was Chair of an examination of a counseling psychology candidate with Professor Speer as one of the other two Examiners. He conveyed an immediate impression of dignity, yet with warmth and good humor. Nattily attired in navy blazer, grey slacks, white shirt and tie, and assisted by a cane, his demeanor evoked both respect and liking.

One of the candidate’s two work samples was of marital therapy with a 40-ish couple who presented infertility, sexual, and communication problems. Someone asked the candidate if the couple presented any other clinical issues. Struggling to identify an additional issue, the candidate blurted out that, since the couple had just turned 40, they were beginning to address issues of aging. Upon hearing this, Professor Speer - then 79 years old - half rose from his chair, waved his cane toward the candidate, and exclaimed: “Aging? Aging? I’m aging – your clients aren’t aging!!” Although momentarily flustered, the candidate rallied to provide some elaboration which satisfied Professor Speer. I then realized he had actually been testing the candidate’s ability to think ‘on her feet.’ And, oh yes, she went on to pass the examination.

As Historian, I would appreciate any further information regarding Professor Speer’s career, particularly in its later stages, and any reminiscences or vignettes about him which might be appropriate for public disclosure. Material may be sent directly to me at emu34@aol.com.

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Letters to the Editor
Roger Brooke, PhD, ABPP
Duquesne University

Unusual treatment: a personal memory of helping people with PTSD in South Africa

Recently Jackson and Suris (2012) outlined the processes and evidence bases of Prolonged Exposure Therapy and Cognitive Behavior Therapy in the treatment of PTSD and MDD. Each description was followed by the kinds of questions that might be asked in the Board Certification examinations for candidates working in those ways.

I felt alarmed at how my winging it at times might appear to my disciplined colleagues, and relieved that my examiners had missed the opportunity to nail me for my indiscretions. Guilt-ridden that I am, it seems that full confessional disclosure is due.

The setting

In the turmoil of the middle and late 1980s in South Africa, under the State of Emergency, there may have been over forty thousand political prisoners held in detention facilities. Many - perhaps most - of these were the teenagers spearheading the overthrow of apartheid and white oppression. The black townships surrounding the white towns and cities were violent places. In my small town the black township was only a mile away from my home. At night we could see the fires barricading streets, or burning vehicles and at times even buildings. We could also hear the rifles of the army and police. The lecturer in the office next to mine at Rhodes University disappeared one day. He was detained without trial indefinitely, without charges or recourse to a lawyer, and the press was not allowed to publish the fact that he had been detained. His family was not allowed to know where he had been sent. I recall that he used to wear a winter coat even in summer so that he would be warm in winter if the police picked him up that day. Another time a patient of mine failed to arrive for an appointment. She also became a political detainee. Several friends, all associated with Rhodes University, disappeared for six months or more - one young mother was taken in front of her screaming children. The husband of one of our graduate students was detained. Another colleague of mine at Rhodes lived much of the time in hiding - occasionally at my house - moving from place to place, since he was active in the End Conscription Campaign, undermining South Africa's military juggernaut. Colleagues in private practice and on university campuses had to me that their offices ransacked by security police. On two occasions my late wife, who worked for an extraordinary human rights organization known as the Black Sash, was briefly detained and questioned.

It was in this climate that I became involved in working with black traumatized youths. My contact was an Anglican priest, Rev. Bob Clarke (see Clarke, 2008; Grocott's Mail, 2011). He was working through the surrounding rural areas and in small towns, trying his best to follow these kids and help them and their families. Some youngsters were dedicated activists, proud of their khaki browns and status as Young Comrades. Others were innocents swept up in large school raids. Children as young as fourteen were arrested and detained, sometimes for many months before inexplicably being released. “No education before liberation” was a slogan that produced intense conflict and misery, as well as years of under-educated graduates, but in the moment the results could be hilarious. One small town school lost all its students in a raid, but the next day the police were there protecting an empty school from “intimidators” who might try to disrupt the school’s normal activities.

The priest asked for my help with these traumatized kids. It was not in my view PTSD they were experiencing, but, as Straker (1987) showed, a Continuous Traumatic Stress Syndrome. Some school children were studying by flash light under their beds so that they would be below the bullets that might come through the walls. Some black undergraduate students at Rhodes were living like this too.

What we did

The local branch of the Psychological Association of South Africa, of which I was Chair, documented the Association’s request that I do what I could to help young sufferers of PTSD. The Minute Newsletter noted that this directive was a professional commitment and not a political one. This first step did not in fact amount to legal cover because there was none, if “in the opinion” (yes, that was the legal wording) of a member of the security forces I was a threat to the State. However, it was unusual to detain white people with social standing, and politically I was a small potato, so I felt I was relatively safe. In any event, holding my teddy, I walked into the dark.
There were four or five 90-120 minute meetings with a dozen or more young black children. They came in from Grahamstown and surrounding small towns and rural areas. I cannot recall seeing the any children more than once. The priest would give me short notice and an address, usually in the black township: a dentist’s or physician’s office usually.

Here is the question. How does a white clinical psychologist (“What’s that?”) work with a large group of traumatized black adolescents under apartheid’s racist oppression, when it also has to be assumed that at least one person in the room is a police paid informer?

In fact it was not as difficult as one might think, and my approach shared features of the single session structure described by Straker (op.cit). “The Struggle,” as it was known, was not as racially divided as people outside South Africa imagine, and genuine good will and political commitment went a long way. Working with clients like this, one’s professional standing is totally subsumed under political allegiance (Straker, 1987, p. 53). Being introduced by Rev. Clarke, and mentioning that my wife worked for the Black Sash carried me a long way in building trust.

I started each session introducing myself and pointing out that I did not need to know anyone’s name. If they did use their names, then I wanted their first names only. In case any of them was a police informer, I would spell out my name so they got it right: R-O-G, etc, to lots of laughter.

I would be educative about the priest’s concerns, and ours, about the mental suffering many of them might be experiencing pointing out that people suffer from wounds to their feelings as well as to their bodies I then gave each of them a single sheet handout I had made with some of the core features of PTSD and suggestions I hoped might be helpful. We would go through it together, or at least start with it, until the group had its own momentum.

We all agreed that it would be impossible to talk to each other if they feared being criticized or “teased.” Interestingly, Xhosa culture has a great tradition of storytelling within community. The Truth & Reconciliation Commission headed by Anglican Archbishop Desmond Tutu grew out of that tradition. I thus found the groups easier to set up and facilitate than groups in our Anglo-American culture, with its dominant emphases on individuality and privacy.

We would talk in general terms about their observations first. I would link what they said to a symptom, such as difficulty sleeping and nightmares, and ask if any of them knew someone who had been struggling like that. If they talked about a “friend” I would leave it there, and we would talk about the friend’s dreams and what he found helpful, or could do when they happened again, or even what it might mean about the politics of the struggle, etc. I was always surprised at how quickly the boys--they were all boys--opened up and spoke for themselves. I was attentive to emerging feelings, but I would frame these as shared within the current political context and would attribute the blame out there, where it belonged.

As I recall the most discussed topics were hypervigilance and startle responses, and feeling cut off from people. Normalization, humor, and shame reduction were about all the outcomes that could realistically be hoped for in our one session.

To reduce shame, it was important to identify “strong” youngsters--the “alpha males”--in the group who also had symptoms, or who could admit that they were sometimes afraid (“because you can only say you have courage if you have known what it is to be afraid”) and to encourage them to set an example, as young leaders, to others in the group. This might seem rather manipulative, but was tactically using the internal group structure and its dynamic. Again, I was surprised at how readily they would talk.

It was immediately obvious that those who identified with the Struggle did better psychologically than those who felt like helpless victims caught up in it. It seemed that a crucial cognitive move was to frame their symptoms as “war wounds,” inflicted by the apartheid regime and the police, to be carried with honor just like any other wounds, whether or not they had been active in the Struggle. With a little skill, this framing could emerge out of the group process itself, so that it did not feel imposed by me.

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**We concluded the meetings with several plans.**

First, I pointed out that I was not asking to see anyone again. I feared that such a suggestion would arouse suspicion. However, I assured them that anyone could contact me through Rev. Clarke. I suggested that they do not phone my home because I believed my phone might be tapped. (That was not tactical, but a realistic belief.)

Second, the members of the group identified one or two “partners” from the group who lived nearby and with whom they were friends. They agreed to look out for each other and to support each other by regularly asking how they were doing, and talking to each other in the way they had done here in the group. Each pairing or little group of three was also invited to bring someone else into their healing circle if they wanted to. Using the adolescents as participants in their healing was consistent with their developmental needs and political activist ideals.

Third, I was usually able to identify one or two members of each group who showed remarkable leadership qualities. They were well regarded by the others in the group; they were highly verbal, emotionally intelligent, and grasped immediately the group’s objectives and essential processes. I remember my mouth hanging open at times as a sixteen year old activist would say something to someone else with psychological insight and a wisdom way beyond his years. I would give these young leaders a small stack of my handouts, and encourage them to start their own educational and support groups where they lived, which might be many miles away in the hills. They could contact me if they wanted further advice. The State of Emergency and the Struggle reached even the smallest villages.

**Outcomes**

Although there were no formal outcomes assessed, I was informally told by Rev. Clarke that the youngsters found the meetings very helpful, and they had recommended to him that I do more of these groups, which I did.

**Two final comments**

I am embarrassed telling this story because it makes me seem more heroic than I was. Many colleagues and other South Africans were far more daring and committed than I. I had a sense that I would not be detained, and my judgment proved right. At that stage anyway, by the late 1980s, detention was simply being detained. It did not involve interrogations or torture. The other comment is that, in writing this piece, I have had a sudden pang of nostalgia for a time when the world made such clear moral sense, and when my professional life, in this limited regard, was almost indistinguishable from my political commitments. I hope you enjoyed the story.

**Note**

I would like to dedicate this little story to the memory of my late wife, Rosalind Brooke (ne Jones), 1954-2001, whose political clarity in a racist world was unsurpassed.

**References**


**Biographical Reference**

Roger Brooke, PhD, ABCP is a graduate of the Universities of Cape Town and Witwatersrand (Johannesburg), received his PhD from Rhodes University, Grahamstown. When he left South Africa at the end of 1993, he was Director of Training in clinical psychology and coordinator of the PhD in Psychotherapy Program at Rhodes University. From 1994-2007 he was Professor of Psychology and Director of Clinical Training at Duquesne University. He is Board Certified with the American Board of Clinical Psychology (ABCP), and in 2005 he was elected to the Board of Directors of the American Academy of Clinical Psychology.
American Academy of Clinical Psychology
Lisa R. Grossman, PhD, ABPP
President, AACP

The American Academy of Clinical Psychology is very pleased to welcome our two new board members: Drs. Bret Moore and Mary Ann Norfleet. They each bring valued strengths to our board and I know that they will make significant contributions to the mission of the Academy. I also want to thank Dr. Chris Ebbe, immediate past president of the Academy, whose dedication and commitment to our board for over 8 years has been unparalleled.

In line with our Mission, the Academy board is very busy with a number of projects to promote the Clinical ABPP. Not only are we advertising in various newsletters (such as SPTAs and APA Divisions), but we are also exploring ways to conduct workshops at various conferences. We have also explored and plan to devise various videos that can be viewed on line to help educate potential ABPP candidates as well as potential ABPP examiners.

Another highly successful program to promote ABPP has been the Academy’s Mentoring Program to help candidates and potential candidates prepare for the ABPP process. We currently have 72 individuals matched with mentors with more requests coming at a rapid pace.

In addition, we are designing projects to enhance benefits to our Academy members. With the help of Dr. Ebbe, we have launched an Academy member listserv that we hope will become active with issues of interest to our members. We are also going to be augmenting our free online CE’s to our membership, including a home study course to help members become better examiners. And, we hope to revitalize our Bulletin with articles of interest to and by our members.

We are very excited about our new initiatives and look forward to a very active year.

American Board of Clinical Child and Adolescent Psychology
Mary Fristad, PhD, ABPP
President, ABCCAP

Surviving a Periodic Comprehensive Review

I am pleased to report that our board has just completed its first Periodic Comprehensive Review (PCR) and we have all lived to tell the tale! For other specialty boards whose turn is coming, fear not, but do prepare. Our board was founded only nine years ago, so this was our first PCR. Needless to say, we wanted to make sure our “i’s were dotted and our t’s were crossed.”
We initially approached the task with some trepidation about the amount of work it would take to successfully complete the process. However, I am pleased to report that preparing for the PCR actually became a useful growth experience. It forced us to address problems we had detected with our procedures and, quite frankly, got us to “clean up our act.” As a result, we now have a much clearer exam manual (and one that fits with the new competency requirements), revised by-laws, a better documented history of our specialty board, and an updated website. The website’s public side seamlessly links to the ABPP website. Very importantly, it also contains a back side that allows better tracking of our exam process. This back side provides a confidential mechanism for the Credentials Reviewer and Practice Sample Coordinator to communicate with ease and to better track progression of candidates through our exam process. In addition, we are building resources for examiners and exam chairs to further enhance the exam process.

Our examiners, Drs. David Cox and Greg Lee, were most congenial and provided our board with many very useful suggestions to further improve our Exam Manual and accompanying forms. We spent the morning reviewing the PCR document itself as well as conducting our usual business meeting. In the afternoon, we conducted three board exams that Drs. Cox and Lee observed. Following the exams, we had a brief wrap up session, at which time Drs. Cox and Lee shared their observations about our exam process and provided us with some overall feedback.

All in all, we could not be more pleased with the constructive nature of the PCR. We came out of the process feeling stronger as a specialty board, and supported by our “parent” board. So- those of you with PCRs pending, good luck and may you also have a positive experience!

Clinical Health Psychology

John C. Linton, PhD, ABPP  
Past President, ABCHP

The Clinical Health Psychology Board has had an active year, and are very pleased with the addition of 17 newly board certified Clinical Health Psychologists in the past 12 months.

Work sample submissions continue to be strong, taxing even the long suffering and highly competent work sample coordinator, Dr. Cynthia Townsend of Mayo Clinic.

We are also grateful to the hard work of our volunteer work sample reviewers over the year, namely Drs. Andy Rowan, Steven Tovian, David Nelson, Bryan Davidson, Rene McGovern, Linda Garcia-Shelton, Gretchen Ames, Steven Ames, Gregory Alter, Christine Hunter, Christopher Hunter, Gerald Koocher, Mark Oordt, James Meyer, Sarah Rosenquist, Paul Hershberger, Kimeron Hardin, Oliver Oyama, Shelley Johns, Anne Dobmeyer, John Porcerelli, Jennifer Lauretti, Jodie Eckleberry-Hunt, and Christopher Sletten.

Our most recent Board meeting was hosted by Dr. Larry James at Wright State University in Dayton on April 27-28, where Dr. James serves as Dean of the School of Professional Psychology. The meeting was well attended and capably overseen by Board President Dr. John Robinson, and paired the processing of Board business with oral exams, thus being sensitive to fiscal efficiency.

The American Academy of Clinical Health Psychology under the skillful guidance of President Dr. Jared Skillings has become an active organization now interwoven with Board activities, and has developed plans for more extensive member involvement.

Oral exams will next be conducted at the ABPP Summer Workshop Series in Philadelphia.
ELECTIONS

At its February 2012 board meeting, ABCN welcomed new board members, Drs. Nancy Nussbaum, Beth Slomine and Michael Schoenberg who officially took their seats at the close of the Board meeting. Thanks were given to outgoing board members Drs. Deborah Koltai Attix, Julie Bobholz, and David Kareken, whose contributions have helped to move our specialty board forward in so many ways!

The ABCN Executive Committee remains in place for one more year:

President: Brenda Spiegler
Vice President: John Lucas
Secretary: Jennifer Haut
Treasurer: Fred Unverzagt

We are also pleased to announce that Dr. Attix has agreed to fill Dr. Jerry Sweet’s term as the ABCN representative on the ABPP BOT, as he moves into the position of Treasurer.

AACN’s new slate of officers stepped aboard, effective February 2012:

President: Aaron Nelson
President-Elect: Mark Mahone
Secretary: Leslie Rosenstein
Treasurer: Susan McPherson
Treasurer Elect: Richard Naugle

The AACN Board of Directors also welcomed Dr. Michael Chafetz, Dr. Chris Morrison, and Dr. Lisa Ravidin to 5-year terms (2012-2017) as our new board members.

The ABCN and AACN boards continue to have strong representation of both adult and pediatric neuropsychology.

ABCN NEWS

At the 2012 spring oral examinations in Chicago, the number of ABCN Board Certified Specialists in Clinical Neuropsychology surpassed 850. The rate of new applications continues to be brisk. For the first time this year we are holding three sets of oral examinations to ensure that orals are not a bottleneck to the certification process. ABCN has begun to administer our written examination electronically through PROMETRIC centers in the US and Canada. There are four 2-week windows during which candidates may take the written exam at a PROMETRIC center near their place of residence. The first window was in March and 29 candidates took the written exam without a hitch! The second window is coming up in June with over 50 candidates registered.

ABCN continues to work on the development of an electronic platform for the submission and review of work samples. Once fully operational, this initiative will be analogous to Scholar One for journal submission and review. It is expected to save money and trees, ease the workload in the ABCN office, and make the entire process of work sample submission and review more effective and efficient for all concerned. We hope to have this operational over the summer of 2012.

With respect to our pediatric subspecialty initiative, the pre-application has been approved by the ABPP Affiliations committee and the BOT. The ABCN board is now working on a full pediatric subspecialty application to be submitted to the BOT over the next several months.
AACN NEWS

By the time you read this, the 10th annual American Academy of Clinical Neuropsychology Conference and Workshops will have been held in Seattle, WA from June 20-23, 2012. The agenda for 2012 in Seattle was packed with the usual high quality, intensive workshops in adult, pediatric and forensic neuropsychology that attendees have come to expect from our annual conference. The complete conference program can be found on the AACN website at www.theaacn.org. The increasing success of the annual AACN Conference is due to the incredible efforts of many, led primarily by Sandra Koffler (Conference Chair), Susan McPherson (Program Chair and Adult Program Coordinator), Karen Wills (Pediatric Program Coordinator), Kevin Greve (Forensic Program Coordinator), Pamela McMurray and Gina Rehkemper (Scientific Program Coordinators), Mary Ellen Meadows and John Crouch (Continuing Education Coordinators), Wendy Marlowe (Local Site Coordinator), and Annunciata Porterfield (Central Office). Newly elected BOD member Dr. Lisa Ravdin has also become involved in our conference planning efforts - which are so vital to the core mission and financial health of our academy.

We were delighted to honor Dr. Greg Lamberty in Seattle with the 2012 Distinguished Neuropsychologist Award for his wide-ranging contributions to AACN and the larger field of clinical neuropsychology. Continuing the tradition that began last year in Washington DC, this year's meeting kicked off with a fabulous and fun event sponsored by the AACN Foundation, geared to support the Foundation's mission to fund evidence-based research in neuropsychology.

Overall, AACN continues in a very strong position and has a bright future from every perspective, including growth in membership, advancing the Academy's core mission, success of our annual conference, and financial stability. This positive standing is no doubt a tribute to the efforts of so many AACN members and their contributions to the work of the Academy.

In the WINTER ISSUE, we'll provide more detail regarding the 2012 winner of the Distinguished Neuropsychologist Award and comment on the 2011 study funded by the AACNF. Dr. Lamberty, the founding President of the AACN Foundation stepped down this year and welcomed newly elected AACN/F President Mark Barisa.

Pediatric Initiatives

The AACN Pediatric Special Interest Group (Ped SIG) celebrates the contributions and priorities of pediatric/child neuropsychologists. The Ped SIG, which has met annually at the AACN conference since 2009, is comprised of AACN members and affiliates (including student affiliates) who are building a "home" within the AACN that support quality neuropsychological practice with children and adolescents. Leadership is provided by Dean Beebe, Michael Westerveld, and Karen Wills, along with active participation by other AACN Board and Academy members. Tangible benefits over the past year included: (1) launch of the AACN-Ped listserv (currently, 179 members), (2) launch of a new website that includes web-based resource pages on topics important to pediatric neuropsychology practice, (3) sponsorship of Dr. Mike Kirkwood's invited presentation on "Symptom Validity Testing in Pediatric Neuropsychology" in addition to 15 hours of Workshops on pediatric/child clinical topics at the 2011 AACN Annual Meeting, (4) adoption of Child Neuropsychology as an AACN journal with free electronic access for members and affiliates, (5) support of 30+ APA-approved CE credits each year through AACN journals and presentations that are specifically relevant to clinical work with children, and (6) hosting a book raffle, badge stick- ers and breakfast reception at the February 2012, INS meeting to raise awareness and invite student and affiliate participation. Building upon these achievements, in 2012 and 2013 the Ped SIG will continue to advance strategic priorities vital to pediatric neuropsychologists, including collaboration with ABCN and ABPP on development of the formal sub specialization in pediatric neuropsychology.

We are pleased to include the following piece written by Dr. Andrea Piatt, a newly ABCN Board Certified Specialist.
I initially applied for board certification in 2005, about 8 years after completing training. I had always intended to complete the process and I thought I would do so much sooner. But, as is the case for many of us, life happened and many years passed between completing schooling and starting and finishing the board certification process. I was fortunate enough to be awarded an ABPP in 2011. I guess good things come to those who wait. And, in my case, wait. And, wait.

There are numerous benefits not only to being board certified but also to becoming board certified. Many of the benefits are apparent. But, there are others that are less known and, for me, were unexpected. Among the apparent benefits, I appreciated being able to create space in my daily life to brush up on information learned years ago and to learn new information. Being a mid-career neuropsychologist, I had a few cobwebs in certain areas and having the opportunity to refresh my memory and to learn new things that I was able to immediately incorporate into daily practice, was a real treat.

However, in writing this article, I came to realize that, for me, the most salient and meaningful benefits were the unexpected ones. They were relational and social in nature. Points of accomplishment in our lives can provide an opportunity for reflecting and revising. As a mid-career neuropsychologist, I'm now far enough away from training to look back with gratitude and a new appreciation for the many supervisors (many of whom were or were becoming board certified in the 1990’s) that I had throughout my training and even before. In the early 1990’s, I happened upon a hospital-based technician job with a "neuropsychologist" – something I had never heard of in 1991. As luck would have it, he earned his ABPP certification while I worked for him and he also supported me in taking the leap into a doctoral program in neuropsychology. Throughout my subsequent training, I was lucky enough to have several supervisors who also were board certified (not all that common in the 1990’s), so it became a forgone conclusion that I too would follow the ABPP path. As supervisors, they offered their knowledge, support and positive examples of how to be an excellent neuropsychologist and how to better serve clients and the larger profession through board certification. Completing the board certification process all of these years later gave me pause and caused me to think about each of these supervisors more often and in different ways than I previously had. Feeling lucky and grateful was one of the best benefits of taking the ABPP journey.

In addition to looking back with gratitude, the process afforded the opportunity to look forward, to make new friends, to engage with friends and colleagues that I don't see often enough and to become part of the fabric of a larger social network: ABPP. During the process, I participated in a study group for the oral exam, which I found very helpful and also fun. It was fun to get to know colleagues from all over the eastern part of the country that I otherwise likely never would have met. And, believe it or not, it was fun to spend hours on Skype with them preparing for that last hurdle. I realize that this may not sound fun to some folks, but in its own way it really was fun, as well as connecting and encouraging.

Another unexpected experience was that of feeling humbled by the generosity of time and spirit offered by others. I thought some might be helpful, but I did not anticipate how much time and energy local friends and colleagues would devote to my success. Not one but several friends in the Boston area literally spent hours of their time with me, practicing, preparing and offering support. They took time out of their already over-stuffed schedules to squeeze in one more client – me. Without their help (and sometimes cajoling – and you know who you are), I might have spent several more years planning to “finish that ABPP one of these days.”

Likewise, when I finally reached Chicago to sit for the orals, I realized how much time and energy the reviewers and everyone involved with ABPP have put into helping their colleagues move along the board certification process. Rather than being (too) scary, I found the orals interesting and informative and the examiners collegial and respectful. I never felt maligned or nit-picked, even in the midst of some temporary amnesia on my part! Overall, it was an interesting, positive experience and, again, gave me the opportunity to meet neuropsychologists that I didn't yet know.
So, wherever you are in the board certification process, whether you are a fellow applying for the future or a neuropsychologist that has been practicing for decades, keep at it. It might take 18 months or 7 years, but enjoy the journey. You’ll likely meet some great folks and you just might get more from it than you can imagine.

Dr. Gregory Lamberty receives the AACN Distinguished Neuropsychologist Award for 2012. The presentation of this award was by John McRea PhD, ABPP Past President who noted:

“I am delighted to inform you that Dr. Gregory Lamberty has been selected as recipient of the AACN Distinguished Neuropsychologist Award for 2012.

As you are all well aware, no one has dedicated more thought, time, and energy than Greg in advancing the Academy over the past decade. He was a major force behind the start of the annual AACN conference and did most of the heavy lifting when he hosted the conference in his home city of Minneapolis during our early years. Greg also played a hand in the launch of the AACN-Oxford Workshop Book Series several years ago, a collection that includes a text that he authored.

Dr. Lamberty served admirably on the AACN board for several years, including his term as AACN President from 2008 to 2010. Most recently, he spearheaded the creation of the AACN Foundation and served as its first President.”

In sum, there’s not a corner of AACN that hasn’t benefited from Greg’s tireless service and leadership over the past decade. I cannot imagine anyone more deserving of this award than Dr. Lamberty.

Please join me in congratulating Greg on this honor.

American Board of Cognitive and Behavioral Psychology
Howard Kassinove, PhD, ABPP
President, ABCBP

Our Board held a very successful live demonstration at the 2011 convention of the Association for Behavioral and Cognitive Therapies (ABCT) in Toronto. Billed as a Clinical Case Demonstration, it was held on the evening before the convention formally began. Yet, more than 50 people were in attendance and there was standing room only! We chose this venue since ABCT is considered to be a prime membership group from which we may get applicants for ABPP Board Certification.

Along with the audience, three of our Board Members watched as President Kassinove performed a 15-minute, mini adult intake interview. The “patient” was a volunteer graduate student who became angry when driving in traffic. Although the problem was genuine, he was a well-functioning adult and his responses were judged to be sub-clinical in intensity when he was accepted as a volunteer. He was interested in getting feedback about his reactions on the road.

Brief versions of multiple CBT interventions were then demonstrated by Drs. Dean McKay, E. Thomas Dowd, and Christopher Martell. Each of these senior Cognitive and Behavioral psychologists took about 15 minutes to show how they would approach the problem. They were asked to present to the audience their analysis of his reactions in terms of possible causal stimuli, maintaining agents, and specific behaviors to be remediated. They showed how they would work with him and they discussed the time frame they thought would be required to produce the desired outcome. They were also asked to give a statement about the prognosis for improvement.

Reactions were uniformly positive. The audience had a variety of questions for the three panelists and for the volunteer, who later reported that the experience was very useful. Questions centered on both CBT conceptions of problems and about the value of earning the ABPP Board Certification in Cognitive and Behavioral Psychology. The later, of course, was a main goal of the Board.

There is little doubt that younger and older professionals alike respond well to seeing others work in vivo. This was our first attempt at this kind of a demonstration and it was a clear success. We plan to do it again in 2012.
American Academy of Cognitive and Behavioral Psychology

George F Ronan PhD, ABPP
Board of Trustees, ABCBP

Update on Doctoral Education and Training in Cognitive Behavioral Psychology

The Association for Behavioral and Cognitive Therapy recently sponsored an Inter-organizational Task Force on Cognitive and Behavioral Psychology Doctoral Education to develop guidelines and statements of best practices for doctoral level education and training in cognitive and behavioral psychology. Fifteen delegates representing 16 different professional groups convened initially from March 18 thru 19, 2011, held monthly phone conferences from April 2011 through October of 2011, and finalized a document that presents broad training guidelines during a final meeting occurring January 27 thru 28, 2012. In developing the guidelines, delegates relied first on published research evidence; when data were scarce, or nonexistent, delegates relied on well-reasoned extrapolations. The document has received uniformly favorable reviews and, as of April 3, 2012, 15 of the 16 groups have endorsed the final document with the other organization expressing strong support from its relevant governance group. The complete document, Guidelines for Doctoral Psychology Programs Incorporating Cognitive and Behavioral Education and Training, will appear later this year in an issue of the ABCT journal, Behavior Therapy.

Brief Synopsis

The task force proposed that doctoral education and training in cognitive and behavioral psychology has progressed beyond the historical reliance on models of education and training to a focus on competencies. In line with this focus on competencies, the task force endorsed a faculty-to-student ratio that permits intense faculty-mentored research and clinical experiences to ensure the integration of cognitive and behavioral psychology research and practice across contexts. The task force also outlined three areas for advanced academic training in cognitive and behavioral psychology: science and ethics, research design and analysis, and application of cognitive and behavioral psychology.

Brief Sample of Recommendations

Doctoral programs that offer education and training in cognitive and behavioral psychology are expected to:

- Expose students to the philosophy of psychology and integrate scientific and ethical attitudes across all aspects of training.
- Mentor research activities that involve data collection, analysis, write up and presentation of results.
- Ensure hands-on training within research and clinical contexts.
- Educate and supervise students in state-of-the-art evidence-based practices that prioritize the current scientific literature.

Task Force Membership

Representative from the professional associations that participated in the task force are listed alphabetically: Frank Andrasik, Association for Behavioral and Cognitive Therapies; Kevin Arnold, Behavioral and Cognitive Psychology Specialty Council; Cynthia Belar, Education Directorate of the American Psychological Association; Sharon Berry, Association of Psychology Postdoctoral and Internship Centers; Karen Christoff, Academic Training Committee of the Association for Behavioral and Cognitive Therapies; Linda W. Craighead, Council of University Directors of Clinical Psychology; Michael J. Dougher, Association for Behavior Analysis International; E. Thomas Dowd, American Board of Cognitive and Behavioral Psychology; James Herbert, Association for Contextual Behavioral Science; Robert K. Klepac, Task Force Chair, Association for Behavioral and Cognitive Therapies; Lynn McFarr, Academy for Cognitive Therapy; Shireen Rizvi, International Society for the Improvement and Teaching of Dialectical Behavior Therapy; George F. Ronan, Task Force Co-Chair, American Board of Professional Psychology & Committee on Affiliation & Specialization of Association for Behavioral and Cognitive Therapies; Eric M. Sauer, Association of Psychology Training Clinics; and Timothy J. Strauman, Academy of Psychological Clinical Science.
American Board of Counseling Psychology
Ted Stachowiak, PhD, ABPP
President, ABCoP

ABCoP is pleased to have nearly 40 individuals who have expressed an interest in board certification in Counseling Psychology by joining the Early Entry Option. ABCoP is discussing ways to maintain an ongoing relationship with its EEOs in order to sustain their interest and promote retention throughout the board certification process. We have begun preparing for the Periodic Comprehensive Review. With the opportunity for a psychologist to become board certified at an early career stage comes the need to develop acceptable examination criteria appropriate to the earlier career stage while still maintaining the integrity of the examination. In addition, the expansion to six professional practice areas in which a candidate can be examined has prompted the development of criteria tailored to those areas. The Senior Option completes the full span of examination opportunities from early career to mid to late career, adding additional challenges for establishing criteria reflective of various ways in which competency in the specialty of Counseling Psychology can be demonstrated.

Congratulations to our two most recent Board Certified Specialists: Janice L. LeBel, EdD, ABPP, and Evan Allen Eason, PhD, ABPP. Since January of this year, seven additional counseling psychologists have become board certified. As of this date sixteen candidates are in the Practice Sample preparation stage.

We are indebted to the many board certified counseling psychologists who provide numerous hours of their time supporting the board certification process by serving as Mentors, Practice Sample Reviewers, and Oral Examiners. We acknowledge in particular the following who recently served or are serving as: Mentors: Pamela Foley, PhD, ABPP; Jeannette Madkins, PhD, ABPP; Charme Davidson, PhD, ABPP; Janet Spoltore, PhD, ABPP; Kristin Clemens, PhD, ABPP; Merris Hollingsworth, PhD, ABPP; William Parham, PhD, ABPP; Paul Byrd, PhD, ABPP; and Lewis Schlosser, PhD, ABPP. Practice Sample Reviewers: Jennifer Cornish, PhD, ABPP; Robert Hill, PhD, ABPP; Sylvia Marotta, PhD, ABPP; and William Parham, PhD, ABPP. Oral Examiners: Adrienne Barna, PhD, ABPP (Chair); Pamela Foley, PhD; ABPP; Sylvia Marotta, PhD, ABPP; Mary O’Leary Wiley, PhD, ABPP; Jeff Pollard, PhD, ABPP, Steve Eichel, PhD, ABPP; and Barbara Palombi, PhD, ABPP.

American Academy of Counseling Psychology
Jack O’Regan, PhD, ABPP
President, AACoP

The Counseling Psychology academy is focusing on increasing our capability to communicate regularly to our members. Our academy website is in the final stages of construction before its launch. Thanks to the leadership of Jeffrey Pollard, we will populate the site with useful information for our members and applicants and have the site go live soon. Also, Sherry Benton arranged for a distribution list for our members. She activated the list last month and now the academy has an efficient way to communicate with its members. We are now seeking nominations for secretary, treasurer, and two board members, and our distribution quickly helped us generate a slate of six candidates. Lastly, Jario Fuertes has volunteered to resurrect our academy newsletter. Jairo published the newsletter in the past and we should be up and running soon. The academy hopes that these initiatives help our members become informed about our activities.
The American Board of Forensic Psychology
Christina A. Pietz, PhD, ABPP
President, ABFP

The American Board of Forensic Psychology held oral examinations in Philadelphia on October 20 and 2, 2012. The ABFP Board of Directors met on October 22, reviewed the examination findings, and voted to pass 9 of the 12 candidates examined. Board members include: Richard Frederick (President), Alan Goldstein (Past President and ABFP Representative to ABPP), Christina Pietz (Credential Reviewer and 2011 President-Elect), Jim Eisenberg (Corresponding Secretary), Chuck Ewing (Recording Secretary), Carol Holden (Treasurer and 2012 and beyond Corresponding Secretary), Deb Collins (Chair of Practice Sample Reviews), Mike Fogel (National Chair of Examinations), and Matt Zaitchik (AAFP President). Tom Grisso serves as Executive Director to the Board. Our new board certified specialists are:

Dr. Galit Askenazi is a clinical neuropsychologist and forensic psychologist who primarily works in private practice but also consults to several court psychiatric clinics in Northeast Ohio, evaluating adults through her practice at Neuropsychology and Forensic Psychology Specialty Services. She obtained her Bachelor’s degree in Psychology from Princeton University and Doctorate degree in Clinical Psychology from Case Western Reserve University. As part of her training, she completed an internship in neuropsychology at the Cleveland VAMC and post-doctoral training in clinical neuropsychology through the Cleveland Clinic Foundation (didactic) and private practice (clinical). She completed her forensic training with Dr. Phillip Resnick.

Dr. Lea Ann Preston Baecht completed a forensic post-doctoral fellowship at the United States Medical Center for Federal Prisoners in Springfield, Missouri. She is currently employed at that institution as a staff forensic psychologist. As part of her responsibilities, she conducts various evaluations addressing forensic issues such as competency to stand trial, mental state at the time of the offense, need for inpatient mental health treatment, and dangerousness.

Dr. Katie Connell completed her APA predoctoral internship at the Federal Medical Center in Rochester, Minnesota, and a forensic post-doctoral fellowship at Minnesota State Operated Forensic Services, where she worked as a forensic psychologist prior to relocating to Ohio. She is currently employed as a part-time psychologist with the Cuyahoga County Board of Developmental Disabilities where she specializes in working with individuals with developmental disabilities involved in the criminal justice system. She is also active in her own forensic psychology practice where she conducts a wide variety of forensic evaluations both within the criminal and civil arenas. In addition, she is a psychological consultant for the Court Psycho-Diagnostic Clinic in Akron. Finally, she is employed part-time as a forensic psychologist with PsyBar LLC in Minneapolis.

Dr. Christofer Cooper obtained his doctorate at Loyola University Chicago. He completed his forensic postdoctoral fellowship at the Massachusetts General Hospital/Harvard Medical School. He is presently the Chief of Psychology at Forensic Clinical Services, Circuit Court of Cook County in Chicago, where he conducts a variety of court ordered psychological evaluations. In addition, he is a Clinical Associate Professor in the Department of Psychiatry, University of Illinois at Chicago College of Medicine and an Adjunct Faculty Member at Loyola University Chicago.

Dr. Joseph ("Jerry") Lockhart completed his doctorate at the University of Illinois at Chicago, and his Internship at Camarillo State Hospital. After working for Ventura County Behavioral Health in an outpatient forensic alternative-sentencing program, he joined the Federal Bureau of Prisons in Lompoc as Drug Abuse Treatment Coordinator. He is currently employed as a Mental Health Court Liaison for the Superior Court of Santa Barbara County. He conducts evaluations for the criminal and civil courts (e.g., adjudicative competency, sentencing/mitigation, Drug Court/Collaborative Court). In addition, Jerry consults and trains other staff and agencies in the area of Special Education litigation, including procedures, identification, and representation at Due Process Hearings. He is fluent in Spanish, including testing of adults and adolescents.
Dr. Marc Martinez completed a forensic psychology postdoctoral fellowship at Georgia Regional Hospital at Atlanta. He is currently employed as a psychiatric examiner with the New York State Office of Mental Health, working in Rochester, New York. In his current position, he performs evaluations on convicted sex offenders and provides testimony to assist the court in determining whether they met the statutory requirements outlined by the New York State Sex Offender Management and Treatment Act for civil management. In addition, Dr. Martinez has experience conducting various evaluations in the criminal area with adults and juveniles (e.g., sexual misconduct, malingering, and violence risk/dangerousness, competency to stand trial, criminal responsibility, intimate partner violence, trial consultation, and diagnostic clarification).

Dr. Maureen Lyons Reardon completed a postdoctoral fellowship in forensic psychology at Dorothea Dix Hospital in Raleigh, North Carolina. She is currently employed as a forensic psychologist at the Federal Medical Center in Butner, North Carolina. She conducts evaluations in the criminal area with adult federal detainees and inmates (e.g., competency to stand trial, criminal responsibility, pre-sentencing, violence risk).

Dr. Richard Rickman received his PhD in clinical psychology from the University of South Florida, and did his internship/postdoctoral fellowship at the University of California, San Francisco. For the past 10 years he has been employed at the Center for Forensic Psychiatry in Ann Arbor, Michigan, conducting pretrial adjudicative competency, sanity, and Miranda waiver competency evaluations throughout the state of Michigan. Recently he has begun coordinating performance improvement projects and managing quality and compliance issues at the Center. Dr. Rickman also maintains a small independent practice conducting custody and parental fitness evaluations.

Dr. Jennifer Yeaw received her doctorate from Pepperdine University. She completed her predoctoral internship at Patton State Hospital. She was previously employed as a staff psychologist at the Federal Correctional Institution at Three Rivers, Texas, where she completed her postdoctoral supervision. Dr. Yeaw currently works at Walter Reed National Military Medical Center, Center for Forensic Behavioral Science. She is on the faculty of the Forensic Psychology and Forensic Psychiatry Fellowships. The focus of her practice is pretrial criminal evaluation and consultation with an active duty military population, as well as fitness for duty, security, and personnel selection.

American Board of Group Psychology
Sally H. Barlow, PhD, ABPP
President, ABGP

The Group BOT has been busy this year getting ready for our very first PCR review. Our group of group people consists of Gloria Batkin-Kahn, Joel Frost, Joseph Kobos, Richard Billow, Darryl Pure, Marti Kranzberg, Tom Lowry, Edith Chung, Gil Spielberg, Andrew Eig, and Jean Keim; each in turn managing the secretarial, treasurer, examination issues, diversity awareness and other coordinating activities. Earlier in our group history Joe Kobos and Morrie Goodman spearheaded efforts to make Group Practice an ABPP specialty in 1998. Previously, Art Teicher, Michael Andronico along with Joe and Morrie had worked tirelessly to create Division 49 (Groups and Group Psychotherapy) of the American Psychological Association in 1991. As we are a fairly new specialty, we thought we might briefly introduce group competencies.

Group specialty practice is based upon foundational group dynamics principles such as communication, leadership, member-leader interactions, power, norms, and stages that Kurt Lewin (1951), Wilfred Bion (1961), Urie Bronfenbrenner (1979) and others wrote about in the mid-20th century. Group Psychotherapy is a particular form of group (usually 8-10 members, meeting once a week for 1-2 hours) that focuses on mental health intervention from short-term theme focused (e.g. 8 week group for smoking cessation) to long-term process groups (e.g. 2 year group for changing depressive styles), and everything in-between (Barlow, 2008). Research strongly suggests that skilled leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, MacKenzie & Strauss, 2003). Leaders may identify with any number of therapy schools (CBT, Psychodynamic, and Interpersonal) but they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion's Basic Assumption of Dependency (1961), must be dealt with effectively at the group level. For instance, the leader might say, “This group appears to be certain I have all the answers for you. What do you think about this?”
Perhaps the above explanation illustrates most importantly that group therapy is not individual therapy with an audience. It is the skillful management of interpersonal processes in the here and now by the leader as these processes interact with individual member’s symptomatology and character stances. Of course, this is no small thing. Many theories and interventions attempt to explain that the whole is larger than the sum of its parts.

Our Group BOT works diligently to promote the skillful use of groups to the public, and to encourage our group colleagues to take the ABPP Group Exam. These two goals work hand-in-hand as mental health needs of the public can be effectively and efficiently addressed in many group treatment formats and as skilled group leaders are essential. Many of us have worried about the attenuation of group educational and training programs over the years at the very time that groups appear to be utilized more. What about earnest psychologists who wish to learn group skills as they were not taught in the crowded curriculum of graduate school? Art and Chris Nezu have edited a multi-volume set of specialty books with Oxford Press that assists interested psychologists in gaining specialty competencies. Psychologists may have the luxury of a group course in graduate school. But more likely than not, many psychologists in practice are finding themselves running an assortment of groups without adequate training. Once they have learned intervention specific to groups, perhaps conducted research on their own groups, they may wish to sit for the ABGP exam. We welcome them.

American Board of Organizational and Business Consulting Psychology
Dennis Doverspike, PhD, ABPP
President, ABOBCP

I thought I would start this month’s article by answering a question many of you may have - “What is the American Board of Organizational and Business Consulting Psychology (ABOBCP)?” The ABOBCP offers an opportunity for psychologists to be recognized for their specific expertise in coaching, executive assessment, managerial psychology, or other area of work psychology. The specialty areas covered by the ABOBCP correspond roughly to those reflected in Division 13, Consulting Psychology, and Division 14, Industrial-Organizational Psychology, of APA.

The ABPP had been certifying Industrial/Organizational (I/O) psychologist specialists for over 50 years. However, practitioners in the field displayed interest in a redefined specialty area, which best may be described as practice in organizational and business settings. Upon the initiative of the ABPP and some I/O Specialists, a restructured specialty and specialty board were established to certify specialists in organizational and business consulting psychology. The ABOBCP welcomes applicants from I/O Psychology and Consulting Psychology [corresponding to Divisions 13 and 14 of the American Psychological Association (APA)], including psychologists involved in organizational coaching. The criteria were broadened to allow the candidate to choose to be examined in the competencies identified by The Society for Industrial and Organizational Psychology (APA Division 14) and the core competencies identified by the Society of Consulting Psychology, (APA Division 13).

ABOBCP Board Members and Specialists are active in a number of professional organizations. For the past several years, the ABOBCP has served as a sponsor of the Society of Consulting Psychology’s annual conference, as well as the annual conference of the Society of Psychologists in Management. In addition, many specialists presented or took an active role in the annual conference sponsored by the Society for Industrial and Organizational Psychology.

The ABOBCP has placed an increased emphasis on recruitment, particularly targeted at psychologists interested in coaching and consulting. This orientation is starting to pay off as we have seen an increase in exam activity. A continuing challenge for our board is that many psychologists working in the organizational area do not seek licensure. We believe that recent changes in the goals and orientation of the ABOBCP have had a positive impact and we are optimistic regarding the possibilities for future growth. We look forward to seeing everyone at APA in Orlando.
American Board of Rehabilitation Psychology
Lester Butt, PhD, ABPP
President, ABRP

Hearty greetings from the American Board of Rehabilitation Psychology (ABRP). Our Board has been quite active in the past several months with a snapshot of our activities that includes the following:

ABRP is most pleased to announce that Aida Saldivar, PhD, ABPP (RP) and Natalie Dong, PhD, ABPP (RP) have joined our Board of Directors. Dr. Saldivar is the Director of Clinical Training at Rancho Los Amigos National Rehabilitation Center in Downey, California. Dr. Dong serves as the Director of the Center for Polytrauma Care, VA Puget Sound Health Care System in Seattle, Washington. Their presence only strengthens our collective voice within the field of Rehabilitation Psychology and support of the Board Certification process.

ABRP, in collaboration with APA’s Division 22 (Rehabilitation Psychology), conjointly offered the 14th Annual Rehabilitation Psychology Conference, February 23–26, 2012 in Fort Worth, TX. This highly successful and collegial conference drew approximately 220 participants and offered a wide-ranging diversity of lectures. Our conference significantly subsidized conference participation for psychologists–in-training that allowed dozens of students to attend. Importantly from a Board Certification perspective, Introductory and Advanced Tracks were offered to familiarize potential and current Candidates in the specifics of our three-phase process. The 15th Annual Rehabilitation Conference is scheduled for Jacksonville, Florida from February 20-25, 2013. Please consider attending this most worthwhile event.

ABRP is pleased to announce the following individuals successfully passed our most recent Board Certification process:

Erin Andrews, Psy.D, ABPP (RP)
Joshua Cantor, PhD ABPP (RP)
Robert Cohen, Psy.D. ABPP (RP)
Kimberly Gorgens, PhD ABPP (RP)
Kelly Napier, Psy.D. ABPP (RP)
Theodore Tsaousides, PhD ABPP (RP)

ABRP presently has 147 Board Certified Psychologists representing 28 states with two professionals from Canada. We are focusing upon our recruitment strategies with eyes towards the VA sector, training programs within Rehabilitation Psychology and experienced psychologists who practice within our specialty area.

The Academy of Rehabilitation and several of our key members have two contracts with Oxford University Press for publications on Ethics and Suicide. The former has been written and is under review while the latter is in its initial writing stage. Approximately eight to ten additional topics are under development with a diverse array of subject areas, inclusive of Women with Disabilities, Update on Americans with Disabilities Act, Management of Sleep Disorders, and Virtual Reality in Rehabilitation.

We are diligently revising both our Candidate and Examiner Manuals to ensure its contemporary accuracy. While this process is quite labor-intensive, we believe it imperative to have full and accurate information available on our ABPP website link to assist Candidates and Examiners alike.

ABRP is proud to announce that two of our present Board of Directors were honored with the Russell J. Bent Award for Distinguished Service and contributions to the American Board of Professional Psychology. Our awardees were Mary Hibbard, PhD, ABPP (RP), our current representative to the ABPP Board of Trustees and Full Professor within the Department of Rehabilitation Medicine at the Rusk Institute of Rehabilitation, New York University Langone Medical Center and

Dan Rohe, PhD, ABPP (RP), a founding member of our specialty and Rehabilitation Psychologist at Mayo Clinic within the Department of Psychology and Psychiatry. A huge bolus of thanks and well-earned congratulations to both for their service and commitment to our field.

The best to our ABPP colleagues. Trust all will have healthy and productive summers.
American Academy of School Psychology/American Board of School Psychology
Michael Tansy, PhD, NCSP, ABPP; Shawn Powell, PhD, ABPP
Presidents, ABSP and AASP (respectively)

The American Academy of School Psychology and the American Board of School Psychology continue to enjoy a collaborative relationship in their effort to promote our specialty and to examine candidates for Certification in School Psychology. The Academy’s Executive Committee is represented by Shawn Powell (President), Shelley Pelletier (President-Elect), Judith Kaufman (Past-President), Hedy Teglasi (Treasurer) and Robyn Hess (Secretary). The Board is represented by Michael Tansy (President), Barbara Fischetti (Vice-President/Secretary), Clifford Hatt, (Vice-President, Treasurer), Jeffrey Miller (Director of Examinations and Practice Sample Reviewer), Judith Kaufman (Director of Mentoring/AASP Liaison) and Tony Wu (Credential Reviewer). Michael Tansy is the specialty’s ABPP Board of Trustee Representative. School Psychology is fortunate to have such excellent and dedicated leadership and their contributions are highly valued.

There was a significant presence of both AASP and ABSP at the annual National Association of School Psychologists conference in February 2012 in Philadelphia. The APA President-Elect Donald Bersoff, who is board certified in school psychology, spoke at the conference and emphasized the importance of board certification. Judith Kaufman, Robyn Hess, and Shawn Powell presented a well-attended special session explaining the process of obtaining specialty board certification. Those who attended received follow-up contact, encouraging them to apply for school psychology board certification. The academy also hosted a social reception. The informal get together permitted more personal contact with potential candidates and permitted an opportunity to directly answer questions and concerns about the examination process. We are hopeful these events will generate a group of future fellows in our specialty. Throughout the convention, the Academy and Board were well represented at leadership meetings, planning sessions and focus groups. Barbara Fischetti, representing the Board, and Judith Kaufman, representing the Academy, participated in the School Psychology Leadership Roundtable (SPLR). Both Barbara and Judith will represent these groups on the School Psychology Futures Conference Planning Committee. The Academy and the Board were well-represented at the annual Trainers of School Psychology meeting where Judith was co-chair of the conference. Rosemary Flanagan represented the Board and Jeffrey Miller represented the Academy at a meeting of the Specialty Council. Although our membership is relatively small, but growing, we are well represented and influential in the continuing development of school psychology practice at its highest level.

AASP has announced its call for applicants for the Irwin Hyman and Nadine Lambert Memorial Scholarships, with a deadline of May 15, 2012. As in the past, it is anticipated that a large number of outstanding applications will be received. In the past, these scholarships have been funded through member donations and the generous support of publishers including Pearson Assessment, ProED, Psychological Assessment Resources and Western Psychological Association. The awards are presented at our annual meeting held during the APA convention.

Our collaboration with the official journal of the Academy, the Journal of Applied School Psychology (JASP) provides opportunity for promotion of specialty certification. All fellows of the Academy are listed on the inside cover. Plans for further involvement include publication of white papers focusing on critical contemporary issues within School Psychology as well as encouraging fellows to consider the journal as a major publication opportunity. Our 2012 scholarship winners will also be encouraged to summarize their work for publication in JASP.

In anticipation of its Periodic Comprehensive Review, the Board adopted new bylaws and manual, aligning with the newly-approved ABPP competencies.

The Academy is also attempting to locate documents and to integrate all policies, procedures and to create an annual calendar of activities and tasks in a handbook which would provide a smooth transition from president to president. The information provided by previous Academy presidents including Fred Schrank, Jeffrey Miller, William Erchul, and Michael Tansy to name a few, has been most helpful.

AASP received a grant from the ABPP BOT to identify doctoral level school psychologists who are not board certified and encourage them to seek board certification. Both the Board and Academy anticipate a bright future. Many individuals have expressed interest in becoming specialty credentialed, our collaboration and visibility with other school psychology related organizations keeps increasing, we are invited to participate in inter-organizational committees and we are served by an active and dedicated leadership.
New Board Certified Specialists:
January 2012-June 1, 2012

Clinical Child & Adolescent Psychology
Ethan R. Benore, PhD
Geoffrey D. Chung, PhD
Jennifer A. Burger, PsyD
Kurt A. Freeman, PhD
Roseanne S. Lesack, PhD
Steven C. Parkison, PhD

Clinical Health Psychology
Craig M. Helbok, PhD
Craig M. Jenkins, PhD
Donna M. Poslusny, PhD
David D. Schwartz, PhD
Amy B. Wachholtz, PhD
Kaki Marie York-Ward, PhD

Clinical Neuropsychology
Elizabeth L. Begyn, PhD
Christine L. Castillo, PhD
Christopher P. Contardo, PhD
Mercedes Dickinson, PhD
Pamela S. Friedman, PsyD
Angela C. Gleason, PhD
Ashley A. Gorman, PhD
Brian D. Hoyt, PhD
Lars D. Hungerford, PhD
Jennifer M. Katzenstein, PhD
Shira M. Kurtz, PhD
Minh-Thu T. Le, PhD
Gianna Locascio, PsyD
Emily J. MacKillop, PhD
Loren E. Mallory, PhD
Eva Mamak, PhD
Brenna C. McDonald, PsyD
Claire E. McGrath, PhD
Joy B. Parrish, PhD
Mary C. Putnam, PhD
Jennie L. Rexer, PhD
Staci Robyn Ross, PhD
Robert A. Ruchinskas, PsyD
Cynthia F. Salorio, PhD
Jeffrey B. Sheer, PhD
Nina H. Thomas, PhD
John Tsanadis, PhD
Marsha Vasserman, PsyD
Alison D. Wilkinson-Smith, PhD
Michelle A. Zeller, PsyD

Clinical Psychology
Patricia A. Alexander, PhD
Heather M. Anson, PhD
Corey M. Arranz, PhD
Peter P. Battista, PsyD
William J. Bobowicz, PsyD
Dawn M. Brock, PsyD
Robert J. Camargo, PhD
Kenneth E. Carter, PhD
Margaret A. Cramer, PhD
Catherine G. Deering, PhD
Timothy M. DeJong, PhD
Donna J. Ferguson PsyD
Jay R. Flens, PsyD
Richard G. Frey, PhD
Roger O. Gervais, PhD
Frank A. Ghinassi, PhD
Cesar Gonzalez, PhD
Kristina M. Hallett, PhD
Jeremy B. Harrison, PsyD
Brandon M. Heck PsyD
Stacey H. Lanier, PhD
Alfredo J. Lowe, PhD
Shawonna M. Lynch-Chee, PsyD
Susan K. McGroarty, PhD
Kevin P. Mulligan, PsyD
Paul D. Nussbaum, PhD
Oscar H. Oo, PsyD
Allison N. Pate, PhD
Lindsay A. Phillips, PsyD
Emily C. Ptaszek, PsyD
Cheryl R. Rothery, PsyD
Robert Bruce Rottschafer, PhD
Daniela E. Schreier, PsyD
Jennifer L. Scott, PsyD
Lawrence M. Sideman, PhD
Paul A. Smiley, PsyD
Sean K. Sterling, PhD
Steven R. Thorp, PhD
Stephen M. Timchack, PsyD
Ryan D. Trumbo, PsyD
Anne Marie Vorbach, PhD
Sharlene D. Wedin, PsyD
Marlin C. Wolf, PhD
New Board Certified Specialists: January 2012-June 1, 2012 (continued)

Cognitive & Behavioral Psychology
Cindy A. McGeary, PhD
Michael Valdovinos, PsyD

Counseling Psychology
Derek P. Bergeron, EdD
Evan Allen Eason, PhD
Janice L. LeBel, EdD
Roberta L. Nutt, PhD
Laura K. Palmer, PhD
Michael J. Scheel, PhD
Gary J. Sipps, PhD

Forensic Psychology
Ann M. Ancevic, PsyD
Ronna Jean Dillinger, PhD
Nancy A. Elliott, PhD
Julie A. Gallagher, PsyD
Tracy Luchetta, PhD
Angela N. Torres, PhD

Organizational & Business Consulting Psychology
Charles E. Baker, PhD
Mark E. Kiel, PsyD

Police and Public Safety Psychology
Marva Phyllis Dawkins, PhD
Angela Donahue, PhD
Penelope Wasson Dralle, PhD
Sherry Lynn Harden, PsyD
Denise Marie Jablonski-Kaye, PhD
Kathleen Rork Pollack, PhD

Psychoanalysis in Psychology
Oren Gozlan, PsyD

Rehabilitation Psychology
Erin E. Andrews, PhD
Joshua B. Cantor, PhD
Robert E. Cohen, PsyD
Kimberly A. Gorgens, PhD
Kelly K. Napier, PsyD
Theodore Tsaousides, PhD

Deceased Specialists
January 2012 - May 31, 2012

Jeffrey M. Jacobson, PhD, ABPP Clinical Psychology & Clinical Child and Adolescent Psychology

Harold S. Bernard, PhD, ABPP Group Psychology, abstracted from NY Times: (February 12, 2012)
Obituary

Harold S. Bernard, PhD, ABPP, CGP, DFAGPA
(Group Psychology)

Harold was a friend of mine for more than 40 years. A devoted husband and father, he loved his wife Bonnie and his children Nicole and Bradley more than anything else. Not a single day passed between us that he didn't speak glowingly about them. He took great pride in all their accomplishments. We routinely examined where each of our family members was in their respective life journey, swapping stories and keeping each other up to date.

Clearly another great love of Harold's life was the American Group Psychotherapy Association (AGPA), his second family. The record of his accomplishments in the field of group psychotherapy and with AGPA, in particular, is incredibly impressive. Over his long and productive career, Harold distinguished himself as an educator, author and editor, supervisor, presenter, and clinician. He served as Secretary and then President of AGPA from 2002-2004, spent 6 years as a Director on the Group Foundation Board, was Open Sessions Co-Chair for the Annual Meeting, Editor for The Group Circle, and Book Review Editor and long-term member of the Editorial Committee for the International Journal of Group Psychotherapy. In 2006 Harold was awarded AGPA's highest honor: Distinguished Fellow. More recently, he was proud to be a co-author of the Practice Guidelines for Group Psychotherapy. In addition, Harold served as President for the Eastern Group Psychotherapy Society and was an important contributor to Division 49 of the American Psychological Association and to the development of the ABPP in Group Therapy.

Above all else, Harold distinguished himself as a leader. His self-confidence, vision and sense of purpose enabled him to vigorously pursue leadership positions, knowing full well that he would do a splendid job. Unlike many of us, Harold relished the spotlight and, more importantly, he flourished in it. He was at his best when the pressure was on and he could show his stuff. Furthermore, Harold understood how to get things done and how to motivate and inspire others to give their best. When Harold became AGPA President in 2002, shortly after 9/11, it was under his watch, with his leadership and guidance, that AGPA seized the moment to move from simply being a professional guild to becoming an important public health responder able to help thousands of survivors and give back something of value to the broader community.

A bright, talented person with boundless energy and an insatiable desire and drive for accomplishment, Harold probably could have been successful in many different careers. Few would question the fact that he had a gift of gab, abundant personal charm and charisma, and a true joie de vivre. He loved socializing, telling or listening to a good joke, going to the theatre, reading a good book, singing, listening to music, playing and watching sports, and, of course, dancing late into the night at the AGPA Gala. Harold maintained a varied and large appetite for life, and tried to live life fully.

As you can imagine, Harold was a wonderful friend and colleague, and a superb collaborator. A prodigious author and editor, we worked well together on many projects, not just in response to 9/11. Harold brought much to the table: warmth, wit, wisdom, and a willingness to give unstintingly of himself. Always interested in exploring new ideas and opportunities for new learning, Harold was willing to challenge himself and to support and encourage others. And, Harold could always be counted upon. He was extremely reliable and conscientious, never slipshod, a person of high standards whose work stood the test of time. While I was his first group supervisor, over the years, our relationship became increasingly mutual; we learned from, respected, supported and trusted each other, and we sought each other's advice and counsel.

For those to whom much is given, much will be asked. This was certainly the case with Harold. And he lived up to his end of the bargain.

*Adapted from in Memoriam, The Group Circle, Spring, 2012*